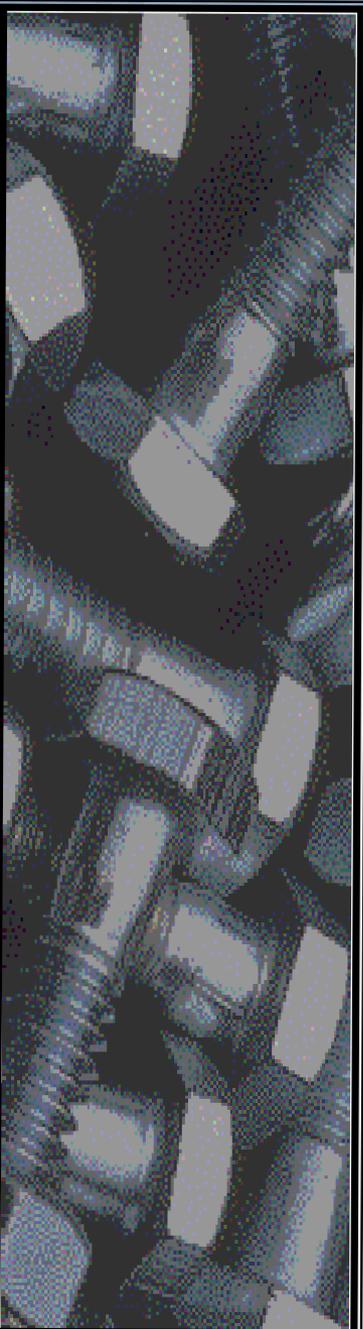


# Clinical Teaching Workshop Outline

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- It's all about Feedback
- The Clinical Teacher
- Maximizing Teachable Moments
- Five skills method to “take home”
- Tips for Teaching in Rounds



# Feedback

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## The Nuts and Bolts

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Based on Bayer Animal Health Modules

Adapted by India Lane

# Overview

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- Barriers
- The Etiology of Feedback
- Setting Goals and Objectives
- Keys to Effective Feedback

# Barriers to Effective Feedback

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If you can't say  
something nice  
don't say anything  
at all.

Don't know  
what to say

Without feedback people  
tend to fill in the blank.

Think that the  
problem is only m

Know the person is  
going through a hard  
time and do not want  
to add to the burden

Don't want  
to deal with the  
person's reaction

# Without feedback...

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- Mistakes are not corrected
- Learning suffers
- Desirable behaviors may be dropped
- Assumptions, rumors, doubts run rampant

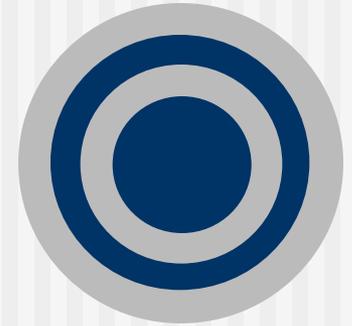
“We see things as we are, not as they are”  
– Anias Nin

# Etiology of Feedback

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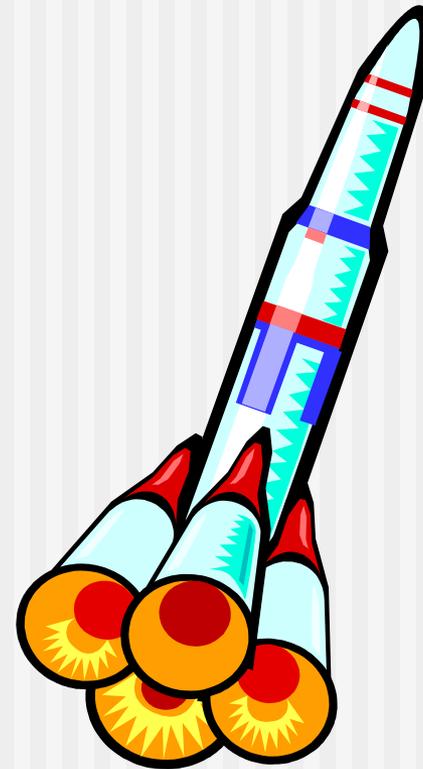
# Feedback defined

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Term coined by flight engineers to describe a directional system that provides information to a rocket about its course and cause it to correct

- Stay in this direction
- Go more...
- Go less...



# Feedback- Knowing the Target

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What is the behavior that you want more of, in the other person?



# Your feedback experience

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- 1) A negative experience
- 2) A positive experience

# Key Features of Effective Feedback

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# Key features of effective feedback

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- Relevant
- Descriptive, not judgmental
- Given in a Context of Respect

# Relevant

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- Tied to shared goals, objectives, and desired results
  - Learn all the different types of cancer
  - Make 75 % of follow up calls within three days after a client visit.
  - Communicate with clients more effectively
  - Complete literature review by 10/12/08

# Relevant

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- Expected, regular, and timely
- Provide a framework about when feedback will happen
  - Establish this at the beginning of a rotation, class, conversation.
  - Provide information about seeking feedback.
- Provide feedback as soon as possible when a problem exists.
  - Preferably the same day

# Descriptive rather than judgmental

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- Focus on specific behaviors
- Avoid vague value judgments like-
  - “That was stupid”
  - “You are fabulous”
- Give verbal feedback using “I-statements”

# Descriptive rather than judgmental

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“You were so rude to the technician”

VS

“I noticed you interrupted our technician this morning when she was trying to ask about the orders you had written. Did you notice that?”

# Descriptive rather than judgmental

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“You finally slowed down,  
and screwed up less”

VS

“When you slowed down, I noticed you made  
fewer mistakes”

# Context of Respect

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- Seek permission to give your feedback
  - “I’d like to meet at end of day to provide feedback. Can you do that.”
  - “Could I give you some feedback about what just happened?”
- Give recipient the opportunity to assess themselves (with respect)
  - “How do you think you did with that call to the client?”

# Context of Respect

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- Check accuracy of your observations
  - “It seems like you are unsure of your answer. Is that correct?”
- Invite feedback on your performance (role-model)
  - “How did this rounds go for each of you?”
  - “Is there anything that would improve this presentation?”

# Context of Respect

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- Balanced with positive and “do different”
  - Mixture of pros and cons
    - Three +’s for every -
    - Start with a positive and end with a positive
- “You seem to care how well you do very much. Sometimes you put so much emphasis on getting the right answer that you won’t acknowledge when you make a mistake. This can inhibit your learning. I feel confident in your abilities even when you make mistakes.”

# What's next?

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- “Do More...”
- “Do Different...”

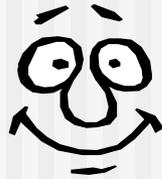


# Context of Respect

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## ■ Realistic change

- Help the recipient identify realistic non-judgmental change
  - “ I don’t want to be so stupid”
  - “I want to strengthen my case presentation skills”



# ISSMART Objectives

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- Specific – Is it narrow in focus?
- Measurable – Is it something you can observe in some tangible way?
- Achievable – Is it within reasonable reach?
- Relevant to the goals – Does it speak to your overall goals?
- Timely and Trackable – Are you able to accomplish it in the specified time period and can you track your progress?

# Accepting Feedback

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- Create culture in which feedback is expected, structured
- Remember how feedback has helped you in the past
- Be prepared to describe your feelings and actions without defensiveness
- Be open-minded
- Avoid generalization, all or nothing thinking, or focusing on the negative only

# Summary Model

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- Create structure for timely feedback
- Find appropriate time and place
- Ask permission
- Invite the recipient's input and assessment
- Check accuracy of what you're hearing
- Respond with positive and negatives (sandwiched)
  - Identify specific behaviors without judgment
- Create realistic plan to correct or improve
- Ask for feedback
- Follow-up

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# **SUPPLEMENTAL INFORMATION**

# Another Feedback Mnemonic

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**B**ody Language

**R**espect

**I**nterest

**E**ye Contact

**F**ollowing Up

**T**imely

**H**elpful

**A**ppropriate

**N**ever labeling,  
demoralizing or  
accusing

**C**ollaborative

**C**ulturally sensitive

**S**pecific

# What about the Struggling Student?

(Adapted from University of Saskatchewan TIPS)

- Stages of Learning
  - Unconscious Incompetence
  - Conscious Incompetence
  - Conscious Competence
  - Relapse
  - Unconscious Competence

# CALMER Approach

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- Catalyst for Change
- Alter.. Your own thoughts
- Listen...and make a “diagnosis”
- Make a plan
- Educate... and Follow Up
- Reach out ... or Refer

# Stages of Change

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- Precontemplation
  - Denies or minimizes problem
- • Contemplation
  - Acknowledges problem but not ready to change
- • Preparation/determination
  - Patient commits to time and plan for resolving the problem

# Stages of Change (continued)

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- • Action

- Patient makes daily efforts to overcome problem

- Maintenance

- Has overcome problem for at least 6 months but must remain vigilant

- • Relapse

- Patient has gone back to problem behavior

- Adapted from Prochaska JO, DiClemente CC. The transtheoretical approach: crossing traditional boundaries of therapy. Homewood, Ill: Dow-Jones-Irwin, 1984.12

# Sources

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- Bayer Institute for Health Care Communication
- Westberg, J. & Jason, H. (2001). *Fostering Reflection and Providing Feedback: Helping Others Learn from Experience*. New York: Springer Publishing Co. Inc.