<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
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<tbody>
<tr>
<td><strong>Education and Clinical Service Breakout Session</strong></td>
</tr>
</tbody>
</table>
| **History and Introduction of Medical Education** | **Erica Brownfield, MD, MBA**  
Professor of Medicine  
Associate Dean, Medical Education |
| **Resources and Getting Involved** | **Maria Aaron, MD**  
Professor of Ophthalmology  
Associate Dean for GME  
**Erica Brownfield, MD, MBA** |
| **Interprofessional Education, Continuing Medical Education (CME) & Maintenance of Certification (MOC)** | **Nathan O. Spell, MD**  
Professor of Medicine  
Associate Dean for Education and Professional Development |
| **Giving Feedback to Learners** | **Lisa Bernstein, MD**  
Professor of Medicine, Division of General Medicine & Geriatrics  
**Michael Greenwald, MD**  
Associate Professor of Pediatrics, Division of Emergency Medicine |
Medical Education
Emory University School of Medicine

Erica Brownfield, MD, MBA
for
Bill Eley, MD, MPH
Executive Associate Dean
Medical Education and Student Affairs

September 29, 2021
Emory SOM Origins

1854  Atlanta Medical College chartered (precursor of ESOM)
1859  1\textsuperscript{st} building erected downtown
1892  Grady Memorial Hospital Built
1898-1915  Lots of medical school mergers
1915  EUSOM founded
1917  EUSOM membership in AAMC
1917  Education buildings moved from downtown to Clifton
1929  Evangeline Papageorge – 1\textsuperscript{st} SOM female faculty member
1943  Elizabeth Gambrell – 1\textsuperscript{st} SOM female student
1963  Hamilton Holmes – 1\textsuperscript{st} AA medical student
1968  Marshalyn Yeargin-Allsop – 1\textsuperscript{st} AAF medical student
Medical Education Programs

• Undergraduate Medical Education
  • MD (+/- PhD, MPH, MSCR, MA –bioethics)
  • Doctor of Physical Therapy
  • MMSc (Physician Asst, Anesthesia Asst, Genetic Counseling)
  • BMSc (Medical Imaging)

• Graduate Division of Biologic and Biomedical Sciences (GDBBS)
  • PhD and MSCR

• Graduate Medical Education (GME)
• Continuing Medical Education (CME)
Medical Education Leadership

J. William (Bill) Eley, MD, MPH, Executive Associate Dean
Marilane Bond, MEd, EdD, MBA, Associate Dean

GME
- Maria Aaron, MD, Associate Dean
- Phillip Shayne, MD, Assistant Dean

Grady Health System
- TBA - Assistant Dean

UME
- Ira Schwartz, MD, Associate Dean, Director of Admissions
- Erica Brownfield, MD, MBA, Associate Dean, Medical Education
- Gordon Churchward, PhD, Assistant Dean
- Douglas Ander, MD, Assistant Dean, Health Professions and IPE
- Hugh Stoddard, PhD, Assistant Dean, Medical Education

CME
- Nathan Spell, MD, Associate Dean
Laney Graduate School

• Graduate Division of Biological and Biomedical Sciences
  – Cancer Biology
  – Genetics and Molecular Biology
  – Immunology and Molecular Pathogenesis
  – Microbiology and Molecular Genetics
  – Molecular and Systems Pharmacology
  – Neuroscience
  – Nutrition and Health Sciences
  – Population Biology, Ecology, and Evolution
Graduate Medical Education
Emory University School of Medicine

Maria Aaron, MD
Associate Dean of Graduate Medical Education
Professor, Ophthalmology
Emory University School of Medicine
Welcome
The GME Team

- Maria Aaron, MD, Associate Dean of GME and DIO
- Philip Shayne, MD, Assistant Dean of GME and Associate DIO
Emory GME

- 1350 trainees, 75% are in core programs
- 111 training programs, 25% are core programs
- ~100 non-ACGME fellows in 90 fellowships

- Location: 327 SOM Education Bldg.
- Anonymous Email: http://www.med.emory.edu/gme/housestaff/index.html
- Google “Emory GME anonymous feedback”
Education Leadership Team

- Bill Eley, MD, MPH, Executive Associate Dean of Education
- Marilane Bond, EdD, MBA, Associate Dean of Education
- Assistant Dean of Education at Grady
The GME Team

- Jianli Zhao, Ph.D., Director of GME
- Taiwana Mearidy, M.B.A., Associate Director of GME
- Nancy DeSousa, PhD, MPH, Assistant Director, Multicultural Affairs, Learner Diversity Programs for GME
- Janice Harewood, PhD, FSAP GME Psychologist
- Ulemu Luhanga, MSc, MEd, Ph.D., Director, Educational Development and Scholarship
Emory GME

• 1350 trainees, 75% are in core programs
• 111 training programs, 25% are core programs
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• Google “Emory GME anonymous feedback”
Hospital Partners

- EUH
- EUH Midtown
- St. Joe's

- Emory Healthcare
- Children's Hospital of Atlanta
- Atlanta VA
- Grady Memorial Hospital
“Emory GME Residency Tracks”

Emory Residency Tracks

Ethics
This **18-month track** will provide residents and fellows with foundational knowledge and skills to (a) prepare for in-depth contributions to healthcare system ethics committees and ethics consultation services and (b) utilize ethical thinking in clinical care, teaching and scholarship.

Global Health
This **12-month track** aims to provide the Emory resident or fellow with learning opportunities and a one-month clinical rotation in Ethiopia; as well as opportunities to “give back” and provide education and teaching to residents, medical students and other trainees.

Medical Education
This **18-month track** will support residents to gain the knowledge, skills, and methods necessary to: (a) become scholarly teachers and (b) prepare them for careers as medical education scholars.

Medical Innovation
This **24-month track** will support Emory residents to gain knowledge, skills, and experience necessary to: (a) recognize and address problems in healthcare which are amenable to engineering, technology, and entrepreneurial approaches and (b) prepare them for careers using innovation to improve the delivery of healthcare. This track is sponsored by Georgia CTSA’s Innovation Catalyst and will be open to participation to residents from all graduate clinical education programs within the Georgia CTSA.

Healthcare Management
This **24-month track** will support residents & fellows to gain the knowledge, skills, and methods necessary to: (a) become leaders in healthcare administration; and (b) prepare them for careers that incorporate leadership and administrative responsibilities.

Health Equity, Advocacy, & Policy (HEAP)
This **24-month track** will support residents & fellows to gain the knowledge, skills, and methods necessary to: (a) effectively address the social determinants of health and (b) advocate for health policies that address them systemically to further health equity.

Quality Improvement & Patient Safety
This **24-month track** will support residents to gain the knowledge, skills, and methods necessary to: (a) participate in simulation-based medical education and research; and (b) launch
Mission Statement

- To prepare residents and fellows that will emerge from their training programs with a core set of knowledge and skills in Educational Systems and Health Care Systems (i.e., Systems-Based Practice, Professionalism, & Practice-Based Learning and Improvement) needed to work effectively in clinical learning environments.

- To further educate the core faculty to enhance their skills in Educational Systems and Health Care Systems.

Goals

To produce residents, fellows, and faculty who:

- Are prepared for their roles as teachers, assessors, and supervisors
- Are experienced in the methods and tools of quality improvement and patient safety
- Participate in the quality and safety systems of their clinical learning environments

Philosophy
“Emory GME Well”
“Emory FSAP”
Departmental Opportunities

• **Teach**
  – Clinical or surgical teaching faculty
  – Lectures to residents/fellows

• **Mentor**
  – Research projects; Quality improvement project
  – Learners; Junior faculty

• **Lead**
  – Serve as Program Director or Associate Program Director
  – Serve on Departmental Committees:
    • Program Evaluation Committee
    • Clinical Competency Committee
GME Advice

<table>
<thead>
<tr>
<th>Role Model</th>
<th>Evaluate</th>
<th>Participate</th>
<th>Mentor</th>
<th>Enjoy</th>
</tr>
</thead>
</table>

![Star Illustration](image-url)
Emory GME

WELCOME
Undergraduate Medical Education

Erica Brownfield, MD, FACP, MBA
Professor of Medicine
Associate Dean of Medical Education
Helpful to Know

• Medical education - complex system
• Many people, many programs
• Multiple stakeholders
• Working together
• Strategic planning
Helpful to Know

• Many opportunities in education exist – just ask
• Multiple pathways
• Education leaders often identified by patient care and role-modeling
• Learners pay attention and provide feedback through many mechanisms
• Helpful to know expectations
• Helpful to know departmental education leaders (vice chair for education, clerkship, program directors – contact them for advice and if learner concerns (early!)
• Don’t expect to be financially compensated for education efforts (at first)
• Expect homework with education roles
Advice

• Focus on being a great doctor
• Be a great role model – patient care, professionalism
• Build relationships
• Communication is critical
• Get to know your learners and let them get to know you
• Be mindful and intentional about learning environment you are creating
• Set and communicate expectations
• Goal should be to earn respect and trust (not friends)
Advice

• Pay attention – direct observation, verbal/non-verbal cues (learners, yourself)
• Give descriptive and truthful feedback and ask for it in return
• Trust your gut instinct – speak up, ask for help, reflect
• Continue to be a learner
• Explore opportunities and interests
• Say yes often; you can say no later
• If chosen, do a good job
• Help create/propose a solution
• Find someone you admire and reach out
• It never hurts to ask!
Opportunities

• Bedside teaching in clinical environment (ward attending) for required clerkships and electives
• Outpatient preceptor for M1 students (OPEX)
• Clinical preceptor for Adult Primary Care clerkship
• Electives director
• Teach in many courses, clerkships
• Small Group Advisor (Society System)
• Discovery research mentor
• Committee member
  • Admissions Committee
  • Executive Curriculum Committee
  • Task Forces
Final Thoughts

• Appreciate all education efforts
• Faculty make a profound impact on learners that lasts a lifetime
• EUSOM education community – good company to keep
• If you decide education not right path – find the path for you
• Fun, rewarding path but not without its challenges
• We are here to help
OPPORTUNITIES for FACULTY INVOLVEMENT
Undergraduate (Medical Student) Medical Education

Volunteer for a SOM or Departmental Education Committee:
   - Curriculum Committee Subcommittees
   - Medical Education Day Planning Committee
   - Interviewer for Admissions Committee
   - Department Committee

Task Forces:
   - Ad Hoc charged by Executive Curriculum Committee

*Discovery Mentor (M3 research)*

Small Group Advisor – Application process

M2 or M4 Elective Director

OPEX (*Out-Patient Experience*) Preceptor for M1/M2 students

Bedside Teaching:
   - Preceptor in *Essentials of Patient Care* (Pt-Doctor Communication & Physical Exam)
   - Inpatient Ward Attending (one of the most important venues for teaching MD students)

Course/Module/Clerkship Directors

Module teaching: didactics; other sessions (Module Directors select Module faculty)

Clerkship teaching: didactics; skill labs; other sessions (Clerkship Directors select clinical faculty)

Course teaching:
   - Instructor in *Clinical Ethics*
   - Instructor in *Essentials of Patient Care* (Pt-Doctor Communication & Physical Exam)
   - Instructor in *Community Learning and Social Medicine Course* (M1/M2 year)
   - Instructor in *Integration* (during the clinical clerkship year – Application Phase)

*Capstone Course*: Selective directors and teachers (Capstone Directors select faculty)

Clinical Academic Advisor – advise 3rd and 4th year students about senior schedules, Residency process (as an additional resource to what is already provided to students through the SOM)

Emory DOCS (*Emory Development of Careers and Specialty Choice*) – advise/assist students about career opportunities

**Speak with your Department’s Vice Chair or Leader for Medical Education**
<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Service Term</th>
<th>Method of Selection</th>
<th>Contact Person if Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Committee Subcommittees</td>
<td>3-years</td>
<td>Appointed, Elected and Ex-Officio Members</td>
<td>Dr. Erica Brownfield</td>
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<tr>
<td>Medical Education Day Planning Committee</td>
<td>No set term limits</td>
<td>Invited by Committee from interested faculty and staff</td>
<td>Dr. Maha Lund (PA Program)</td>
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<tr>
<td>Admissions Committee</td>
<td>3-years</td>
<td>Appointed and Elected</td>
<td>Dr. Ira Schwartz</td>
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<td>Ad Hoc Task Forces charged by the Executive Curriculum Committee</td>
<td>Variable terms set by specific charge to ad hoc group; typically several months</td>
<td>Invited by ECC from interested faculty</td>
<td>Dr. Erica Brownfield</td>
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<td>Small Group Advisor</td>
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<td>Appointed</td>
<td>Dr. Mary Jo Lechowicz</td>
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<td></td>
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<td>Dr. Ira Schwartz</td>
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<td>Discovery Mentor</td>
<td>No set term limits</td>
<td>Invited by Discovery director from interested faculty</td>
<td>Dr. Maureen Powers</td>
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<tr>
<td>Elective course/clinical rotation director</td>
<td>No set term limits</td>
<td>Invited by Electives and Capstone Subcommittee from interested faculty</td>
<td>Dr. Jason Liebzeit</td>
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<tr>
<td>OPEX preceptor</td>
<td>No set term limits</td>
<td>Invited by OPEX director from interested faculty</td>
<td>Dr. Pamela Vohra-Khullar</td>
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<tr>
<td>Emory DOCS (Development of Career and Specialty Choice)</td>
<td>No set term limits</td>
<td>Endorsed by Department</td>
<td>Dr. Mary Dolan</td>
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<tr>
<td>Course/module director</td>
<td>No set term limits</td>
<td>Appointed</td>
<td>Dr. Erica Brownfield</td>
</tr>
<tr>
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<td>Dr. David Schulman</td>
</tr>
<tr>
<td>Clerkship director</td>
<td>No set term limits</td>
<td>Appointed</td>
<td>Department Vice Chairs for Education or Chair</td>
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<td>Course/module teaching</td>
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<td>Clerkship directors</td>
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</table>
OPPORTUNITIES for FACULTY INVOLVEMENT
Graduate (Resident/Fellow) Medical Education

A. Departmental Opportunities:

Clinical or surgical teaching faculty

Lectures to residents/fellows

Mentor research projects

Be involved in diversity/equity/inclusion or wellness projects

Serve as Program Director or Associate Program Director

Serve on Departmental Education Committees:
  • Program Evaluation Committee
  • Clinical Competency Committee

B. GME Opportunities

• Core Curriculum Roadshow
  http://med.emory.edu/gme/housestaff/curriculum_roadshow1/index.html
  – Patient Safety
  – Adverse Events & Near Misses
  – Quality Improvement
  – Care Transitions
  – Professionalism
  – Physician Well-Being
  – Clinical Teaching
  – Assessment
  – Recognizing & Assisting the Struggling Student

• Residency Tracks
  – Global Health, Ethics, Quality Improvement/Patient Safety
  – Medical Education, Hospital Administrative
  – Biomedical Innovation, Simulation

• Wellness Initiatives
• Diversity, Equity, Inclusion Initiatives
Growing as an Educator at Emory

Nathan Spell, MD
Associate Dean for Education and Professional Development
Woodruff Health Educators Academy

• Need for community-building for educators
• Fill gaps in Emory portfolio of professional development opportunities
  • Especially education research and scholarly approach to teaching and learning
• Recognizing that these same needs exist across WHSC
• Increase reward for faculty by enhancing recognition and academic advancement as educators
Mission
- To bring together educators across the health sciences at Emory to promote and support the practice and scholarship of teaching and learning.

Vision
- To foster an interprofessional community of educators across the health sciences at Emory
WHEA Fellowship in Education Scholarship

• AAMC MERC Program (Medical Education Research Certificate) – 2nd cohort of participants under way
• 18 month program
  • 9 workshops over 9 months
  • Mentored project working groups to support application of learning to project
  • Report on scholarly project at end of program
• Directed by Linda Lewin, MD and Ulemu Luhanga, MSc, MEd, PhD
WHEA Teaching Fellowship

- 12-month program of workshops, 3rd cohort underway (applications have closed for spring)
- Capstone project
- For those wishing to position themselves for formal roles in education
- Directed by Ulemu Luhanga, MSc, MEd, PhD and Taryn Taylor, MD
Other WHEA activities

• Interprofessional Education Journal Club
  • 4th Thursday each month at noon
• WHEA Teaching Pathways – under development
  • Self-paced personal development as educator
• Education Salons
  • Social/networking event with guest speaker
• Educators podcast (under development)
• SIGN UP FOR THE WHEA LISTSERV
Continuing Medical Education

EUSOM is accredited by the Accreditation Council on Continuing Medical Education as a provider of CME, and we work with the School of Nursing to provide nursing credits for applicable activities.

CME Staff
1 Director
1 Business Mgr
5 Program coord.
1 Admin. Asst.

Event planning

- >40 Conferences, Courses, etc. (Mainly external audiences)
- 100 Regularly Scheduled Series (Internal audience)
- In-person attendance
- Some are recorded and streamed for outreach
Maintenance of Certification
Portfolio Sponsor

• Emory Univ. School of Medicine is certified by the ABMS
• Can grant part 4 MOC for QI projects
• Projects can be interdisciplinary
• Contact Dr. Nate Spell nspell@emory.edu or Shirley Miller smill25@emory.edu
Shaping the learning environment

Maslow’s hierarchy of needs

- **Physiological**: breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: security of body, of employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: friendship, family, sexual intimacy
- **Esteem**: self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualisation**: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

This diagram illustrates how needs are organized from basic to more advanced levels, impacting learning environments.

EMORY | SCHOOL OF MEDICINE
The Cure for Vanishing Feedback in Medicine:
Overcoming Negativity Bias and becoming a Doctor-Coach

MICHAEL GREENWALD, MD, FAAP
ASSOC PROF PEDIATRICS & EMERGENCY MEDICINE
EMORY UNIVERSITY SCHOOL OF MEDICINE

LISA BERNSTEIN, MD, FACP
PROFESSOR OF MEDICINE
EMORY UNIVERSITY SCHOOL OF MEDICINE
## Financial Disclosures

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<th>Role</th>
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<tbody>
<tr>
<td>Equity, stock, or options in biomedical industry companies or publishers</td>
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<td>Board of Directors or officer</td>
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<td>Royalties from Emory or from external entity</td>
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<tr>
<td>Industry funds to Emory for my research</td>
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<td>Other</td>
<td>None</td>
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Objectives for this WORKSHOP

<table>
<thead>
<tr>
<th>Compare &amp; Contrast</th>
<th>Formative vs Summative Feedback</th>
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<tbody>
<tr>
<td>Define</td>
<td>Negativity Bias</td>
</tr>
<tr>
<td>List</td>
<td>5 key components to an effective feedback session</td>
</tr>
<tr>
<td>Describe</td>
<td>how a “coach’s” approach can address some of the impediments to effective feedback</td>
</tr>
</tbody>
</table>
The big WHY?
Outline for Today

I. **Define** Feedback

II. **Describe** the **importance** of **effective** feedback

III. **Analyze** **challenges** of providing **effective feedback**

IV. **Review** some models of giving & receiving feedback
You are giving and receiving feedback all of the time.
“I want to give you some feedback”
I. What IS Feedback?

Communication of one person’s observation of **morality**
I thought this was a medical talk

**Morality:** the differentiation of intentions, decisions and actions between those that are distinguished as proper and those that are improper
The Righteous Mind: Why Good People are Divided by Politics & Religion by J. Haidt

- Morality is based more on intuition than rationality
- The strongest aspects of morality pertain to fairness and harm
- Morality binds and blinds us
How does the concept of Morality help us understand the practice of Feedback in Medicine?

When we offer feedback in medicine:

- Reflects the values of the perceiver
- Should reflect standardized values
- May improve medical care
- Could perpetuate or worsen medical practices, relationships
Feedback (in Medical Education) Defined

The process by which a (teacher) collects data by observation, compares (learner) performance to a standard, and provides (the learner with) information about their performance for the purpose of improving their performance.

Effective Feedback?

- Excellent resident
- Great with patients
- Clearly demonstrates proficiency
- I enjoyed working with this trainee
- Very professional attitude and approach
- Exemplary professionalism
Effective feedback?

Needs to read more

Disorganized

Work on presentations
3 Types of Feedback

- **APPRECIATION**: to acknowledge, give credit or thank
- **COACHING (FORMATIVE)**: to help the receiver fine-tune skills, tweak understanding, increase knowledge, improve
- **EVALUATION (SUMMATIVE)**: to score against expectations

Types of Feedback

**Formative** (aka “Feedback”)
- Information
- Provided during the experience
- Describes specific performance
- Intent:
  - Guide future performance
  - Facilitate improvement

**Summative** (aka “Evaluation”)
- Judgment
- Provided at the end
- Degree to which they met set standards
- Intent: provide (record) outcomes of a period of time

Feedback (in Medical Education)

The process by which a (teacher)
- collects data by observation,
- compares (learner) performance to a standard, and provides (the learner with) information about their performance
- for the purpose of improving their performance

II. How Important is Effective Feedback?
What are the benefits of giving feedback?

What are the benefits of receiving feedback?
Benefits of Giving Feedback

Address issues or reinforce behavior in real time...makes your life easier

Avoids kicking the problem down the road
Importance of Receiving Feedback: Learning & Growth

Receiver can draw value out of any feedback - goal is to improve

Building resilience: Getting better at receiving feedback reduces stress

Feedback is learning something about yourself that maybe you did not appreciate or understand before
Feedback IS Essential to Learning
Evidence in the literature

- Effective feedback has positive impact on academic development of learners
- Feedback is crucial to knowledge and technical skill
- Compliments do not improve technical skill

Sinclair HK, Cleland JA Undergraduate Medical students: who seeks formative feedback? Med Educ 2007;41:580-582.
Evidence on frequency & quality of feedback

- Feedback in clinical training judged inadequate in frequency and quality
- Learners are dissatisfied with feedback received

Evidence on frequency & quality of feedback

- Residents don’t find it useful or take it seriously
  - Lack of specificity, clear performance standards or timeliness
  - Inadequate observation, lack of clarity about performance standards, nonspecific feedback

III. What is so difficult about giving/receiving Feedback?
Feedback

Inhibitors

- Need standards of competence
- (Perceived) Time constraints
- Receptiveness to feedback
- Hurt feelings
- Damage reputation
- Damage relationship

“Vanishing Feedback” -> Feedback Phobia Pandemic
Negativity Bias

Even when of equal intensity - things of a more negative nature (unpleasant thoughts, emotions, social interactions) have a greater effect on one's psychological state.

Negative feedback leads to a greater emotional reaction than positive feedback.
# Biases in feedback

<table>
<thead>
<tr>
<th>Adjectives for Female students</th>
<th>Adjectives for Male Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energetic</td>
<td>Respectful</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Considerate</td>
</tr>
<tr>
<td>Lovely</td>
<td>Good</td>
</tr>
<tr>
<td>Wonderful</td>
<td>Humble</td>
</tr>
<tr>
<td>Fabulous</td>
<td>Relevant</td>
</tr>
<tr>
<td>Efficient</td>
<td></td>
</tr>
<tr>
<td>Compassionate</td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
</tr>
</tbody>
</table>

Rojek A et al. Study of 90K narrative evals for 3rd year clerkships @ UCSF and Brown U (2006-16) identified 37 descriptive words applied differently by gender and URM:
Biases in feedback

Adjectives for URM students:
- Pleasant
- Open
- Nice

Adjectives for non-URM students:
- Enthusiastic
- Sharp
- Bright
- Mature
- Sophisticated
- Outstanding
- Impressive
- Advanced

Rojek A et al Study of 90K narrative evals for 3rd year clerkships @ UCSF and Brown U (2006-16) identified 37 descriptive words applied differently by gender and URM:
IV. Models & Strategies for Giving/Receiving Feedback

- Memorable models: The Feedback Sandwiches
- Strategic Identity Change: Coach, not Critic (or Clinician)
- Learning to Receive: S.I.F.T.
Models in Feedback: the Classic
Feedback Model 2.0: Gourmet Sandwich

**Ask**
- Learner as active participant

**Tell**
- Report observations (positive & negative)
- Relate to shared goals

**Ask**
- Generate ideas together
- Gauge acceptance
- Commit to shared follow-up
ASK #1:

Questions for Self-Assessment

- Where were they most successful?
- How can knowledge/skill expand? What skills need to be fine-tuned?
- How can experience inform decision-making?
- What needs to change/stay to be successful?

Feedback should be...

- Expected
- Well-timed, in an appropriate setting
- Limited in scope
- Based on first-hand data
- Limited to remediable behaviors and specific performances
- Phrased in nonjudgmental language

**TELL** what you have observed: **R.E.P.P.**

<table>
<thead>
<tr>
<th>Relate</th>
<th>Explore</th>
<th>Partner</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Try to identify with the recipient</td>
<td>Explore reactions</td>
<td>Identify shared goals</td>
<td>Focus on the future: Specify what you want them to start, stop, and continue doing... and <strong>FOLLOW UP</strong></td>
</tr>
</tbody>
</table>

[https://hbr.org/2016/10/give-your-team-more-effective-positive-feedback](https://hbr.org/2016/10/give-your-team-more-effective-positive-feedback)
ASK #2: Collaborative

- Explore understanding
- Generate ideas together
- Gauge acceptance
- Commit to shared follow-up
Key Aspects of Giving Feedback

- Try to identify with the recipient
- Honesty: explain the reason for the feedback
- Focus on the future: What can your learner/team member do to move forward?
- Remain objective
- Pay attention to your facial expressions

https://hbr.org/2016/10/give-your-team-more-effective-positive-feedback
Redefine Yourself as a Coach:

How do good coaches make their players/teams better?
Teacher as Coach

Knows the team
Demonstrates skills
Role Models desired behavior
Supports team members
Motivates: Push & Inspire
Focus on Essentials
Identify Next Step in Development
Repetitive Practice
Ongoing Assessment

Dudas RA and Bannister SL. It’s not just what you know: the non-cognitive attributes of great clinical teachers. Pediatrics 2014;134;852
Tips on **How to Receive Feedback**

Shanita Williams Feedback Mentality

- **S.I.F.T.** through the feedback to choose what to accept/adopt
  - Source
  - Impact
  - Frequency
  - Trends

https://www.npr.org/2021/08/24/1030659507/receiving-feedback-doesnt-have-to-be-scary-heres-how-you-can-get-most-out-of-it
Tips on How to Receive Feedback
Shanita Williams Feedback Mentality

- Slow Down & Digest/Investigate
  - begin with low stakes questions: (What could I do differently?)

- Keep yourself OPEN
  - Observe the Problem and your emotional reaction
  - Express thanks and understanding
  - Decide your Next steps

https://www.npr.org/2021/08/24/1030659507/receiving-feedback-doesnt-have-to-be-scary-heres-how-you-can-get-most-out-of-it
Time to Practice
Dilemma #1

► You are teaching in the clinical setting and notice that when you are bedside, one of your learners is pulling out his/her phone and looking at it. You find this disrespectful as you are taking time out to teach and you have even noticed patients taking note of this behavior.

► Give the learner some feedback.
Your learner is very smart and capable but gives you pushback if you give him/her any constructive feedback. He/She has been rude to other providers/consultants and flippant about patients.

Give your learner some feedback
Role Play Debrief

Observations of the "teacher"  Observations of the "learner"
**Advanced Concepts**

**Frame-based feedback**
Crucial to diagnose “frames” (thought processes that drive actions)

**Feedback by phase**
- Early learners: Directive feedback
- More advanced/Faculty: Facilitative feedback

What if they are defensive?

- Control your emotions
- Don't fall into argument-mode trap
- Focus on the behavior not the person/personality
- Be specific: "This was observed"
- Make sure it is proximate to the event
What if they are defensive?

- Include shared goals
- Let them know you recognize their strengths
- Specify desired future performance
- Listen to them and elicit clarification
# The Power of PEER Feedback

<table>
<thead>
<tr>
<th>Self-Improvement</th>
<th>Learning from our peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>To give is to receive</td>
<td>Get better at PROVIDING feedback</td>
</tr>
<tr>
<td>Facts</td>
<td>Use hard evidence</td>
</tr>
<tr>
<td>Depersonalize</td>
<td>Approach from perspective of curiosity</td>
</tr>
<tr>
<td>Honesty</td>
<td>Share information</td>
</tr>
<tr>
<td>Coping skills</td>
<td>Handle emotions</td>
</tr>
</tbody>
</table>

Thomas Gallagher, MD, SGIM President. SGIM Forum 2018;41(1)
The Power of **POSITIVE** Feedback

- Generates a sense of *accomplishment and motivation*
- **Call out team members for their strengths** when you see them in the moment
- **Be specific**!
- Your advice for improvement is better received if they are convinced you care and value them
SUMMARY: EFFECTIVE FEEDBACK IS...

- Given to improve learner’s performance
- Expected
- Well-timed
- Specific
- Limited: quantity, remediable behaviors
- Collaborative: ASK-TELL-ASK
SUMMARY: Strategies to improve feedback

- Create a **CULTURE OF FEEDBACK**
- Incorporate it into your routine
- Think of it as individualized Coaching (share a common goal)
- Don’t assume intentions/interpretations
- Make is FAST: Frequent, Accurate, Specific, Timely
SUMMARY: Strategies to improve feedback

- Know the WHY
- Be Specific and Direct
- Question your biases
- Consider/respect power dynamics
- Make it a dialogue

https://www.npr.org/2021/08/20/1029652315/5-tips-to-help-you-give-good-feedback
WHAT IS ONE CHANGE YOU ARE GOING TO MAKE IN GIVING FEEDBACK?
Thank You!