



# Improving the Culture & Practice of Feedback & Coaching

**Susan Glover Takahashi, M.A. (Ed), Ph.D**

Director, Education, Innovation & Research

Lead, Education Integration Group – CBME/CBD

Integrated Senior Scholar PostMD/CFD

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Gawande, New Yorker 2011

# Acknowledgements

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# ***Objectives***

1. What's different in CBD?
2. Explore tangible approaches to support improvements in Feedback and Coaching

# Key CBD differences

1. Developmental approach
2. **TIME** is not THE parameter for success but is *part of the* considerations
3. More workplace assessments along the way
4. Instead of G & O, focus on what can 'do' (i.e. EPAs).

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5. Enhanced **feedback & coaching**

# Develop a Feedback & Coaching Culture

- Is there a positive feedback culture?
- Ideas on building one?



## Why THIS topic? >> SPECIFICALLY

- Consistently, repeatedly reported as needed...*in others*
- Viewpoint that it is an assessor issue
- Viewpoint that it is a learner issue
- New education models ask us to get better at feedback
- So I/we have been working to understand feedback better, and along the way I/we learned quite a bit





## Feedback Message #1:

***Feedback  
is hard to  
give.***

“They may have been off on the wrong track and one little nudge in the right direction and **they completely turn around.**”

“I take the **responsibility** of training competent people very seriously.”



## Feedback Message #1:

***Feedback  
is hard to  
give.***

“I find [constructive feedback] a little bit difficult because you have to **tell them one-on-one what’s wrong with them.**”

“Checkmarks migrate to the right-hand side of the page. It’s the **path of least resistance.**”





## Feedback Message #1:

***Feedback  
is hard to  
give.***

**IN PAST.....(?)**

Sometimes giving feedback  
feels like breaking bad news.



## Feedback Message #2:

“Although I perfectly understand the need for feedback, I’m too sensitive...  
When it’s harsh, **I take it very personally.**”

“I would say probably at the time **I was hurt**  
[...] but somewhere inside  
I knew their criticism was valid.”

***Feedback  
is hard to  
take.***



## Feedback Message #2:

“At first I was going to **dismiss it**.  
[Then] I just thought I’d better not take this  
personally and try to figure out was there  
something [...] that I could do better?”

“You want to **be better at your job**  
all the time.”

*Feedback  
is hard to  
take.*



## Feedback Message #2:

“At first I was going to **dismiss it**.  
[Then] I just thought I’d better not take this  
personally and try to figure out was there  
something [...] that I could do better?”

“You want to **be better at your job**  
all the time.”

*Fixed vs  
growth  
mindset*



***Feedback can be  
hard to give and  
hard to take.***

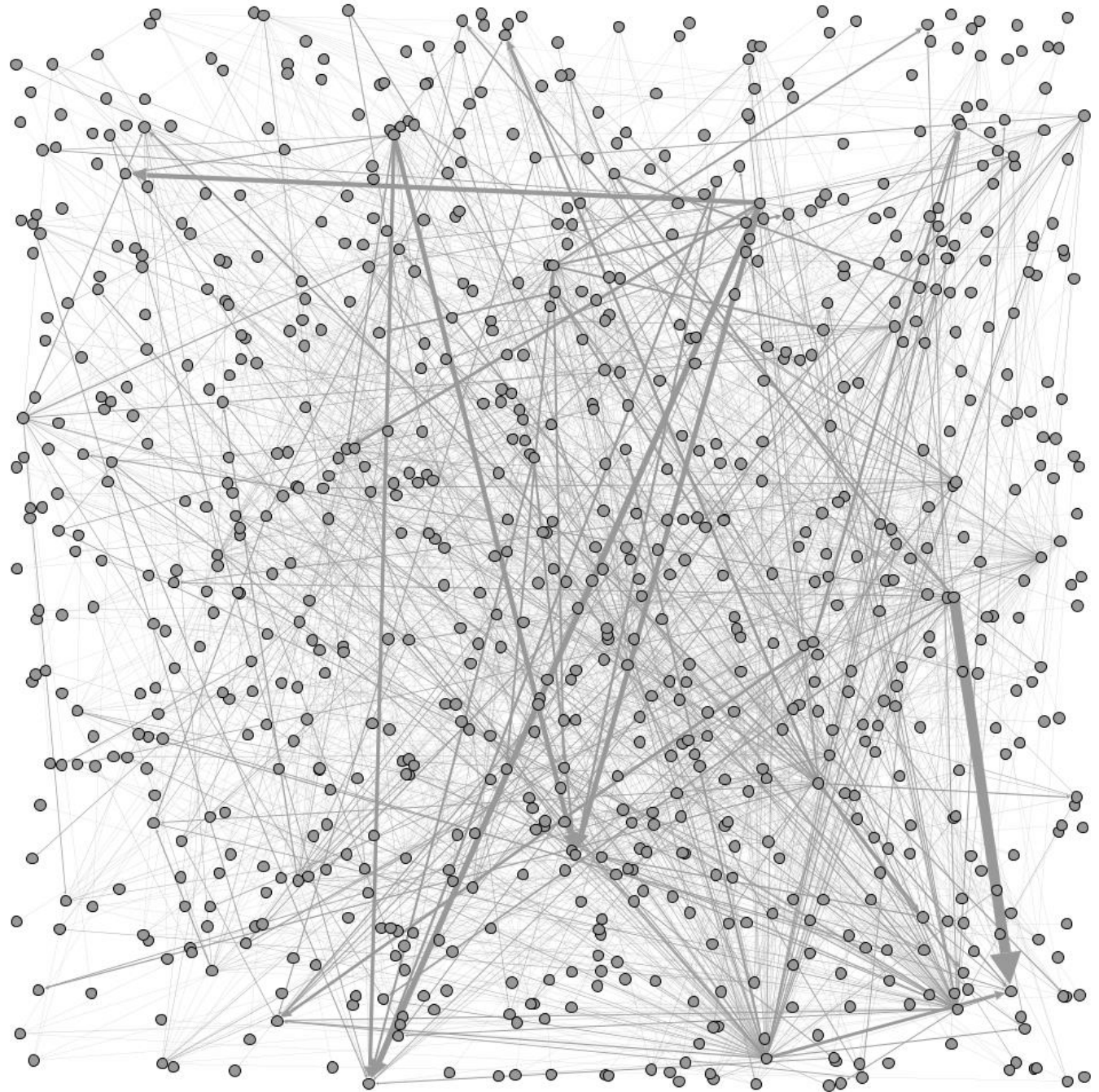
What impact does this have  
on the feedback culture in  
medical education?

How can these challenges be  
approached?



## Feedback Message #3:

***Data is not  
feedback.***

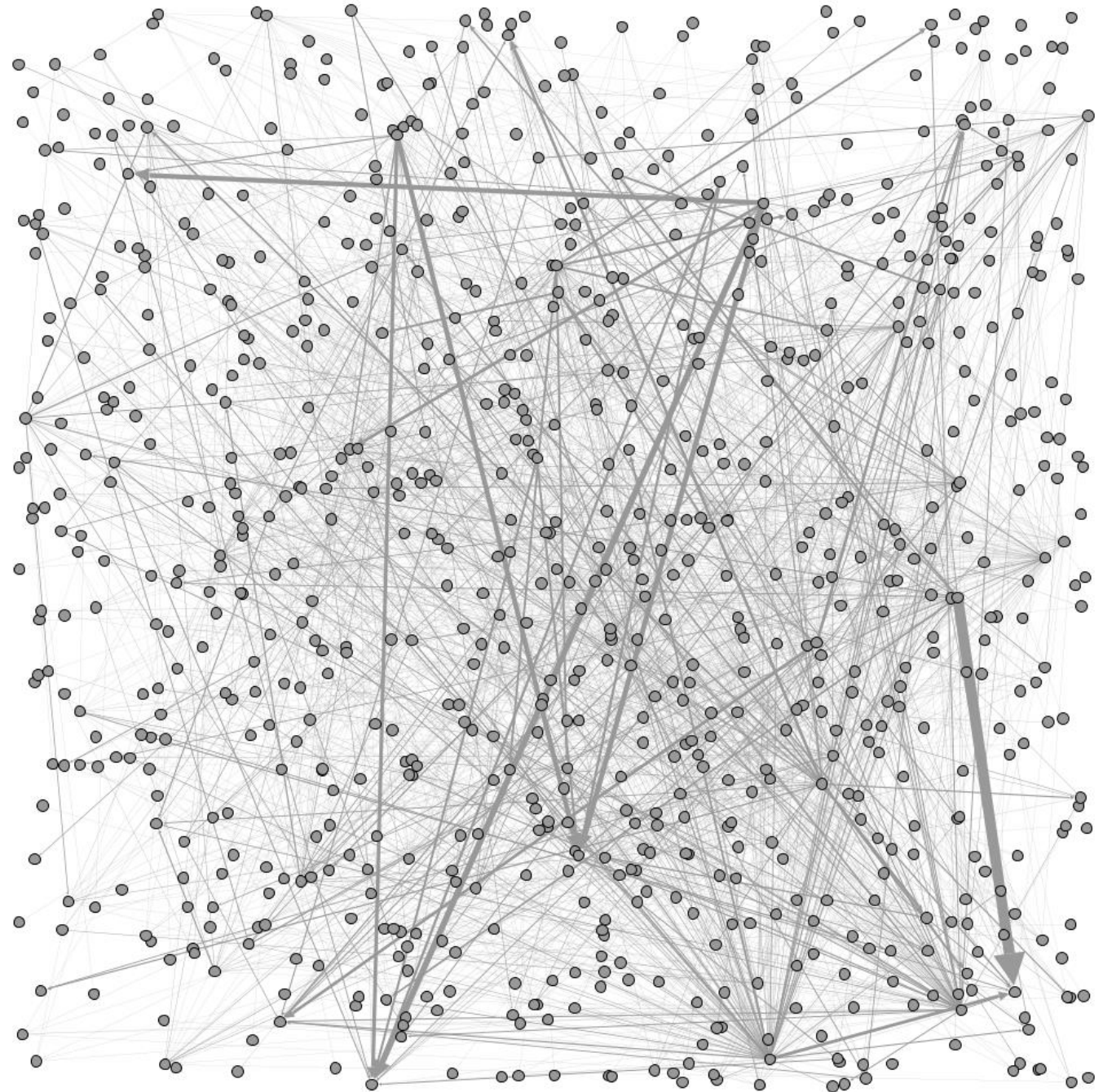






## Feedback Message #3:

*“Focused, specific and helpful information given to a learner by a teacher with the intent to support performance improvement.”*







Feedback Message #4:

*Feedback  
requires  
data.*



***Data is  
necessary but  
not sufficient  
for feedback.***

Data is 2/5 as a  
communicator.

Feedback examines  
*why that is the case,*  
*and how to move forward.*





## Feedback Message #5:



*Feedback is **MOST** effective in improving performance **(aka Coaching)** when the conversation occurs within a trust relationship.*





## Feedback Message #5:



*Feedback is MOST effective in improving performance (aka Coaching) when the conversation occurs within a trust relationship.*





## Feedback Message #5:



*Feedback is MOST effective in improving performance (aka Coaching) when the conversation occurs within a trust relationship.*



## Feedback Message #6:

***Do no harm:***

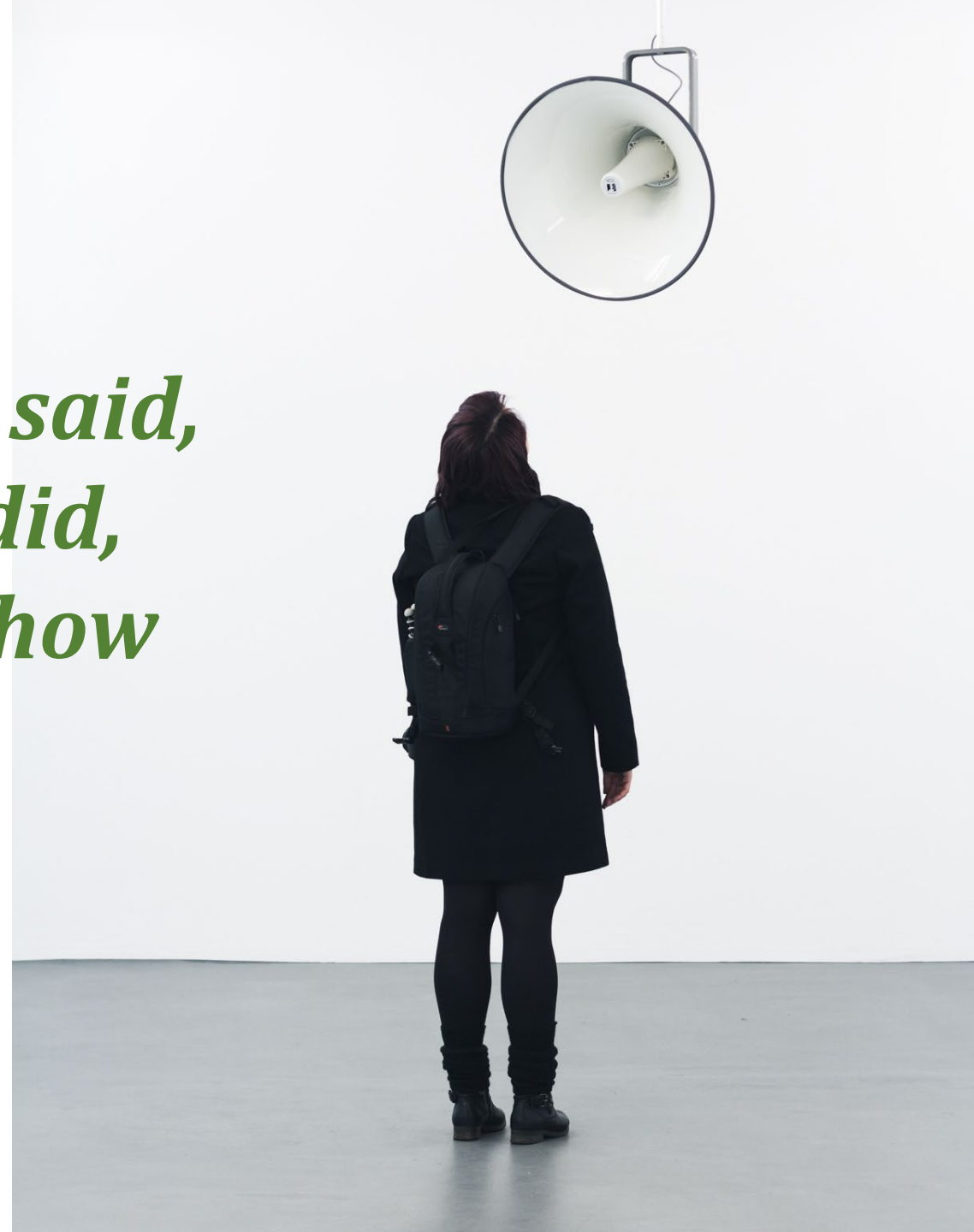
***Better not to give  
feedback than to  
give it in the  
wrong way.***





## Feedback Message #6:

*“People will forget what you said,  
people will forget what you did,  
but people will never forget how  
you made them feel.”*







Feedback Message #7:

***Better not to  
ask for  
feedback if  
you're not  
going to act  
on it.***



***Feedback relies  
on a mutual,  
trusting  
relationship.***

How can this be  
fostered in day-to-day  
clinical practice?



## Ten Tips for Feedback Mechanics

### Feedback Message #8:

- 1) **Ask** if feedback is wanted (Yes/no, now/later).
- 2) Consider **performance & educational goals**.
- 3) Allot sufficient **time**.
- 4) Choose a **private setting**.
- 5) **Label activity** as “feedback”.
- 6) Engage **trainee** in **reflection/analysis**.
- 7) Use **clear, plain language**.
- 8) **Factually** describe performance.
- 9) **Focus** your messages.
- 10) **Coach** for improvement.

*Feedback  
mechanics  
are  
important.*



*“At first I was going to dismiss it.  
[Then] I just thought I’d better not take  
this personally and try to figure out was  
there something [...] that I could do better?”*

*You want to be  
better at your job all the time.”*





# *Recap*

1. What's different in CBD?
2. Explore tangible approaches to support improvements in Feedback and Coaching

<http://cbme.postmd.utoronto.ca/wp-content/uploads/2017/01/Improving-Feedback-Handout.pdf>

# Questions about CBD?



## **CBME PGME**

Website: <http://cbme.postmd.utoronto.ca>

Email: [cbme.pgme@utoronto.ca](mailto:cbme.pgme@utoronto.ca)

**Susan Glover Takahashi**

[sglover.takahashi@utoronto.ca](mailto:sglover.takahashi@utoronto.ca)

# Thank you

**Susan Glover Takahashi, MA, PhD**

Director, Education & Research

Lead, Education Integration Group – CBME

Post MD Education – Postgraduate Medical Education

Integrated Senior Scholar – CFD & PostMD Education





# *Determinants of Effective Feedback*

Table 3 Overview of variables that have a clear direction and an unequivocal effect on the observation, interpretation and rating, and the feedback effect

Influencing variable	Effect	Outcome measure
Feedback effect		
FR has <i>low initial task performance</i>	→ High	Feedback effect
Feedback message <i>threatens FR's self-esteem</i>	→ Low	Feedback effect
FR shows <i>goal-setting behaviour</i>	→ Increase in	Feedback effect
Feedback is part of a <i>multifaceted intervention</i>	→ Increase in	Feedback effect
Feedback content: <i>encouraging, specific, elaborate</i>	→ Increase in	Feedback effect
Feedback message is given <i>frequently</i>	→ Increase in	Feedback effect

FP = feedback provider; FR = feedback recipient.

# *Determinants of Effective Feedback*

Table 3 Overview of variables that have a clear direction and an unequivocal effect on the observation, interpretation and rating, and the feedback effect

Influencing variable	Effect	Outcome measure
Observation, interpretation and rating		
FP rates <i>high complexity tasks</i>	→ Decrease in	Inter-rater agreement
FP has <i>high task familiarity</i>	→ Increase in	Agreement in ratings
FP is <i>trained</i> in using observation instruments	→ Decrease in	Rating errors
FP uses <i>rubrics</i>	→ Increase in	Reliability of scoring
FP and FR have <i>similar cultural background</i>	→ Higher	Performance ratings
FP has <i>time to build relationship</i> with FR	→ Higher	Correlations between subjective and objective performance measures

FP = feedback provider; FR = feedback recipient.

# Feedback-Seeking Behavior

- Feedback-seeking behaviors appear to be associated with improved performance, higher goal attainment, and improved learning.

Table 1 Individual and contextual factors influencing feedback-seeking behaviour

Factors	Relationship	References
Contextual factors		
Environment		
Uncertainty	Mixed	2,31,57,61
Publicness of seeking	—	29,43,60
Effort	—	2
Organisational socialisation	+	45
Feedback		
Sign	+	62,63
Diagnosticity	+	42
Target		
Transformational leadership	+	30,54
Relationship quality	+	6,18
Availability, accessibility	+	18,63
Support, consideration	+	14,28,48
Expertise	+	18
Mood	+	17,49

# *R2C2 Model of Feedback*

Phase	Goal	Sample facilitator phrases	Theoretical perspectives guiding the phase	Guiding notes
1: Build rapport and relationship <ul style="list-style-type: none"><li>• Explain the purpose of the assessment report and interview and</li><li>• Learn about their context</li></ul>	For the facilitator to engage the physician, build relationship and trust, and establish the credibility of the assessment	<ul style="list-style-type: none"><li>• “Tell me about your experience in completing this assessment.”</li><li>• “I’d like to hear about your practice (setting, patients, challenges, what you enjoy).”</li><li>• “Would you like to hear more about the assessment process?”</li></ul>	Humanism (person-centered approach)	<ul style="list-style-type: none"><li>• Remember to explore the feedback recipient’s practice context</li><li>• Celebrate successes</li><li>• Confirm what you’re hearing; empathize; show respect; build trust; validate</li><li>• Keep in mind that relationship building is central and needs attention throughout the interview</li></ul>



# *R2C2 Model of Feedback*

Phase	Goal	Sample facilitator phrases	Theoretical perspectives guiding the phase	Guiding notes
2: Explore reactions to and perceptions of the data/report	For the physician to feel understood and to know his/her views are heard and respected	<ul style="list-style-type: none"> <li>• “What were your initial reactions? Anything particularly striking?”</li> <li>• “Did anything in the report surprise you? Tell me more about that....”</li> <li>• “How do these data compare with how you think you were doing? Any surprises?”</li> <li>• “Based on your reactions, is there a particular part that you would like to focus on?”</li> </ul>	Humanism and informed self-assessment	<ul style="list-style-type: none"> <li>• Be prepared for negative reactions in some cases. Support the expression of negative reactions using general facilitative approaches and explore the reasons for these reactions</li> <li>• Note that negative reactions/surprises tend to be more frequently elicited by ... <ul style="list-style-type: none"> <li>◦ Subjective data such as multisource feedback (compared with objective data such as chart audit)</li> <li>◦ Comparative data, when scores are lower than the group mean</li> <li>◦ Data indicating that the physician is not doing as well as he/she thought</li> </ul> </li> </ul>

# *R2C2 Model of Feedback*

Phase	Goal	Sample facilitator phrases	Theoretical perspectives guiding the phase	Guiding notes
3: Explore physician understanding of the content of the data/report	For the physician to be clear about what the data mean for his/her practice and the opportunities for change suggested by the data	<ul style="list-style-type: none"><li>• “Was there anything in the report that didn’t make sense to you?”</li><li>• “Anything you’re unclear about?”</li><li>• “Let’s go through section by section.”</li><li>• “Anything in section X that you’d like to explore further or comment on?”</li><li>• “Anything that struck you as something to focus on?”</li><li>• “Do you recognize a pattern?”</li></ul>	Humanism and informed self-assessment	<ul style="list-style-type: none"><li>• Know the specialty</li><li>• Be aware of specific areas in which opportunities for improvement frequently arise</li></ul>

# *R2C2 Model of Feedback*

Phase	Goal	Sample facilitator phrases	Theoretical perspectives guiding the phase	Guiding notes
4: <b>C</b> oach for performance change	For the physician to engage in “change talk” and develop an action plan that he/she feels is achievable	<ul style="list-style-type: none"> <li>• “And 6 months down the line—is there anything you would like to see changed?”</li> <li>• “If there were just one thing that you would like to target for immediate action, what would it be?”</li> <li>• “What might be your goal?”</li> <li>• “What action might you have to take?”</li> <li>• “Who/what might help you with this change?”</li> <li>• “What might get in the way?”</li> <li>• For ABIM (and others if appropriate): “How do you see this as linking to a qualitative improvement initiative? To teamwork?”</li> <li>• “Do you think you can achieve it?”</li> </ul>	Humanism and behavior change	<ul style="list-style-type: none"> <li>• Remember that physicians need to understand, reflect on, and assimilate the content of the feedback report before being able to plan for change</li> <li>• Consider coaching as the skill of offering solutions</li> </ul>

# *Summary*

- Feedback and coaching can be powerful tools for performance change in medical education.
- The provision of accurate, helpful and effective feedback can be challenging.
- Attention to the mechanics of feedback is important.
- Feedback is most effective in the context of a trusting relationship.
- Engagement of both the feedback giver and receiver is crucial to the feedback process.