# From Feedback to Growth: Practical Strategies for Providing Feedback and Having Difficult Conversations with Learners

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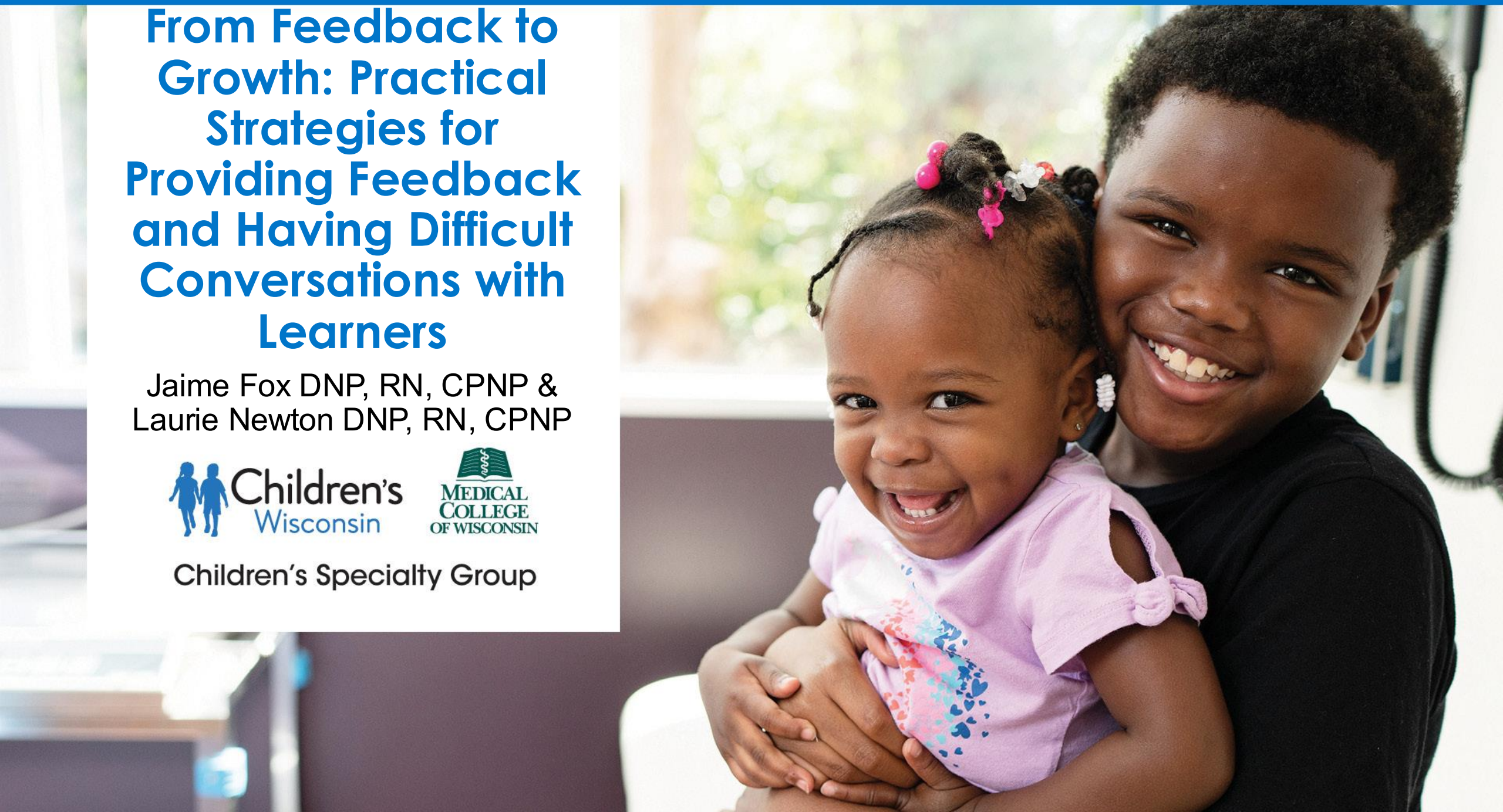

# Disclosures

- We have no financial disclosures
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# Objectives

1. Differentiate and apply informal and formal feedback strategies to support learner development
2. Identify and respond to struggling learners using evidence-based feedback techniques that promote growth and accountability
3. Conduct challenging feedback conversations with clarity and professionalism while maintaining psychological safety and accountability
4. Develop collaborative improvement plans with measurable goals

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# So what will our workshop look like??

- Introduction
- High-quality feedback characteristics and skills
- Understanding the struggling learner
- Feedback framework toolbox & giving effective feedback
- Small group practice: difficult conversations & giving feedback
- Reflection, key takeaways and action plan

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# Think of the most challenging learner you have supervised. What made them challenging?

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# A diagnostic lens for the struggling learner

- Knowledge- doesn't know
- Clinical reasoning- doesn't connect information
- Technical skills- can't do
- Professionalism- doesn't consistently demonstrate expected behaviors
- Communication- team and patient interactions
- Well-being- burnout, anxiety, depression, life stressors
- Learning environment- inadequate onboarding, poor supervision, conflicting expectations

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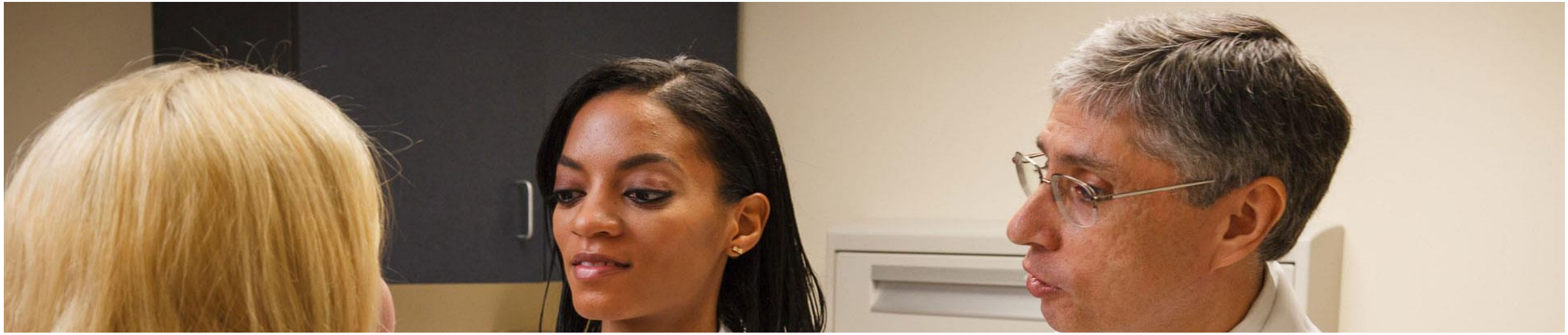

# Define feedback

define

# FEEDBACK

- Process in which the output of a system is returned to its input to regulate further output
- Information about what one is doing in relation to a goal
- Factual - does not assign value or judgement

# Informal vs Formal Feedback

- Informal (Formative)
  - Guides learning while it happens to help learners improve
  - Given continuously and frequently
  - Focus on growth, spot “mistakes” early
- Formal (Summative)
  - Typically occurs at end of rotations/fellowship
  - Provided after learning has finished
  - Measures overall success against standards & goals

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# Feedback and Psychological safety

- Psychological safety→ shared belief that a team/workplace/educational space is safe for interpersonal risk-taking, meaning people can:
  - Speak up
  - Share ideas
  - Ask questions
  - Admit mistakes
  - **Without fear of punishment or humiliation
- For learners → having high psychological safety means being able to admit knowledge gaps and skill deficits

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# Actions to Grow Psychological Safety

| | |
|---|---|
| Admit and discuss mistakes & knowledge gaps | Model learning new knowledge |
| Use open-ended questions & not one “right” answer questions | Act curious, ask questions |
| Be aware of body language and tone | Learn something about your team members |
| Invite input and feedback from learners | Share previous criticisms or shortcomings |
| Set expectations of what you expect of team members | Respond respectfully to questions |
| Use team activities to socialize | Use closed-loop communication |
| Implement interprofessional team training | Incorporate time to debrief about care |
| Include regular low-stakes formative assessment | Leadership: visible, approachable & communicative |

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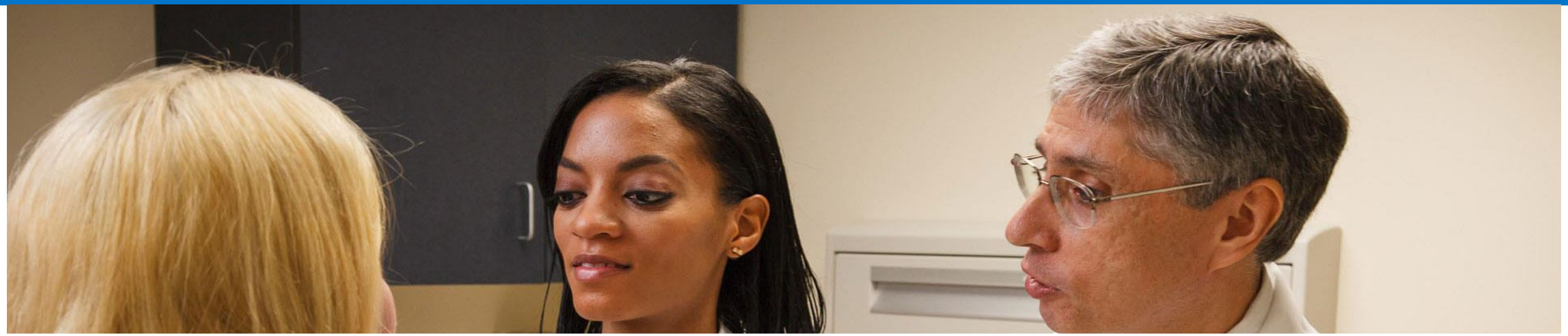
purpose

# WHY GIVE FEEDBACK?

- Professional responsibility to help others learn and improve
- Provides information needed for formal evaluation process
- Valuable process for both learner and provider



# Characteristics

# Characteristics

## SPECIFIC

What did the learner do or not do?

## CONTEXTUAL

Case or situation information to provide context

Information that helps the learner understand the effects of their actions

## ACTIONABLE

What can the learner do to improve?

What opportunities should they take advantage of?

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# Characteristics

## TRANSPARENT

Is it easy for the learner to understand?
Does it provide a clear path for improvement?

## CONSTRUCTIVE

Is it positive and supportive?
Does it guide the learner to reflect on areas for growth?

## CONSISTENT

Is it consistent over time to build a clear understanding of progress?
Is it a frequent, ongoing process?

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# Case

## OUTPATIENT CLINIC VISIT

Your student is seeing a 45-year-old patient with poorly controlled hypertension. They take the patient's blood pressure, review the medication list, and ask about adherence. However, the student does not ask about lifestyle factors and does not provide any counseling on non-pharmacologic interventions. The visit ends without addressing these aspects, even though the patient's chart notes previous counseling attempts.

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# Example

Specific Contextual Actionable

FEEDBACK

"I appreciate how you confirmed the patient's medication list and asked about adherence—that's an important step in managing hypertension. I noticed, though, that we didn't explore lifestyle factors like diet, exercise, or alcohol use during the visit. These are key contributors to blood pressure control and addressing them can make a big difference for this patient. For your next encounter with a patient who has hypertension, I'd like you to include at least one question about lifestyle habits and offer a brief counseling point or resource. This will help you provide more comprehensive care."

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# Checking your feedback

## USEFUL

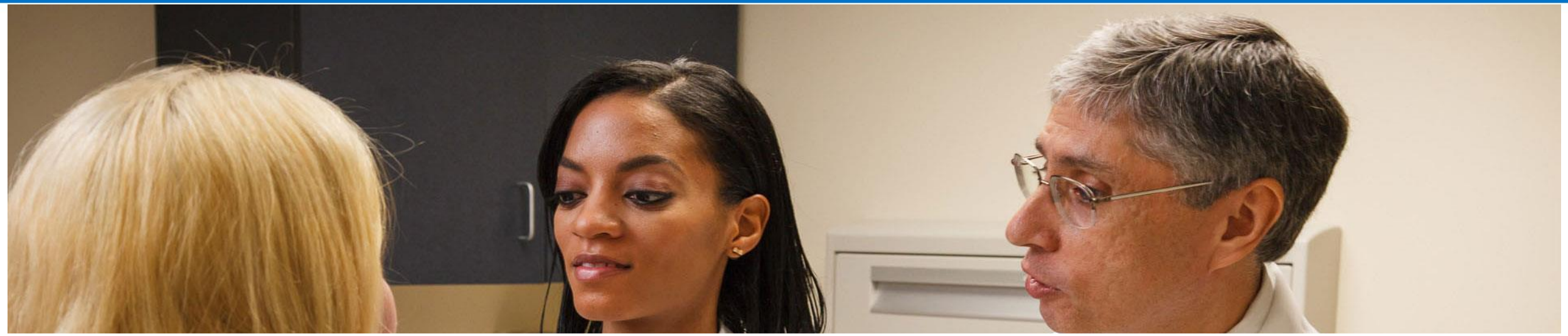
Is it useful and actionable for the learner?

Can it be used for continued development?

## MEANINGFUL

Is it useful and meaningful for another faculty member or director?

Can it be used for decision making, such as advancement decisions or grades?



# Feedback skills

# Things to avoid

## NON-SPECIFIC

Doesn't help learner identify specific deficits in performance

## GENERAL OR HARSH

Feedback should be specific and constructive to be effective

## DEFERRING

Feedback should be given in regular intervals and not just with the overall performance evaluation

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# Example

## NON-SPECIFIC AND HARSH

"You didn't do a good job with that patient last week. You missed important questions. You need to pay more attention and do better next time."

## SPECIFIC AND CONSTRUCTIVE

"You missed key questions with that last patient, such as asking about lifestyle factors, which is important for this patient's management. Next time, be sure to ask about diet, exercise, and alcohol use so you can counsel the patient effectively."

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# Setting the stage

## SET GOALS & EXPECTATIONS

Start the relationship by establishing shared goals
Communicate them clearly and often

## ESTABLISH A ROUTINE

Create space and time for feedback to occur

## OBSERVE

Conduct direct observation of learner's performance
Don't rely on information from others

## DEFINE THE MOMENT

"Let's take a moment for some feedback…"
"I would like to give you feedback on…"

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# Preparing

## STRENGTHS

What did the individual do well?

What behaviors should continue and be reinforced?

## IMPROVEMENT

What can the individual work to improve?

What behaviors should be modified?

## OBSERVATIONS

What direct observations were completed?

What knowledge, skills, and attitudes did you witness?

## ENCOUNTERS

What is one scenario that stood out to you?

What patient encounter can you highlight?

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# communication

## NON-JUDGMENTAL

Actions and consequences
Avoid accusations

## BEHAVIOR VS PERSONALITY

What they did, not who they are

## BE SPECIFIC

What did or did not occur
Task/technical/procedural skills
Interpersonal skills
Communication skills

## FOCUS

Behaviors that can be remediated
Don't bring up the past unless there is a pattern
1-3 items at a time to avoid overwhelming the learner

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# Concluding the feedback

| SUMMARIZE | ACTION PLAN | FOLLOW-UP |
| --- | --- | --- |
| "Today, we discussed…"<br>Focus on 1-3 main points | "You should…"<br>Specific<br>Timely | "We should…"<br>Next meeting<br>Set expectations |

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# Feedback framework toolbox

- Can be used for informal and formal feedback
- Certain tools work better for various situations



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# Framework #1: SBI

## Situation-Behavior-Impact

- One of the easiest to teach
- Focuses on 3 elements:
- Specific situation
- Observed behavior
- Impact of the behavior
- Effectiveness is enhanced when it includes an inquiry about intent, making the conversation more interactive and constructive

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# SBI Example

## Situation:

- ”When we were in clinic yesterday..”

## Behavior:

- “I noticed you interrupted the patient several time.”

## Impact:

- “The patient became quieter and omitted important details.”

## Then ask:

- “What was going through your mind?” or “What could you have done differently?”

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# Framework #2: Ask-Tell-Ask

Ideal when you want reflection

Ask:

- “How do you think that encounter went?”

Tell:

- “I noticed…”
- “It seemed like…”

Ask:

- “What changes would you make next time?”

# Framework #3: Pendleton rules (modified)

Learner identifies what went well

Faculty reinforces strengths

Learner identifies opportunities

Faculty adds observations

Agree on next steps

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# Framework #4: R2C2 Model

Great for fellows who have received multiple pieces of feedback but have not improved

**Relationship**:

- Build trust

**Reaction**:

- Explore emotions

**Content**:

- Discuss performance data

**Coaching**:

- Develop an improvement plan together

This model shifts from feedback to **coaching**

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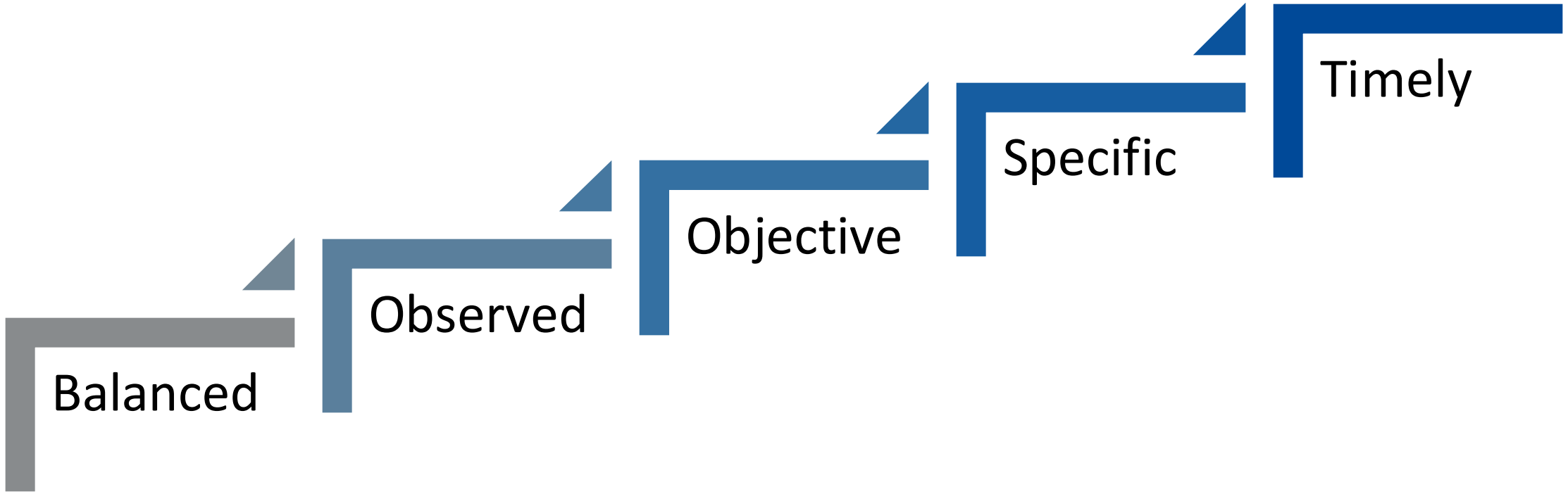
# Framework #5: BOOST

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# Which framework when???

| Situation | Best Framework |
|---|---|
| Brief clinical feedback | SBI |
| Encouraging reflection | Ask-Tell-Ask |
| Routine teaching | Pendleton |
| Recurrent performance concerns | R2C2 |
| Preparing feedback | BOOST |

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# Formal feedback

Formal feedback (summative) is important for APP fellowship programs

- Scheduled time frame
- Fellows know to expect feedback at end of rotation
- Allows fellow to integrate feedback into future clinical rotations
- **Bidirectional- fellows evaluate clinical rotations, preceptors, and fellowship directors, as well as self-evaluations
- Consider quarterly evaluations to summarize fellow's learning and progress through the program

Document formal feedback and have a remediation policy for your fellowship program

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## APP CORE CLINICAL COMPETENCIES

**1*** **Gathers appropriate information in patient context including: History Taking, Data, and supplemental information (PCC, KFP, ICS)**

| Unsatisfactory | Novice | Advanced Beginner | Competent | Proficient |
|---|---|---|---|---|
| Does not gather adequate nor accurate patient information, data, or history. | Gathers some patient information, data, but requires feedback and assistance to gather full data and relevant history required. | Usually gathers appropriate amount of patient information, data and relevant history for common scenarios. | Consistently gathers appropriate and accurate patient information, data and accurate history even for diverse scenarios. | Always gathers appropriate and accurate patient information, data and history, even in complicated or new patient experiences. |
| Unable to organize patient information in a structured format. | Requires assistance to organize and communicate patient information, and gather information from supplemental sources (medical records, family, continuity healthcare providers, etc.). | Usually organizes and effectively communicates patient information. Gathers some information from supplemental sources (medical records, etc.). | Communicates patient information effectively and prioritizes findings in a fashion to represent their clinical hypothesis. Consistently obtains information from supplemental sources. | Always adapts to urgency, time limitations, and complexity. |
| Lacks awareness of appropriate information or history to obtain. | Does not adapt to urgency, time limitations, and complexity. | Usually adapts to urgency, time limitations, and complexity. | Consistently adapts to urgency, time limitations, and complexity. | Demonstrates advanced communication of patient information and independently seeks appropriate supplemental information without supervisor prompting. |
| Lacks effort, interest, or engagement to gather information. | Minimal linking of current signs and symptoms to a patient's prior clinical encounters. | Sometimes requires supervisor prompting to integrate into history. Usually links current signs and symptoms to a patient's prior clinical encounters. | Integrates information into history without supervisor prompting. Consistently links signs and symptoms to a patient's prior clinical encounters – even in complex patient care scenarios . | Always links signs and symptoms to a patient's prior clinical encounters – even in complex patient care scenarios. |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**17*** **Displays accountability and confidentiality?**

- ○ Yes
- ○ No
- ○ Sometimes

Comment

**18*** **Punctual, dependable, and arrives prepared for the clinical day?**

- ○ Yes
- ○ No
- ○ Sometimes

Comment

**19*** **Did the fellow appropriately communicate all scheduling changes?**

- ○ Yes
- ○ No
- ○ Sometimes

Comment

**20*** **Was the fellow respectful to all team members at all times?**

- ○ Yes

**4*** **The preceptor was respectful of me both in the learner role and as a colleague?**

| 1<br>Strongly Disagree | 2<br>Disagree | 3<br>Neutral | 4<br>Agree | 5<br>Strongly Agree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

Comment

**5*** **The preceptor acted as a professional role model, preceptor, and mentor?**

| 1<br>Strongly Disagree | 2<br>Disagree | 3<br>Neutral | 4<br>Agree | 5<br>Strongly Agree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

Comment

**6*** **The preceptor encouraged asking questions and self-reflection for learning and understanding in clinical situations?**

| 1<br>Strongly Disagree | 2<br>Disagree | 3<br>Neutral | 4<br>Agree | 5<br>Strongly Agree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

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# Fellow: CORE and Specialty Prof Competency Self Eval (CSG APP Fellowship)

**Instructions:**

*DIRECTIONS:*

- *Please complete the below questions after each rotation*

## APP INDIVIDUALIZED CLINICAL AND PROFESSIONAL DEVELOPMENT

**1** **Identify the top 3 strengths:**

Comment

**2** **Identify 3 opportunities for improvement:**

Comment

**3** **Identify 3 individualized goals met during this clinical rotation:**

Comment

**4** **Summary of clinical rotation and progress towards specialty specific competencies:**

Comment

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# Quarterly evaluations

| | | | |
|---|---|---|---|
| Rotations completed | D2L assignments | Professionalism curriculum overview | Mission/vision/goals |
| Professionalism activities | Snapshot of evaluation comments<br>• Clinical & professional skills | Fellow comments | APP Director comments |

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# Summary

- Feedback is information related to a goal
- Establish goals and expectations as a foundation for feedback
- Feedback should be specific, contextualized, and actionable- this applies to formal & informal feedback!
- Check your feedback for usefulness and actionability
- Focus on behaviors, not personal attributes

# Let's practice!!

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# References


- Bump, G.M. & Cladis, F.P. (2024). Psychological safety in medical education, another challenge to tackle? *Journal of General Internal Medicine*, 40(1). 41-45. doi: 10.1007/s11606-024-09166-y
- Gallo, A. (2023). What is psychological safety? *Harvard Business Review*, https://hbr.org/2023/02/what-is-psychological-safety.
- Hardie, P. O'Donovan, R. & Jarvis, S. et al. Key tips to providing a psychologically safe learning environment in the clinical setting. *BMC Med Educ* **22**, 816 (2022). https://doi.org/10.1186/s12909-022-03892-9
- Jug, R., Jiang, X.S., & Bean, S.M. (2018). Giving and receiving effective feedback: a review article and how-to guide. *Archives of Pathology & Laboratory Medicine,* 244-250. **DOI:** 10.5858/arpa.2018-0058-RA
- Pyschological safety: https://www.ahrq.gov/hai/tools/mrsa-prevention/surgery/psychological-safety.html
- Weallans, J., Roberts, C., Hamilton, S. & Parker, S. Guidance for providing effective feedback in clinical supervision in postgraduate medical education: a systematic review, *Postgraduate Medical Journal*, Volume 98, Issue 1156, February 2022, Pages 138–149, https://doi.org/10.1136/postgradmedj-2020-139566


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# Thank you!!

- Questions???

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