

Health Professions Education Session: The Importance of Evaluation

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Disclosures

- We have no financial **disclosures**

Objectives

- Explain the definition and importance of evaluation and feedback
- Describe the barriers to giving feedback.
- Use proven models for giving effective feedback
- Use appropriate feedback, vocabulary and language
- Outline the differences between formative versus summative evaluations

Aesop's Tale: A boy and his Mother

- A Boy had been caught stealing and had been condemned to be executed. He desired to see his Mother and to speak with her before execution. When his Mother came to him he said: "I want to whisper to you," and when she brought her ear near, he nearly bit it off. The bystanders were horrified, and asked him what he could mean by such brutal and inhumane conduct. "It is to punish her," he said. "When I was young I began stealing little things and brought them home to Mother. Instead of punishing me, she laughed and said: "It will not be noticed." It is because of her I am here today."

Eliot/ Jacobs, "Aesop's Tale: The thief and his mother", accessed 5/17/2019 on Tom Simondi's website: [https://fablesfaesop.com/the-boy-and-](https://fablesfaesop.com/the-boy-and-his-mother.html)

- [his-mother.html](https://fablesfaesop.com/the-boy-and-his-mother.html)

Reflection Assignment

Take a minute to reflect on this story.

- What is the moral of this story?
- How does it apply to the topic of today's talk?

Moral

- ***We are made by our teachings in youth***
- ***We are either made or marred, in our education***
- ***Roles:***
 - ***Mom = teacher***
 - ***Child = student***

Definition of Evaluation

- The process by which the teacher assesses the learner's knowledge, skills, and attitude based on criteria related to educational goals.
- Two Types of Evaluation:
 - Formative = Feedback
 - Summative = Grade

Mclaughlin, Kevin, et al. (2009) Clerkship evaluation—what are we measuring?, *Medical Teacher*, 31:2, e36-e39, DOI: 10.1080/01421590802334309

Review of Evaluations

Formative	Summative
To improve instruction and provide student feedback	To measure student competency
Administered ongoing throughout the course or unit	Administered at the end of the course or unit
Students use this to self monitor understanding of material	Students use this to gauge their progress in the course or grade level goals/benchmarks
Teachers use this to check for understanding	Teachers use this for grades or promotion

• Baker, M.

<https://www.youtube.com/watch?v=mjmM1iN-m-E>

Definition of Feedback in clinical setting

- An informed, non-evaluative, objective appraisal of performance intended to improve clinical skills
- Make some observations of the learner and discuss what they did well and what they can improve upon
- Feedback is designed to improve future performance of learners
- **Goal is to make them a better clinician**

Gigante J, Dell M, Sharkey, A. Getting beyond “good job”: how to give effective feedback. Pediatrics 2011. 127(2): 205-7.

Feedback Examples



MOVIECLIPS.COM

Feedback – What it's not

- *Video Clip #1

- *Setting: Interaction between the attending and the learner after 2 weeks on the Ward

Feedback Examples

Thanks to my friends at USUHS (Uniformed Services University of the Health Sciences) Pediatric Clerkship

- Dr. Mathew Eberly

Eberly, M. "Giving Feedback" , accessed 5/17/2019 on <https://vimeo.com/76300757>

Feedback on Medical Student Evals

- “great job”;
- “great attributes”;
- “great student to have on the rotation”;
- “excellent learner”
- “Keep doing what you are doing.”
- “Keep it up”

Why do we need to give feedback?

Why not just do away with feedback?

- Faculty do not like giving it
- Learners say they want it, but they really only want the positive part of it.

Students Reaction to Feedback

- 33 student learning 2 handed knot tying
 - Group 1 received specific, constructive feedback
 - Group 2 received only general compliments
- Statistically significant improvement in Group 1's technique ($P=0.008$)
- No improvement in Group 2's technique
- Satisfaction rating was higher ($P=.0005$) in Group 2 than Group 1
- “Student may ostensibly want information about their performance but only insofar it confirms their self-concept. In that sense they want feeding, not feedback.”

Boehler, AM, et. al, Medical Education, 2006; 746-749

Ende, JAMA 1983, Vol 250 No 6 pp 777-781.

Importance of feedback

- Feedback may not make learners happy, but it improves their performance
- Learners interpret the absence of feedback as implicit approval of their performance.
 - If I am not getting any feedback, then I assume I am doing everything right.
- Uncorrected mistakes early in training may be perpetuated or even taught to subsequent learners
- We give feedback because we care

Possible Reasons Feedback is not Effective

- Cognitive level too low so learner is not actively engaged
- Greater desire for praise than for constructive information to help them learn
- Previous experience of only having praise, may present a barrier to accepting the validity of negative feedback.
- Learner may be surprised when feedback is incongruent with their self-perceptions.
- Negative feedback could be considered a personal attack.
- Could trigger emotions such as guilt, anger or self-doubt

Examples of Effective Feedback

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What made these examples effective?

Eberly, M. "Giving Feedback" , accessed 5/17/2019 on <https://vimeo.com/76300757>

Keys to effective feedback

- Let learners know you are giving them feedback
 - If you look at what attendings say and medical students say there is a big discrepancy.
 - Attendings: “we give feedback all the time”
 - MS: “ we never get feedback”
- Make feedback private if giving specific feedback to a learner
- “STOP” Tool
 - Specific
 - Timely
 - Observed, based on observed behaviors
 - Plan

Barriers to Feedback

- Failure to obtain the data first hand
- We want the learner to be our friend
- We are afraid that we will be disliked (popularity will be hurt)
- We are afraid the learner may be hurt
- We are afraid the student will retaliate (tail wagging the dog)
- We lack an appropriate vocabulary
- We lack a long term vision



Ende, JAMA 1983, Vol 250 No 6 pp 777-781.

Barriers to Effective Feedback in Clinical Setting

- Uncomfortable
 - Easier to offer simple praise than constructive criticism
- Too Busy
 - It does not need to take a lot of time
- Did not interact long enough with the learner
- Will do it later after gathering more information
 - Then learner leaves and it never gets done
- Someone else will likely give feedback
 - Other people are noticing this behavior and not just me so they will give feedback

Feedback: Models

Feedback: Models

Thanks to my friends at the Virginia Apgar Academy of Medical Educators, Columbia College of Physicians and Surgeons

- Andrew Mutnick, MD
- COMSEP videos

Mutnick, A. "Giving Feedback" , accessed 5/17/2019

on

<https://www.youtube.com/watch?v=SYXgMobMU8U>

Feedback is the control of a system by reinserting into the system the results of its performance. If these results are merely used as numerical data for criticism of the system and its regulation, we have the simple feedback of the control engineer. **If however, the information which proceeds backwards from the performance is able to change the general method and pattern of the performance, we have a process which may very will be called learning.**

Sandwich Model

ATA Model (Tastier Sandwich)

- Ask
- Tell
- Ask

Practice Scenario

- Pair up with the person next you.
- You are going to be given a scenario and for the next 2 minutes practice using the Keys to effective feedback, STOP mnemonic and ATA model of giving feedback.

- S- Specific Ask
- T-Timely Tell
- O- Observed Behaviors Ask
- P- Plan

Scenario

You are the attending on the inpatient ward service. You have two residents and two medical students you work with. Everyone is developmentally progressing in meeting expectations except Ravi, one of your medical students. Although Ravi has a good rapport with patients, he is not meeting expectations with regard to his medical knowledge base. He also struggles with answering questions posed to him on rounds and providing evidence-based support for his findings. You are concerned that Ravi is not going to meet expectations by the end of the rotation. You are meeting with Ravi to give feedback after rounds.

- What is your feedback to Ravi?

Feedback Tools

- S- Specific Ask
- T-Timely Tell
- O- Observed Behaviors Ask
- P- Plan

Discussion

- Ask: How do you think you are doing ? What is working well and what is not working well?
 - *“You communicate clearly and in a manner that patients can understand, well done.”*
- Tell:
 - *“However, I noticed that you are struggling with answering questions on rounds. I am concerned about your knowledge base.”*
- Ask: What could be done differently next time?
 - *“Be sure to read up on your patients diagnosis and treatment plan. Read the medical literature, practice guidelines, the pediatric textbooks.”*

- A dangerous medical professional is one who is unaware of what he or she does not know and lacks the skills and insight necessary for self-assessment.



Summative

- Final assessment that summarizes whether or not a learner has accomplished specific educational goals
 - End of a learning cycle
 - Resident: End of Rotation and Semi-annual evaluations
 - Medical Student: One45 End of the week evaluations

Kibble, Jonathan D. Best Practices in Summative Assessment.
Adv Physiol Educ 41: 110–119, 2017

RIME Model

- **Reporter:** Consistently good interpersonal skills, reliably obtains and communicates clinical findings
- **Interpreter:** Able to prioritize and analyze patient problems
- **Manager:** Consistently proposes reasonable options incorporating patient preferences
- **Educator:** Consistent level of knowledge of current medical evidence, can critically apply knowledge to specific patients.

Pangaro, L., Acad. Med. 1999; 74:1203-7

ACGME Core Competencies

- Medical Knowledge
- Patient Care and Procedural Skills
- Interpersonal and Communication Skills
- Systems Based Practice
- Practice Based Learning and Improvement
- Professionalism



Milestones

An evaluation tool based on the idea of developmental progression

The Pediatrics Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Pediatrics



Milestones

PC1. Gather essential and accurate information about the patient

Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone	Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories	Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process	Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems	Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features

Comments:



Train up a child in the way he should go and when he is old he will not depart from it.



Train up a student/resident in the way they should go and when they are old they will not depart from it.



Keep the long term goal in mind.

We are training the physicians of tomorrow. They may be taking care of you or one of your loved ones!!



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