Barriers to Effective Evaluation & Feedback

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Disclosure Statement:

We three (Gene, Keith and Mary Ellen) have no financial relations to disclose
Agenda:

Feedback and Fundamental Barriers: Overview
(25 minutes, KB) – Lecture

Barriers:
(60 minutes, MEG, GB) – Lecture and Discussion

Overcoming a Barrier: Implementation Intensions + Mental Contrasting
(20 mins, KB) – Lecture and self-work

What are YOUR “take-home” points?
(15 mins)
Barriers

We have a ‘language barrier’ in our definitions
We assume that our own self-evaluation is accurate
We don’t say the stuff we need to say
They don’t hear the stuff they need to hear
There IS a conflict

Achievement goal orientation informs all of feedback
Our achievement goals can harmonize or conflict with feedback
Our culture can run counter to our achievement goals
We CAN CHANGE our goals and culture to enable feedback
Evaluation & Feedback

A judgment
(BORM, ABA, ACGME, the Public)

Information delivered with the sole aim of adjusting (improving) performance
Who needs feedback? Isn’t Self Evaluation enough?

Accuracy of Physician Self-assessment Compared With Observed Measures of Competence

A Systematic Review

JAMA 296 1094 (2006)

Their analysis suggests a poor relationship between physician self-ratings of performance and the ratings provided by external raters. Even more worrisome is the finding that this inaccuracy may be worse for the least competent physicians who overestimate their competence. Such an error could lead to a failure to change ideas or practices and could sustain an unwarranted sense of competence.

JAMA 296 1137 (2006)
### The “Mum Effect”

*Bad news* = Anything NOT positive

<table>
<thead>
<tr>
<th>“a pervasive bias on the part of the communicator to transmit messages that are pleasant for the recipient and to avoid transmitting those that are unpleasant”</th>
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<tr>
<td>“persons with troubles or difficulties may be further disadvantaged by being insulated from full information concerning their problem.” (see prior slide!)</td>
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Defensiveness:

Faced with the choice between changing one's mind and proving that there is no need to do so, *almost everyone gets busy on the proof.*

- John Kenneth Galbraith
Which learning mode do you want; A or B?

Feedback appears to have an obligatory “uncomfortableness”
We have a ‘language barrier’ in our definitions – $E \neq F$
We assume that self-evaluation is accurate – often it is not
We don’t say the stuff we need to say – the mum effect
They don’t hear the stuff they need to hear - defensiveness
There IS a conflict – what is your priority?

Achievement goal orientation informs feedback giving and receiving
Our achievement goals can harmonize or conflict with feedback
Our culture can run counter to our achievement goals
We CAN CHANGE our goals and culture to enable feedback
We ALL face Challenges

- You get a poor evaluation
- You make a medication error
- You don’t know the answer
- You get a low test score
- You miss the diagnosis
- You fail at a procedure
- etc... etc...
When *you* meet a challenge, what is *your goal*?

**Mastery**

“Learning Goal”

“Growth Mindset”

**Validate ability**

“Performance Goal”
Learning Goal Orientation

The active striving toward development and growth in competence
Learning Goal Orientation

The active striving toward development and growth in competence

If encounter failure or difficulty, then strive and persist until success

- Enjoys and wants to learn from a challenge
- Success is defined by improvement and learning
- Focuses on **effort** and **strategy**
- About 40% of folks respond this way
Performance Goal Orientation

Seeking to validate one’s ability, gain favorable judgments of one’s attributes and avoid negative judgments of one’s self.
Performance Goal Orientation

Seeking to validate one’s ability, gain favorable judgments of one’s attributes and avoid negative judgments of one’s self.

If encounter failure or difficulty, then avoid situation or challenge. Assume can’t do it, lower persistence and effort.

- Focuses on *ability* as cause of success & failure
- If a task needs hard work, assume low *ability*
- About 40% of folks respond this way
Learning Oriented individuals would say:

*I felt very satisfied when:*

... I learned something new
... I saw improvement in my work
... I was totally involved in something I was doing
... I worked hard
... I worked on a challenging task or assignment

Performance Oriented individuals would say:

*I felt very satisfied when:*

... I got a higher grade than the others
... I received recognition or prestige
... I was the only one in class who knew the answer
... all the tasks and assignments were easy
Learning and Performance Orientations are essentially *independent* tendencies.

Residents find feedback more risky or ‘costly’ if they have a performance goal orientation.
A Performance orientation usually conflicts with feedback. A Learning orientation usually harmonizes with feedback.

![Diagram showing the relationship between Performance and Learning orientations, perceived feedback costs and benefits, and the resulting harmony or conflict.](Acad Med 84, 910 (2009))
“Performance Orientation” (goal = validate ability) **Increases** During Medical School

**Acad Med 87, 1375 (2012)**
https://www.youtube.com/watch?feature=player_embedded&v=JC82Il2cqgA
“I am more convinced than ever that mindsets toward learning could matter more than anything else we teach.”

-- Sal Kahn, 2014
When Sal Kahn says “growth mindset” he is talking about wanting his son to have a learning orientation.
The study I’m about to present will demonstrate that:

A Learning Orientation leads to better outcomes after a setback & learning orientation can be increased.

**Relevance:** Medical students, residents and those in practice all encounter setbacks.
A **Learning Orientation** can reduce *defensiveness* to feedback.

Background:
College students
“Speed reading assessment” RANDOMIZED
First a “baseline reading check” (the ‘prime’)
Then a tough speed reading test
Randomize
Baseline Reading Test:
Prime* IQ L or IQ P

1. Speed Read:
   - difficult text
2. ALL told score was at 37th % (setback)

* Induce either a L or P Orientation
Test Scores of 8 Exemplar People are provided:
Subjects get to choose the Strategy of any 3 Exemplars.

Exemplars
☐ 1 – 98th% (top, best)
☐ 2 – 86th%
☐ 3 – 74th%
☐ 4 – 62th%
☐ 5 – 50th%
☐ 6 – 38th%
☐ 7 – 26th%
☐ 8 – 14th% (bottom)

Which 3 Strategies Did they Choose?
Test Scores of 8 Exemplar People are provided: Subjects get to choose **the Strategy** of any 3 Exemplars.

**Exemplars**

- 1 – 98\textsuperscript{th}%
- 2 – 86\textsuperscript{th}%
- 3 – 74\textsuperscript{th}%
- 4 – 62\textsuperscript{th}%
- 5 – 50\textsuperscript{th}%
- 6 – 38\textsuperscript{th}%
- 7 – 26\textsuperscript{th}%
- 8 – 14\textsuperscript{th}%

Test Scores of 8 Exemplar People are provided:

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Goal Orientations are **Malleable** and Influence Your Response to a Setback

Exemplars

- 1 – 98th%
- 2 – 86th%
- 3 – 74th%
- 4 – 62th%
- 5 – 50th%
- 6 – 38th%
- 7 – 26th%
- 8 – 14th%

A **Learning Orientation** is critical for tolerating “negative feedback” and strongly influences how you give & receive feedback.

Are you giving feedback with the **intent** to help the resident improve (i.e. increase competence = a learning orientation)

or

are you doing it with the **intent** to show them that they were wrong or that they are not very good or that their peers are better (i.e. a judgment = performance orientation)
Time?

Feedback Seeking

or

Barriers
Feedback-Seeking

Self

Other

Gong et al. J. Management XX xxxx (2014), Chinese, MBA, workplace
Feedback-Seeking Tendencies

Self Goal Orientation

Learning Orientation

Performance Orientation

Gong et al. J. Management XX xxxx (2014), Chinese, MBA, workplace
Feedback-Seeking Tendencies

Self Goal Orientation

Learning Orientation

Self

Other

Performance Orientation

Gong et al. J. Management XX xxxx (2014), Chinese, MBA, workplace
Steps we can each take to encourage a culture of improvement

Offer an example of **self-negative** feedback seeking:
To a peer:
“I think I reduce resident autonomy but I am unaware of it. What does it look like to you when I reduce resident autonomy?”

Offer an example of **other-positive** feedback seeking:
To a student:
“How do your best teachers involve you in patient care?”

Gong et al. J. Management **XX** xxxx (2014), Chinese, MBA, workplace
Barriers (60 minutes)
## Memory Lane
Recall a memorable feedback experience

### List

<table>
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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<td>3.</td>
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Barriers

What are **YOUR** barriers to giving feedback?
Some Barriers

• Individual barriers
  – Lack of experience providing feedback
  – Lack of time for observation and feedback
  – Lack of incentive
  – Fear of retribution
  – Fear of alienating self (won’t want to work with you)

• System barriers -“Culture eats strategy for lunch”
  – Culture of program/institution/colleagues
  – Lack of support by colleagues/leadership
  – Lack of consistent agreement on use of rating scale
    (the 7,8,9 phenomena )
Opening the black box of clinical skills assessment via observation: a conceptual model

Jennifer R Kogan,1 Lisa Conforti,2 Elizabeth Bernabeo,2 William Iobst2 & Eric Holmboe2

RESULTS Four primary themes that provide insights into the variability of faculty assessments of residents’ performance were identified: 1 the frames of reference used by faculty members when translating observations into judgements and ratings are variable; 2 high levels of inference are used during the direct observation process; 3 the methods by which judgements are synthesised into numerical ratings are variable, and 4 factors external to resident performance influence ratings. From
Influences on resident feedback-seeking

Delva et al. Med. Teach. 35, e1625 (2013) – senior residents and faculty, barriers, multispecialty
Influences on resident feedback-seeking

- R: Comfort with faculty member
- Faculty interested in their learning
- Supportive v intimidating
- Credibility (observe, trust, expert)

- Longitudinal exposure helps
- Little interest in seeking feedback when culture values clinical work over education
- Normalize & expect feedback
- A “Culture of Feedback”
- Time pressure
- Structure (require feedback)

- R: Fear of negative eval or appearing incompetent
- R: Feedback is risky undertaking
- S: Don’t like to give corrective feedback and get defensive rxn

Delva et al. Med. Teach. 35, e1625 (2013) – senior residents and faculty, barriers, multispecialty
Faculty staff perceptions of feedback to residents after direct observation of clinical skills

Jennifer R Kogan,1 Lisa N Conforti,2 Elizabeth C Bernabeo,2 Steven J Durning,3 Karen E Hauer4 & Eric S Holmboe2

Methods

- 44 general internists from 16 IM residency programs

- 4 videotaped scenarios, 2 live scenarios of standardized residents (SR) and SPs

- SRs rated using mini-CEX and provided feedback

- Faculty interviewed after feedback

- Interviews videotaped, transcribed, and analyzed

2 broad feedback delivery themes noted
## Directive vs. elaborative feedback

**Delivery of feedback provides insight into learners**

<table>
<thead>
<tr>
<th>Directive Feedback</th>
<th>Elaborative Feedback</th>
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<tbody>
<tr>
<td>Unidirectional</td>
<td>Bi-directional</td>
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<tr>
<td>Evaluator <em>tells</em> trainee their observations, inferences, and judgments</td>
<td>Explore trainee interactions through <em>conversation, questions</em> to further understanding</td>
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**Sole purpose of *Information Delivery***

- *Inferences are not explored***
- *“The laundry list”***

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<tr>
<th>Evaluator <em>inferences explored</em>**</th>
<th>Promotes <em>trainee self-reflection</em></th>
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<tbody>
<tr>
<td><em>Facilitates</em> feedback conversation</td>
<td><em>Facilitates an action plan</em></td>
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Directive Feedback

‘I would start off with my objective observations. I’d say look, I could see that you really weren’t comfortable with this, I could tell by your body language, I could tell by the way you’re standing with your arms folded and you didn’t sit down. So I could tell you were uncomfortable and you really could have done a better job. So let’s talk about how we could have done a better job.’ (Faculty member D3, video case 2)

Elaborative Feedback

‘My use of questions. I think it’s critically important because just like I am with patients, I need to check in. I know what’s in my mind but I have no clue what’s on the learner’s mind so I use questions to find out (1) where they’re at, what’s important to them. And, (2) is to make sure that I understand that they’re understanding what I’m saying.’ (Faculty member II, video case 2)

Importantly, faculty members who questioned residents throughout the feedback process were able to learn about the resident’s knowledge, skills and attitudes in greater depth than that afforded by the information they had ascertained from their observation of the clinical encounter alone:

‘I wanted to confirm my assumption. I wanted to make sure that she had considered everything in the differential because a headache can be either catastrophic or it can be a migraine. So I wanted to make sure she had considered everything and I couldn’t get that from the observation.’ (Faculty member A3, live case 2)

• **Teacher Understanding** of learner’s roles and goals
• **Direct observation** of learner
• **Learner’s perception** of the teacher’s good intentions
• **Source credibility** (teacher-learner relationship and alignment of values)
Resident Characterization of Better-than- and Worse-than-Average Clinical Teaching

Bishr Haydar, M.D.,* Jonathan Charnin, M.D.,† Terri Voepel-Lewis, M.S., R.N.,‡ Keith Baker, M.D., Ph.D.§

MGH Anesthesia Program

• Above and Below average evaluations of faculty by trainees
• 15 positive themes and 13 negative themes
• 13 recommendations for faculty to consider for clinical teaching.

Haydar, B; Charnin,J. Voepel-Lewis,T., Baker, K. Resident characterization of better than and worse than average clinical teaching. Anesthesiology 2014; 120: 120.
• Support teaching with primary literature
• Explain your clinical decision making
• Prioritize teaching
• Prioritize clinically relevant teaching
• Autonomy as appropriate (with supervision)
• Challenge your residents to a higher level of performance
• Be patient and supportive while teaching a new procedure
• Encourage the use of new methods or procedures
• Maintain your clinical practice (skills/knowledge)
• Give clear, constructive, developmental feedback
• Treat the resident collegially and respectfully
• Be gentle when criticizing; never criticize a resident who isn’t present
• Avoid …frustration, anger, impatience; provide criticism in an appropriate manner, at the appropriate time
Giving Feedback

• **Feedback should be:**
  - Teacher (*or other Evaluator*) and trainee working as allies, with common goals
  - Well timed and expected in an appropriate setting
  - Based on first-hand data
  - Regulated in quantity and limited to remediable behaviors
  - Phrased in descriptive non-evaluative language
  - Labeled, “I am going to give you feedback”
  - Specific (*e.g.* *Avoid*, “*Needs to read more* ”)

• **Feedback should:**
  - Deal with specific performances, not generalizations
  - Deal with actions and decisions, rather than assumed intentions or interpretations

Meaningful Feedback Takes Practice

Ask : Start with open ended questions
   How did you think it went?
   What aspects did you think were successful?
   What would you do differently next time?

Tell : Use descriptive language that is non-evaluative
   Use specific actions
   Focus on the decisions, not the decision maker

Ask : Ask trainee to summarize feedback

Action : Develop an action plan together
Do you have a framework for considering what could be causing poor performance in a trainee (akin to a **differential diagnosis**)?

What is YOUR framework?
Types of Problems Encountered*

• Academic

• Intrapersonal

• Interpersonal

• Systems/Environment

*Alexander and Beresin: Making Evaluation and Feedback Comfortable and Effective
Academic Difficulties – General Approach

• Define the problem early and what the skill deficits are

• Separate Skills deficits from general demeanor

• Assess what student (or resident) is doing to prepare (what are they reading – are they practicing their presentations and getting feedback)

• Be aware of possibility of an Intrapersonal problem
Intrapersonal Problem

- Depression most common
- Substance use
- Bereavement
- Family conflicts
- Anxiety/panic disorder
- Medical illness
Intrapersonal Problems

• Diagnosis

• Negotiated plan

• Time off to address issues/reschedule reminder of clerkship if necessary
Interpersonal Problems
General Approach

• Student (or resident) insight often poor – meet regularly, make recommendations clear and document all meetings

• Consider having a third person present to also document

• Instructions and remediation must be absolutely clear
Systems Problems

• Problem with the Team

• Problem with the Ward Staff

• Problem in the Program (residency/clerkship)
Discussion Points for case:

What is your differential?

How would you start this feedback conversation using an elaborative style?

What sorts of things would you say if YOU were acting as a performance oriented faculty member?

What sorts of things would you say if YOU were acting as a learning oriented faculty member?
Case:

- A student (or resident) comes completely unprepared for a required problem solving session with the clerkship director. She is unable to work through cases with the other student (or resident). She explains she was asked to help a friend and could not prepare. The clerkship director reinforced the importance of preparation. At the next session the same student (or resident) is unprepared. After the second incident the clerkship director meets with the student (or resident) and asks her about what is preventing her from preparing properly. The student (or resident) reports she had gone away for the weekend and forgot to prepare. She tells the director she felt that he had embarrassed her by asking her questions in front of the other student (or resident) when she wasn’t prepared.

Credit: Case author, Erik Alexander, MD (HMS)
It’s not always that easy
Don’t worry alone
Circumventing a personal barrier to giving feedback using Mental Contrasting (MC) & Implementation Intensions (II) (20 mins)

Keith Baker
Mental Contrasting (MC)

1. Think about an important goal regarding behavior change (e.g., ‘eating fewer unhealthy snacks’)

2. Imagine the positive future in the event of successful behavior change (e.g., ‘fitting into a favorite pair of jeans again’)

3. Mentally contrast the images of the positive future with the negative reality that stands in the way (the barrier) of reaching this desired future (e.g., ‘having the tendency to eat chocolate when bored’)

Implementation Intentions (II): “If-then” behavioral links

Simple action plans specifying when, where, and how a goal should be acted upon. An implementation intention supporting the goal to eat more fruit could be “If I get hungry between meals, then I will eat an apple.”

By specifying one’s goal striving in this manner, a critical situation (getting hungry in between meals) is linked to a specific action (eating an apple),

Putting these 2 strategies together:

Mental Contrastining & Implementation Intentions

Use *the Barrier* from the mental contrasting exercise for the “If”-component of the Implementation Intention.

If *barrier*, then, I will *behavior*
Mental Contrasting & Implementation Intentions (MCII)

An example:

Mental Contrasting

1) I want to give more critical/developmental feedback
2) If I provide more critical feedback I will be a better educator which will help improve medical care
3) If I provide critical feedback, I am afraid that the learner will not like me as much (my barrier)

Mental Contrasting & Implementation Intension

If I am afraid that the learner will not like me, then I will, recall that my primary goal is improving medical care which will allow me to give critical feedback in a supportive fashion
MCII helps change behavior

Your turn to make your own “MCII” designed to help you circumvent one personal barrier to feedback!

Spend 10 minutes on your personal worksheet.

Ask questions as they arise...

KEEP your worksheets and take them with you.
Given what you have heard today:

What did you learn?
What is one thing you plan to do differently?
What are your “take home lessons”?

15 mins
Thanks for your attention and involvement!