THE SIGNIFICANCE OF FEEDBACK IN THE PROCESS OF TRUSTING LEARNERS TO CARRY OUT PROFESSIONAL ACTIVITIES

Over Het Tweesnijdend Zwaard Van De Ridder (Stelling 4)
About The Two-Sided Sword Of The Knight (proposition 4)

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The purpose of clinical training

- Meeting the standards of medical practice
- Competencies may be connected to clinical practice through entrustable professional activities (EPAs)
- Central to the EPA concept is determining when to trust trainees to work unsupervised
- Performance indicators are essential for feedback to learners and for entrustment decisions by staff
Purpose: Informed self-assessment

Sources to inform the self about performance
- Self-observation
- Vicarious experience and social comparison
- Human mediators (feedback providers)
- Non-human mediators (technology)

Known tensions (Mann et al 2011):
- Within self (wanting feedback but fearing it)
- Between people (fb provider and recipient)
- In the learning environment (hidden curric.)

Bandura; Sargeant et al 2011; Mann et al 2011
Problems of interaction in feedback

- First purpose of feedback is performance *improvement*, not confirmation
- Feedback provision implies a narcissistic risk
- People rather give positive than corrective feedback

Complicated nature of interpersonal feedback processes

- Message is shaped by personal relationship
- Relationship is often hierarchical
- Favourable messages are easy, critical messages are hard
- Default human communication (in working relationships) tends to be friendly, not neutral
  - Messages are framed friendly
  - Expectation is a friendly message
- Critical feedback can be hard and confusing
Concerns of feedback providers
(one side of the sword)

- I did not observe much – how can I give feedback?
- I would like to compare with the standard – but I’m not sure what the standard is
- What if he just had a bad day?
- What if he will start complaining to my boss?
- I know he is not a strong trainee, but I just can’t specify this
- What if others disagree with my opinion?
- What if a low score will be seen as failure of my guidance?
- What if a low score will require me to spend more effort and time that I do not have (or want to spend differently)
- I actually like him a lot, and I don’t want to disappoint him
Concerns of feedback recipients
(the other side of the sword)

- She did not really observe me well
- I actually had a bad day, I hope it did not show
- I don’t value this clinician, she just says something
- How do I manage to make a good impression -- show the best of myself and not my weaknesses?
- The feedback I got is not really helpful to get better
- How can she remember her observation of more than a week ago? I never get feedback the moment I really need it
- She’s really not my role model – how can she tell me how to do this?
- She’s also my boss, so can I trust her?
I want to be frank but not hurt. How do I avoid a adverse effect?

It’s just that he does not like me.

Random sample of 500 written feedback forms on IM residents with 2056 comments

Jackson et al, JGIM (June 21) 2015
Can we remove the feedback provider?
Two examples

Dr Pedro Esteves (Mendoza, Argentina) did this:
- First year medical students, small groups
- Video-recorded consultation with simulated patients
- All students in a group watched all videos, were are to observe own and other professional behavior
- Students were able to self-reflect on professional behavior

UMC Utrecht team on “Images at the bedside” project
- Recorded videos of team handoffs OR→ward (multi-camera)
- Video handed over to teams to discuss and improve, basically without external feedback

And: technology?

Switching Gears: Can Technology Help?

WATCHME
Workplace-based e-Assessment Technology for Competency-based Higher Multi-professional Education (2014-2017) - 2.2m EU funded project

Central Question
How can Learning Analytics Technology help to support High Quality Feedback and Entrustment Decision-Making in Professional Workplaces?
WATCHME Consortium and programs

Consortium
- Utrecht University
- University Medical Center Utrecht;
- Charité University, Berlin
- U of California San Francisco
- University of Tartu, Estonia
- Szent Istvan U, Budapest
- University of Reading UK
- University of Maastricht
- Mateum/EPASS, Netherlands

Programs
- JayWay, Copenhagen
- Netrom, Romania

Project design

1. Guidelines for workplace curriculum development with EPAs
2. Introducing EPAs in all programs
3. Adapting the ePortfolio system EPASS for this purpose
4. Qualitative studies to identify suitable sources of information in the workplace for feedback and
5. Collecting information in workplaces to build “student models” modeling normative student progress
6. Design suitable feedback formats and visualisations
7. Testing and consolidating
Project design - Feedback

1. Focus of feedback is on necessary level of supervision (direct, indirect, unsupervised)
2. Narrative feedback may be recorded on handheld devices
3. Many short encounters with feedback, all formative, feed into summative entrustment decisions
4. Aggregations of information in the background provides

Categories of evaluation instruments in the workplace

1. Short Practice Observations (MiniCEX, DOPS)
   - 5-15 min observation during EPA
   - simple ratings on relevant competencies
   - narrative feedback
2. Case-Based Discussion evaluations
   - 5-15 min conversation after EPA: knowledge and strategy (what, if..)
   - simple ratings on relevant competencies
   - narrative feedback

Ten Cate et al, 2015 in press
Categories of information in the Workplace

3. Long Practice Observations (MSF)
   - Planned feedback over > week; multiple encounters
   - Focus on professional behaviour
   - Feedback possibly anonymised

4. Product evaluation
   - Quality of EMR entries
   - Discharge letters, specific projects and reports

Ten Cate et al, 2015 in press
Three e-feedback benchmarks

1. Comparison with standard (criterion referenced)
2. Comparison with a group (norm referenced)
3. Comparison with personal past (trend)

Feedback visualized with graphics. Standard: ready to be entrusted with unsupervised practice

Further:
- Database with norm behaviors (cf the milestone descriptions for residency training). Learning Analytics algorithm to generate apt feedback
- Situated personal narrative feedback by observer

In conclusion

- Feedback in clinical education is essential
- Feedback is problematic because of interactional dynamics
- Improving feedback may in part include less dependence on human interaction
- Technology may help
And now conquer the USA!

References