ACTIVATING LEARNERS TO SOLICIT FEEDBACK IN 30 MINUTES OR LESS

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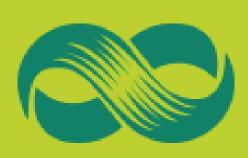
AdvocateAuroraHealth Advocate Health Care S Aurora Health Care

"DECADES" Faculty Dev FB Workshops **Result:** LITTLE/NO SUSTAINED IMPACT

Learners:

No FB









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Steps: Literature Medical Education

- If provided "low quality"
 - Not actionable no goal performance and/or steps
 - No strategies / process for improvement / resources / practice opps
 - Not a "coproduction" = not interactive partnership

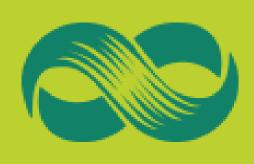
Org + Social Psych Research: Yes and • Continue encourage teachers to give FB • Learners solicit FB = AC2T Ask, Clarity, Consider, Thanks

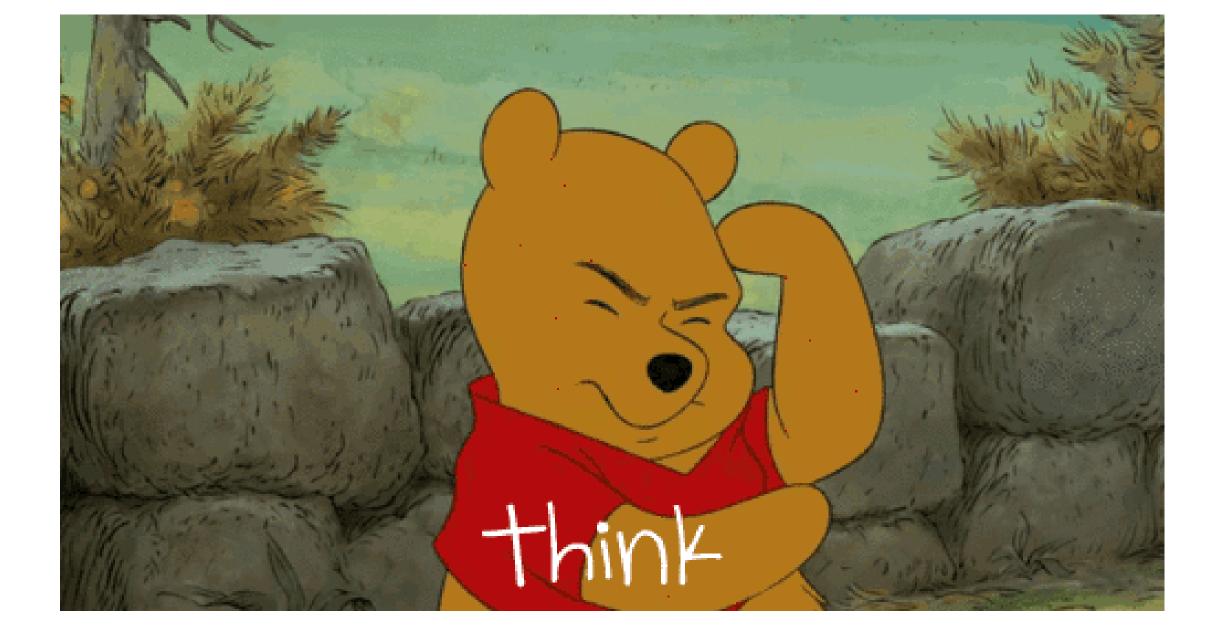
- Academic Medicine. 2018 Apr 1;93(4):657-63.

May not be provided/perceived

•Bing-You RG, Trowbridge RL. Why medical educators may be failing at feedback. JAMA. 2009;302:1330-1331. •Bing-You R, Varaklis K, Hayes V, Trowbridge R, Kemp H, McKelvy D. The feedback tango: an integrative review and analysis of the content of the teacher–learner feedback exchange.

•Telio S, Ajjawi R, Regehr G. The 'educational alliance' as a framework for conceptualizing feedback in medical education. Acad Med. 2015;90(5):609-14. •Crommelinck M, Anseel F. Understanding and encouraging feedback seeking behavior: a literature review. Med Ed 2013:47:232-241. [Feedback Vacuum – Lit review 2013 ref 4]





Aim & Methods

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• Aim: Does a brief, evidence-based training session highlighting the why/how of soliciting feedback result in a commitment by learners to increase the frequency with which they directly ask for feedback

 Methods: NI-6 Teams (Well Being) o Reviewed key findings literature o Who, what, when solicit feedback



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PERSONAL BEST

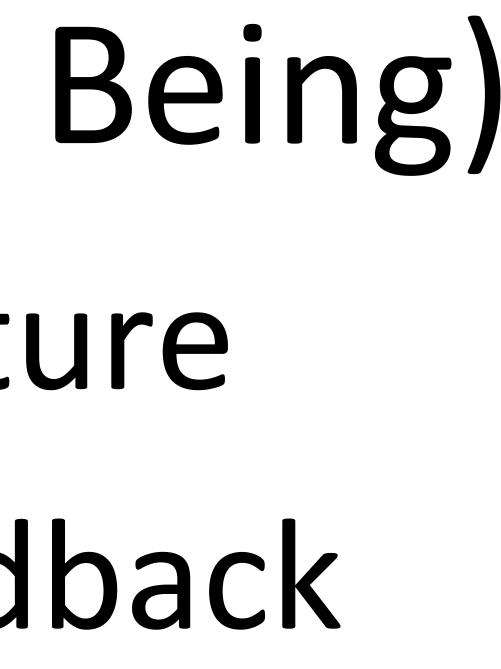
Top athletes and singers have coaches. Should you?

By Atul Gawande

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T) ve been a surgeon for eight years. For the past couple of them, my performance in the operating room has reached a plateau. I'd like to think it's a good thing—I've arrived at my professional peak. But mainly it seems as if I've just stopped getting better.

During the first two or three years in practice, your skills seem to improve almost daily. It's not about hand-eye coördination—you have that down halfway through your residency. As one of my professors once explained, doing surgery is no more physically difficult than writing in cursive. Surgical mastery is about familiarity and judgment. You learn the problems that can occur during a particular procedure or with a particular condition, and you learn how to either prevent or respond to those problems.





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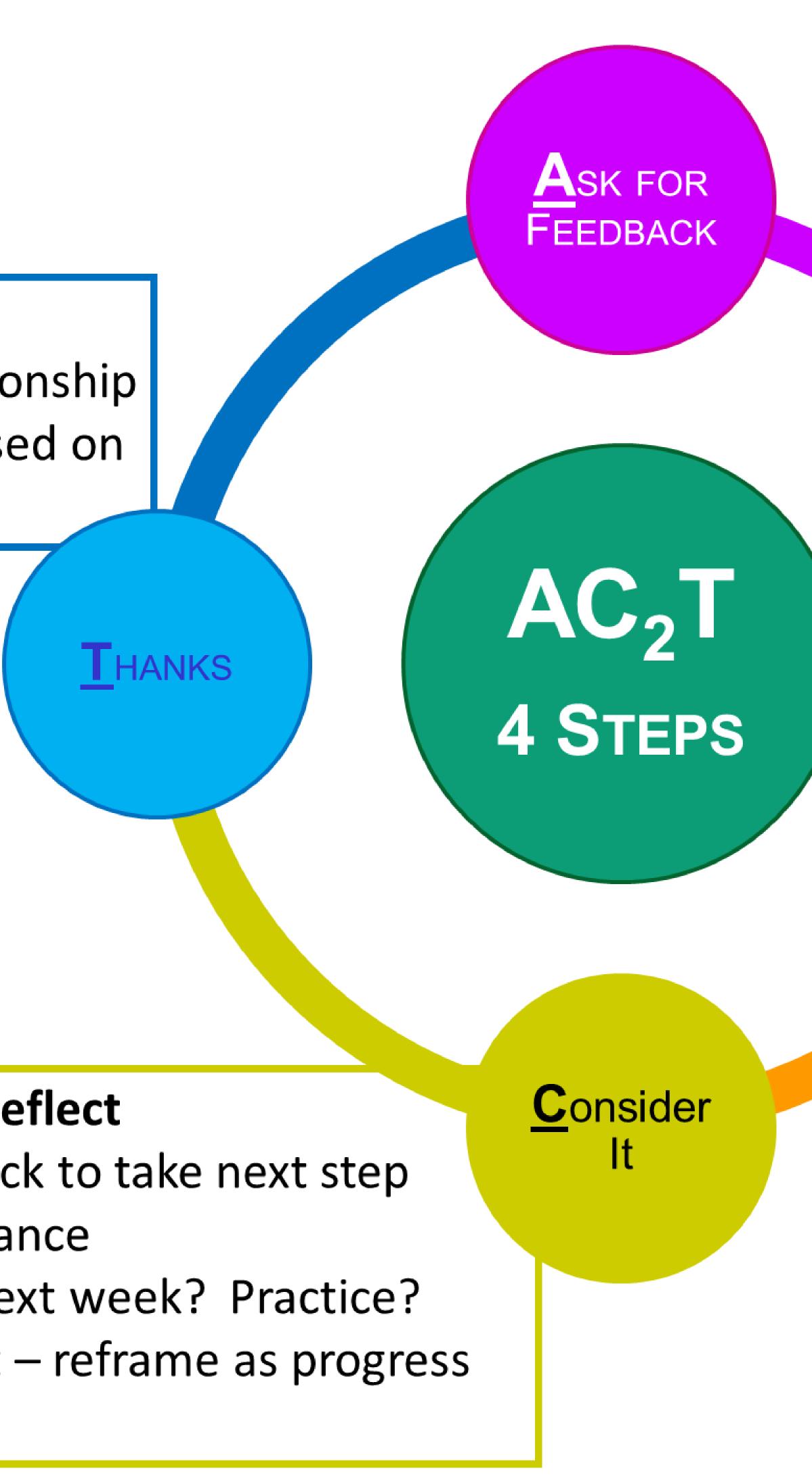
erformance on their own. That's where coaching comes in. Illustration by Barry Blitt

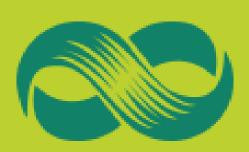
Say Thanks

- Recognize and respect the relationship
- It's an educational alliance focused on your growth

Consider the Feedback – Reflect

- How can I use this feedback to take next step towards my goal performance
- What actions take now, next week? Practice?
- Manage ego it may hurt reframe as progress towards your goal



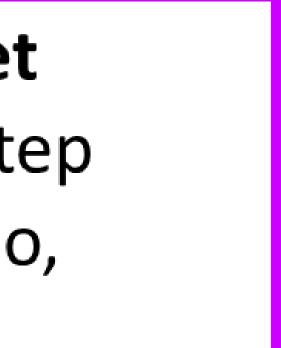


Ask from Growth-Learning Mindset
Frame "ask" to improve to next step
Be Specific, focused, consider who, when, where

CLARIFY

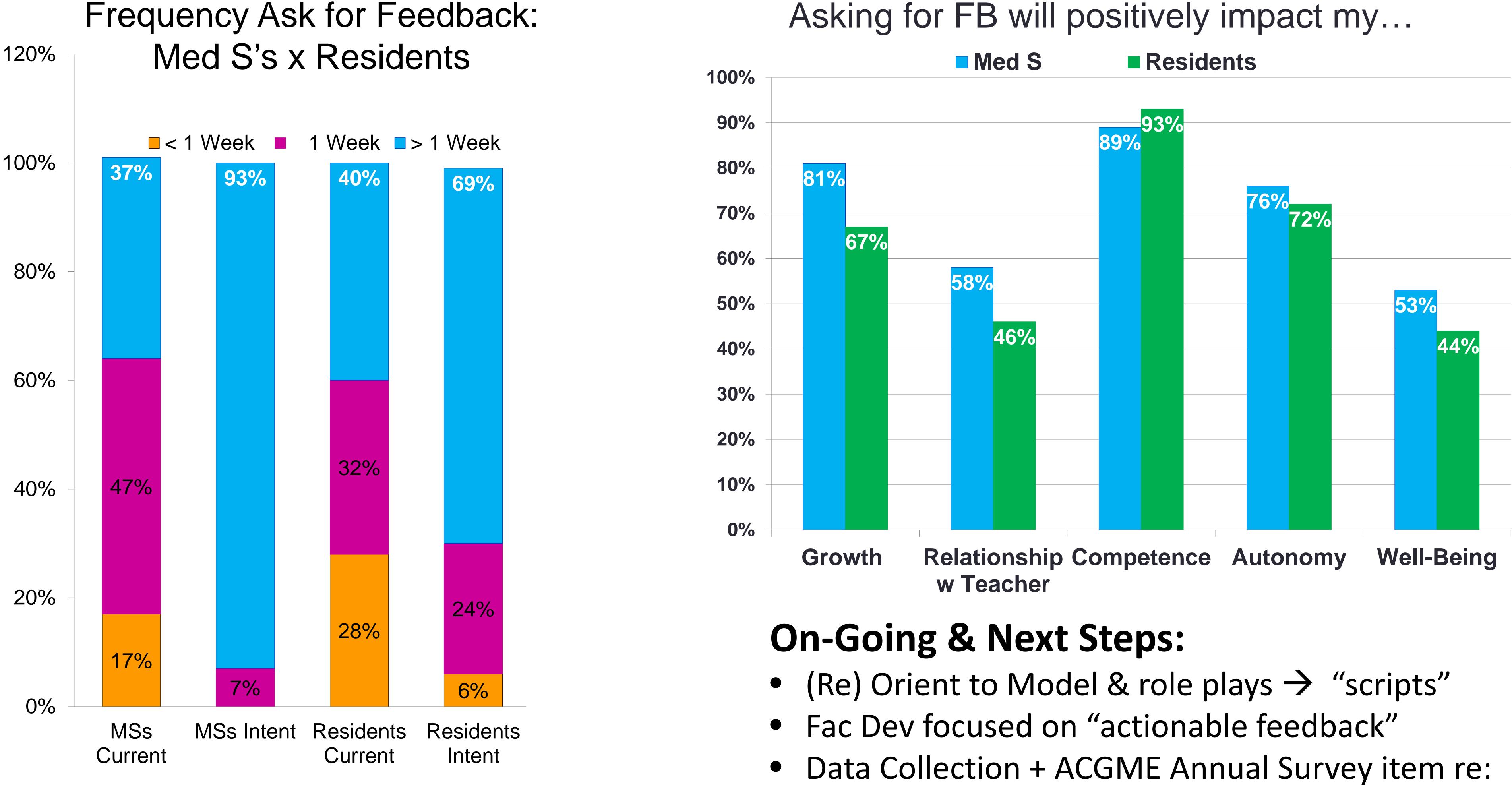
Clarify Feedback to be Action Oriented focusing on "gap"

- What is next step (s) towards goal
- What are resources/strategies to inform next steps/facilitate deliberate practice





Results to Date & Next Steps



feedback