

Session 4. Feedback and Evaluations

Overview and Objectives

This session is used to review the principles that make feedback successful. Furthermore, the concept of evaluation in clinical medicine will be explored. The distinction between formative and summative evaluation will be highlighted. How observations can be used to help construct evaluations will likewise be addressed. How to identify and address the difficult learner will also be a topic of this session. At the end of the session, residents should be able to

1. Provide feedback anchored in best practices
2. Compare and contrast the differences between summative and formative evaluations
3. Judge clinical work to construct an evaluation
4. Generate a plan for addressing the 'difficult learner'

Activities

Activity 1

In this activity best practices for feedback are reviewed. Residents are reminded that feedback should be neutral and informative and be based in observable and changeable behaviors rather than comment on character. Features of high quality feedback are emphasized. 1. Feedback should be planned. The learner and resident should agree when feedback is to be given. The resident should prepare what they will provide feedback about. 2. The resident should be explicit that feedback is about to be given so that it is received as such by the learner. 3. Ideally feedback is delivered privately and when neither the learner nor resident are rushed. 4. Feedback starts by soliciting a learner self-assessment. 5. The feedback itself should be specific. 6. The learner should be able to take action to change their behavior based on feedback. 7. Feedback should be concise so that the information provided is manageable and does not overwhelm the learner. If several things need to be corrected, feedback should be delivered over several feedback sessions. 8. The resident should verify what the learner understood the feedback. 9. The resident should follow up on the feedback provided and should create opportunities for the learner to again perform in a scenario similar to the one for which feedback was provided.²⁶

A distinction should also be drawn between feedback and evaluation. Evaluation gives both the learner and the teacher an understanding of how well the learner is performing. Aside from the obvious need for evaluation in grading and assessment, providing evaluations also has possible learning-enhancing benefits through evaluations extrinsic and intrinsic impact on learning. Evaluation can be formative, providing information or summative, benchmarking performance.

Once the background information has been reviewed, residents are asked to critically discuss examples of comments provided on student evaluations forms during this activity. Each institution should use their own examples here. The moderator of the session should be deliberate about finding examples that are of high quality, e.g. specific and actionable, and of low quality, e.g. generic or commenting on personality as opposed to performance.

Use the blackboard or PPT to take notes to help organize the residents' critiques of the examples. Group responses as they reflect qualities of good feedback or show features of meaningful evaluation. Provide an organizer for residents to take notes during this activity.

[PPT Session 4]

[Organizer 4]

Assessment: Note residents' engagement with the activity.

Activity 2

This activity illustrates how observations in the clinical setting can be used to construct evaluations. The activity starts with a review of models residents might use for clinical skills evaluation. The RIME model categorizing learners based on their behavior in the clinical setting and judgements can be made on single interactions or longitudinal observation. If the learner simply gathers and reports facts, they are acting as a reporter (R). If they use the gathered information to develop a differential diagnosis or plan additional testing, they are acting as an interpreter (I). If they then can plan an intervention, ideally taking the patient's perspective into account, or display appropriate technical skills when carrying out a procedure or procedural task, they are acting at the level of a

manager (M). Finally, if they assume a leadership role, engage in self-directed learning, and teach others, they are acting as educators (E).²⁷

The mini-clinical examination exercise (mini-CEX), by contrast, focuses on a single, observed patient encounter. The learner's performance is then scored on seven domains using a Likert scale. This is certainly time intensive if used in the clinical setting, but the observations are rich opportunities for feedback and clinical skill development.²⁸

[PPT Session 4]

Assessment: Activity 3 serves as Assessment for Activity 2.

Activity 3

To apply the concepts, residents are asked to engage in a role-play exercise. 15 minutes should be devoted to this. Break residents into groups (up to 4 residents per group). Ask the group to designate a 'patient', a 'learner' and a 'teacher'. Orient the residents to their roles.

The 'patient' is provided a clinical scenario outlining a chief complaint and relevant history. The 'learner', unaware of what the patient's complaint or diagnosis is, interviews the 'patient' to gather the relevant information then presents to the 'teacher'. The 'teacher' should observe the interview and listen to the presentation. Skills from Session 2 can be utilized here to navigate the presentation. At the conclusion of the presentation, the 'teacher' provides feedback to the learner using best practices and the models provided, as applicable, i.e. using the RIME model or mini-CEX to evaluate the 'learner'. Additional residents in the group observe; at the completion observing residents are asked to critique the encounter. The 'learner' also provides feedback to the 'teacher'.

Clinical Scenario:

You have achalasia – this information is provided to orient you, do not share your diagnosis with the group.

You have experienced dysphagia, first to solids and now progressing to liquids

Symptoms first started over 2 years ago and have progressively worsened

You occasionally regurgitate food

You experience heart burn

You have lost 10lbs unintentionally

You have not previously had an endoscopy or imaging studies

You have mild high blood pressure

You have never had surgery

You take no prescribed medications

You are allergic to penicillin, which causes a rash

Your mother has scleroderma; your father is healthy

You do not smoke; you drank 1 glass of wine or 1 beer most evenings until symptoms became worse; you work in a laundry

Assessment: Note residents' engagement with the activity. Residents receive feedback from their peers.

Survey – 'Learner':

How satisfied were you with the quality of feedback you received?

- ☐ Not satisfied at all
- ☐ It was adequate
- ☐ Very satisfied

Survey – 'Teacher':

How would you rate the quality of feedback you provided?

- ☐ Needs improvement
- ☐ It was adequate
- ☐ Good quality

Activity 4

Invariably one of the struggles residents describe is working with a medical student who seems disinterested in the rotation and is disengaged; we call this individual the 'difficult learner'. In this activity we review strategies for involving the difficult learner in the learning and teaching process. The subjective issues that give the impression a learner is being difficult should be reviewed. If the behaviors really are outside the norm, they should be documented and the specific context should be noted. This will help narrow down the possible sources of the learner's difficulties. It may be the learner has difficulties because of cognitive, clinical, or other reasons. However, the content should be examined as well. For instance, is it suitable or interesting for the learner? Finally, the role of the teacher should be considered. For instance, is the teacher engaging or are they intimidating? Once possible explanations for learning difficulties have been gathered, a plan for improving the learner's experience must be made.²⁹ As you present the aspects to consider when diagnosing the 'difficult learner', prompt resident participation, asking them for what they think may be going on or solutions they would offer. Examples from their own work with difficult learners can be helpful as well.

[PPT Session 4]

Assessment: Note residents' engagement with the activity. There is no formal assessment for this activity.

Exit items – Instructor: Feedback rating; Session survey (Session survey)

Exit items – Residents keep: Completed organizer