

You observe one of your interns go in to interview and examine a patient. The patient complains of symptoms of heroin withdrawal. The intern seems to ignore the patient's concerns, and using lots of medical jargon, tells the patient that she will die unless she "kicks the habit" . ALL parties are extremely frustrated after a few minutes – yourself included.

You follow him out of the room and:

- a) Smack him on the head- that should knock some sense into him
- b) Tell him that he should rethink his career decision, as he clearly lacks people skills
- c) Shrug and ignore the episode-he is really bright and technically excellent
- d) Choose the appropriate time and offer some thoughtful and well directed feedback

Effective Feedback

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Feedback

The process by which the teacher provides learners with information about their performance

Feedback

The process by which the teacher provides learners with information about their performance *for the purpose of improving their performance*

Feedback

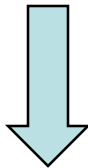
KNOWLEDGE

SKILLS

ATTITUDES

Feedback

Reinforce good behavior
Correct mistakes



Improved performance

8 Steps to More Effective Feedback:

1) Specific



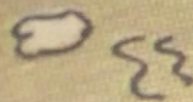
"Keep up the good work, whatever it is, whoever you are."

8 Steps to More Effective Feedback:

1) Specific

2) Frequent

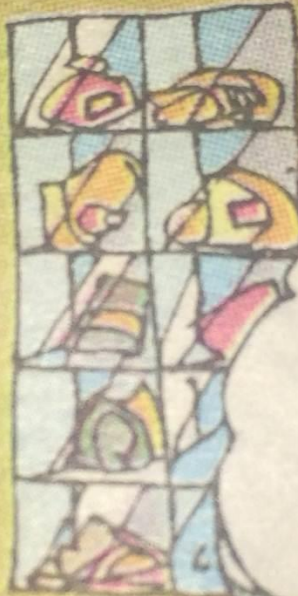
COFFEE



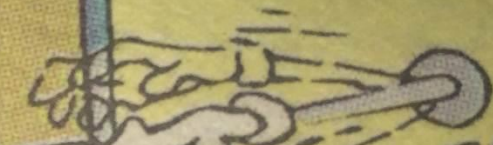
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SNACKS



ENCOURAGEMENT

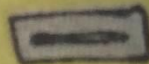


PAT.

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8 Steps to More Effective Feedback:

1) Specific

2) Frequent

3) Timely

8 Steps to More Effective Feedback:

- 1) Specific
- 2) Frequent
- 3) Timely
- 4) Include learner self-assessment**

Fostering self-assessment:

“Do **YOU** feel that **YOU** are able to identify alcohol withdrawal symptoms in a hospitalized patient?”

“Are **YOU** comfortable with **YOUR** skill at eliciting a substance use history?”

8 Steps to More Effective Feedback:

5) Focus on observed
behaviors not the person

8 Steps to More Effective Feedback:

5) Focus on observed behaviors not the person

6) Focus on what is changeable

8 Steps to More Effective Feedback:

- 5) Focus on observed behaviors not the person
- 6) Focus on what is **changeable**
- 7) **Motivate** behavior change

8 Steps to More Effective Feedback:

- 5) Focused on observed behaviors not the person
- 6) Focused on what is **changeable**
- 7) **Motivates** behavior change
- 8) **Offers concrete suggestions for improvement**

WELL, YOU'VE BEEN A
PRETTY GOOD HOSS, I GUESS.
HARDWORKIN'. NOT THE
FASTEST CRITTER I EVER
COME ACROST, BUT...



NO, STUPID, NOT
FEEDBACK. I
SAID I WANTED
A FEED BAG.



Feedback

“The Delivery”

- Choose the time and location
- Decide how much to “dole out”
- Acknowledge the learner’s situation
- Give the learner the opportunity be involved in creating plans for improvement

Feedback

“Feedback sandwich”

Feedback

“Feedback on a cracker”

Feedback

“Catch them doing something
right”

Case

- Your intern admitted a patient with pneumonia and symptoms of heroin withdrawal. She did a very cursory workup, and did not treat the patient's withdrawal symptoms at all. When you question her, she says : "What's the point? She is just going to leave AMA anyway. I don't have time for this."

You point out the importance of managing withdrawal symptoms in an acutely ill patient and offer to review the management of heroin withdrawal with her.

Your intern rolls her eyes.

What is the diagnosis?

The Reluctant Learner

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Goals of the session:

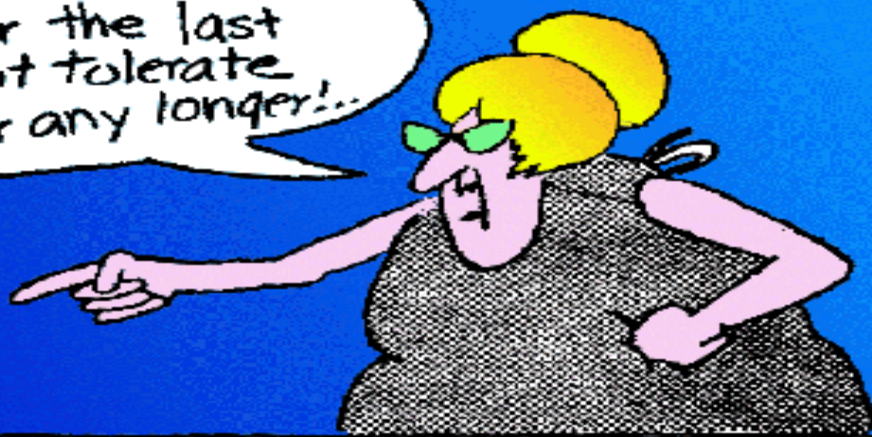
- Define Reluctant Learner
- “Diagnose” the reluctant learner
- Discuss effective approaches to engage the reluctant learner

The Reluctant Learner

- **Definition:**
 - A learner who appears not to be eager, willing and ready to learn what you want to teach

What we say to cats...

Well, Fluffy, you've clawed the furniture for the last time! I'll not tolerate that behavior any longer!...



What they hear



© 2000

The Reluctant Learner

How do you know when you have one?

- **Examples of reluctant learners...**

- **Examples of reluctant learners...**
 - The Know It All
 - The Minimizer
 - Passive-Aggressive
 - The Lazy Learner
 - Excuses, excuses...
 - Not my job!
 - Disinterested/Bored
 - The Head Bobber

Why the “reluctance”?

The Reluctant Learner

- **Definition:**
 - A learner who appears not to be eager, willing and ready to learn what you want to teach

**Reluctance is not a
permanent personality
“trait”, but a modifiable
“state”**

**Approach the reluctant
learner as you would a
“clinical case”**

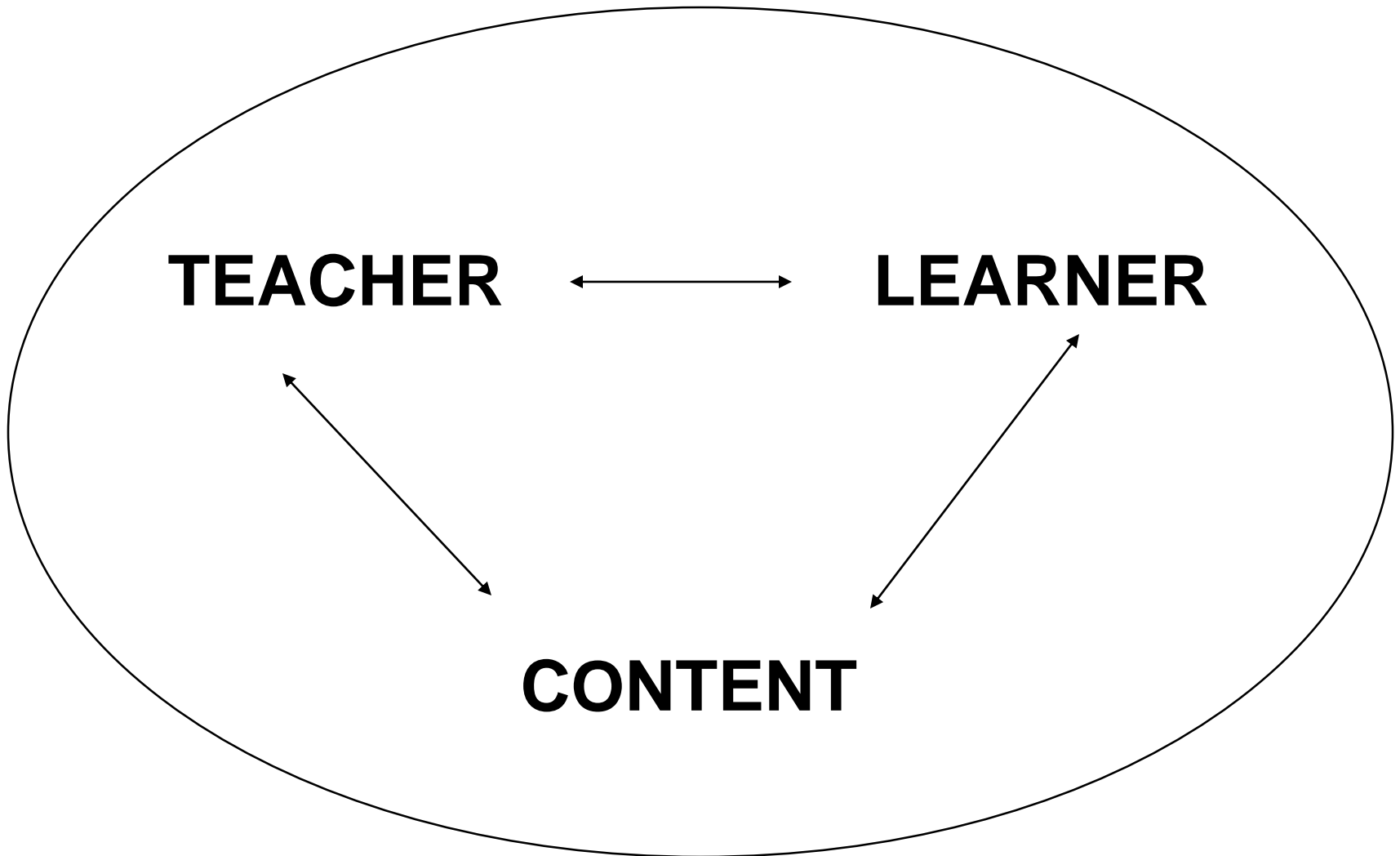
STEP 1- Diagnose the Problem

STEP 2 -Treat the Problem

STEP 3- Get a Consult

1- Diagnose the Problem

The Learning Process



1- Diagnose the Problem:

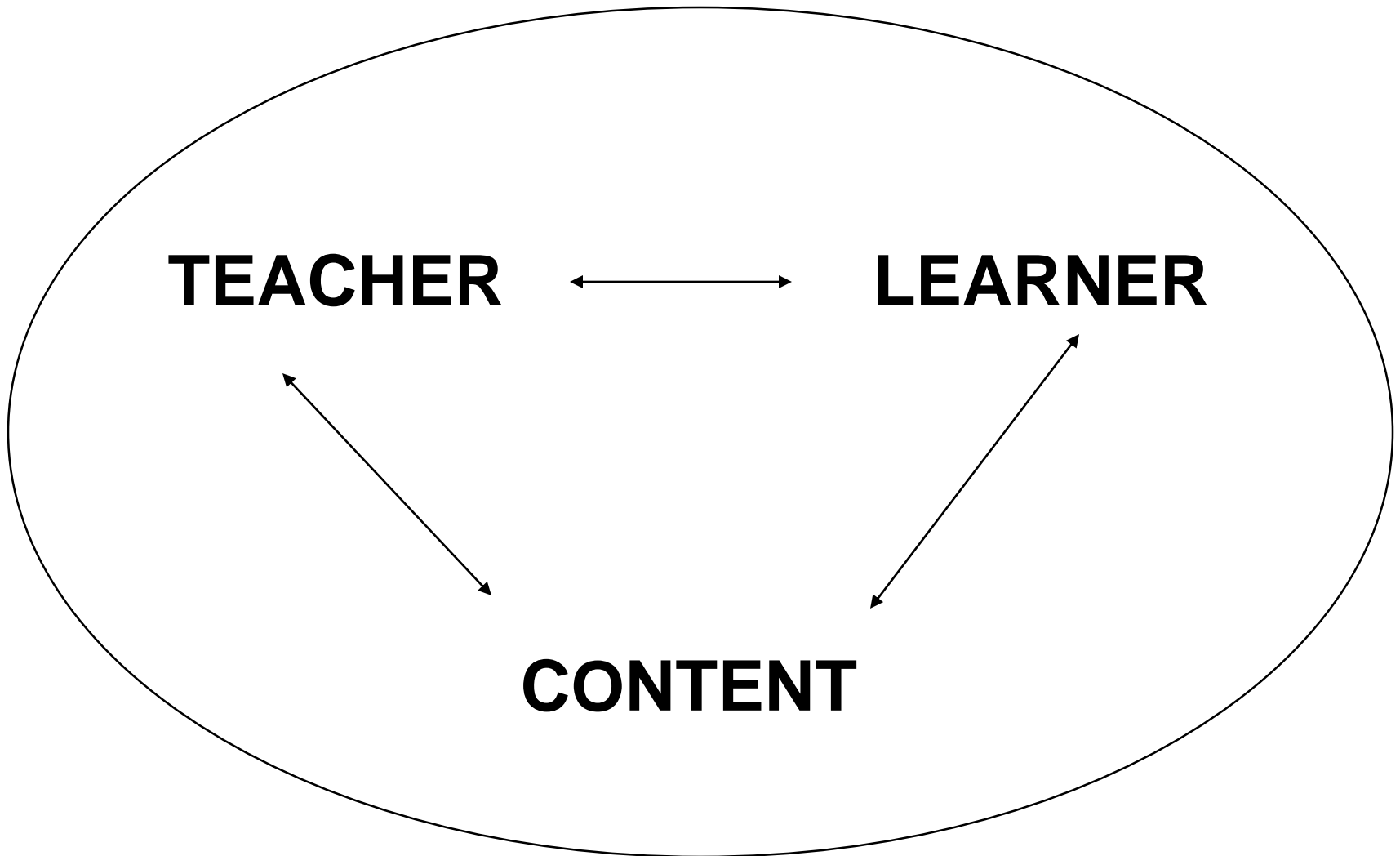
- Diagnose the Learner:

“ASK”

ASK - Does the learner:

- Have a problem with **Attitude?**
 - judgmental
 - “bleeding heart” who can’t set limits
- Lack **Skill?**
 - unable to put knowledge to practical use
 - uncomfortable asking the questions
- Lack **Knowledge?**
 - clinical relevance of material
 - missing some “background information”

The Learning Process



“Find the Lesion” for Educators:

Example:	Teacher	Learner	Content
Appears Bored	Too longwinded? Monotone?	Post-call ? Just reviewed this with the CR? Distracted with-sick pt? Life?	Clinical relevance not clear? Background knowledge missing?
Know it All	Intimidating? Or tentative?	Does not grasp what is truly relevant? Afraid to admit deficiency?	Too basic?

2- Treat the Problem: “The Therapeutic Trial”

STEP 2 – Treat the Problem: “The Therapeutic Trial”

- **It usually takes more than one try**
- **Keep the focus on the behavior**
- **Keep your goal realistic**

Diagnosis and Treatment Options:

- **PROBLEM:** _____

•Possible Dxs	•Possible Rxs:

STEP 3 – Get a Consult:

- Other colleagues**
- Program Director**
- Clerkship Director**

“Stages of Change” for the Reluctant Learner

Pre-contemplation

“I already know all I need to”



Contemplation

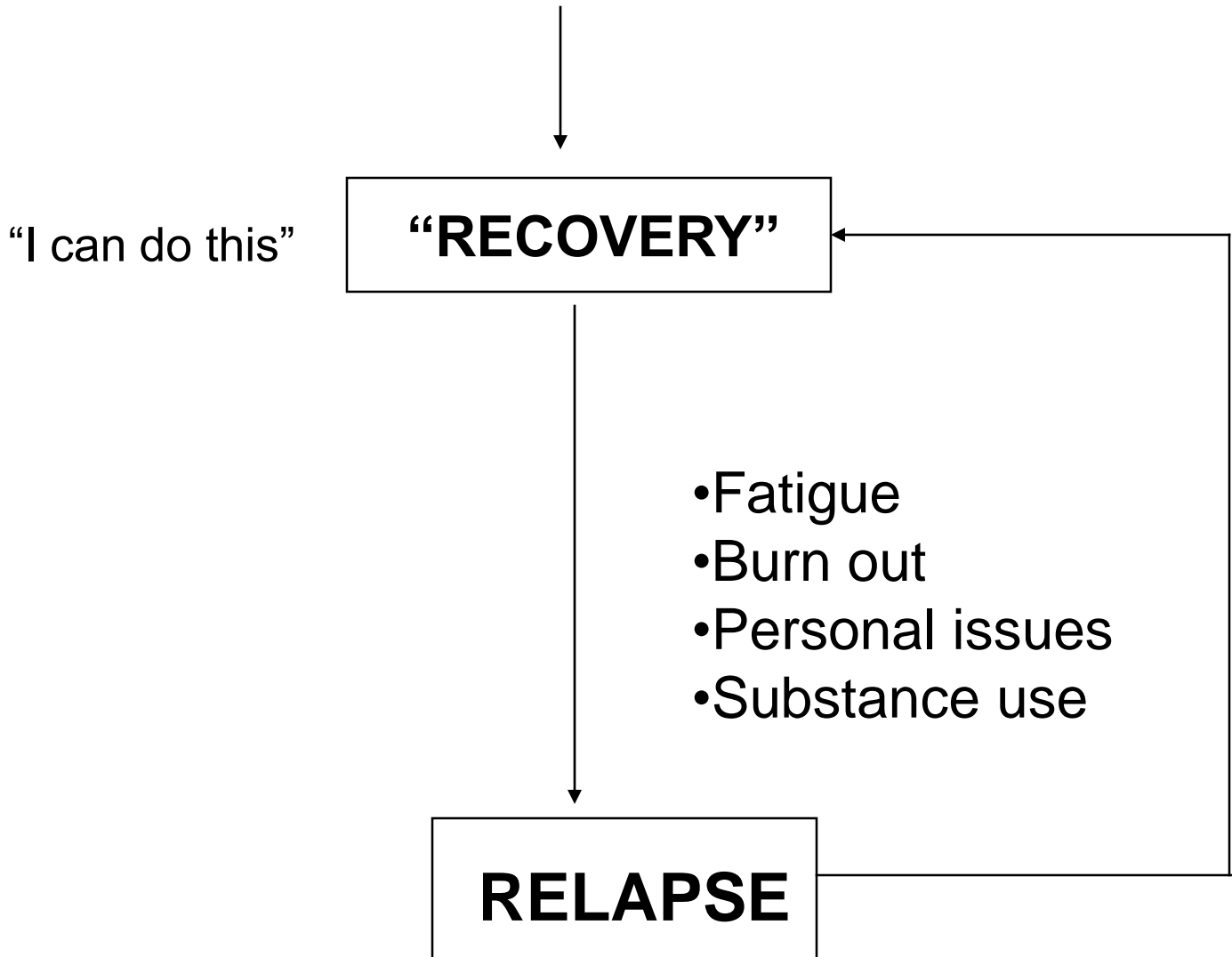
“There may be a better way, but I am doing fine”



Determination

“There are some skills that I can learn”
“Mastering these skills will make me a better doctor”





Take Home Points:

- “Reluctance is in the eye of the beholder”
- The same systematic approach and the same skills that work with challenging patients, work with challenging (reluctant) learners



"Mr. Osborne, may I be excused?
My brain is full."