

**IMPROVING THE  
FEEDBACK  
CONVERSATION:  
ROLE OF  
MENTOR AND  
MENTEE**

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# LEARNING OBJECTIVES:

**Recognize the importance of active participation from both the provider and the receiver of feedback.**

**Realize feedback is dynamic and data driven.**

**Acquire techniques to both provide and receive more effective feedback.**

**Understand the role and responsibilities of the mentor and mentee as skills which can be practiced and developed.**

# EXAMPLES OF FEEDBACK SITUATIONS

Learner and Teacher

Intern and Resident

Mentee and Mentor

Employee and Supervisor

Peer and Peer

Faculty member and Chief or Chair

# FEEDBACK IS...

In his landmark article in 1983, Ende defined feedback in medical education as “an informed, non-evaluative, and objective appraisal of performance intended to improve clinical skills.”

Ende J: Feedback in clinical medical education.  
JAMA 1983;250:777-781

# FEEDBACK IS...

Information that a system uses to make adjustments in reaching a goal.

Is formative/adaptable. Evaluation is summative/judgmental.

An action which highlights the difference between intended and actual result. Allows for growth.

Should include preparation from both the receiver and giver of the information.

# FEEDBACK IS....

A process which involves a two way non-judgmental communication:

Should follow clear expectations laid out in the beginning.

Is used to appreciate the good/right things with logical explanations.

Helps to identify the bad/wrong things and provide options to change.

Should allow for follow-up to assess for implementation of suggestions and improvement.

# GENERATIONAL INFLUENCES

*THOUGH WIDELY APPLICABLE*

Create Teaching and Feedback Moments-stress learning objectives.

State clear expectations-what is required.

**Name it as feedback!**

Provide next steps to improvement.

**Be specific!**

# WORDS ARE IMPORTANT: NOT SO EFFECTIVE PHRASES....

Good job

A real pleasure to work with

Team player

Showed improvement

Nice, friendly

Hard worker

Heart is in the right place



# EFFECTIVE VOCABULARY PHRASES...

When you were willing to see two additional patients in pre-op clinic and allow your fellow resident to leave early to prepare for the student lecture, I felt you showed significant maturity and concern for the efficiency of our clinic.

# EFFECTIVE VOCABULARY PHRASES...

I noticed you checked on one of the students who seemed swamped and then taught how to organize admission orders – great skill at being observant and teaching something useful in what had been a stressful situation.

# EFFECTIVE VOCABULARY PHRASES...

## PEER MENTORING-FEEDBACK

Would you be available to share your technique in *teaching to the moment with immediate feedback* with other faculty in our section? I was so impressed last week in watching your teaching.

These kinds of focused teaching moments in a busy clinical situation are just what we want to incorporate into our teaching environment and make a name for our section as excellent teachers. We could all benefit from your skill and expertise. Peer mentoring and helping our faculty provide feedback to learners in the moment will help us all. Maybe we could even convert this into scholarship...

# LET'S SEE SOME EXAMPLES:

## ROLE PLAY OF PROVIDING EFFECTIVE FEEDBACK

Down arrow: How not to give feedback

Up arrow: How to provide feedback

Always include a **check-in moment** from the learner or peer. What did he/she take from this conversation?  
What did he/she hear?

Allow for **reflection** and **goal setting** from the student/trainee/mentee/peer.

FEEDBACK SHOULD BE  
SOLICITED RATHER THAN IMPOSED-  
*REMEMBER EXPECTATIONS*



**Ideas ?**

# FOCUS FEEDBACK ON BEHAVIOR RATHER THAN PERSONALITY



**Thoughts ?**

LIMIT FEEDBACK TO INFORMATION THE  
RECIPIENT CAN USE RATHER THAN THE  
AMOUNT WE MIGHT LIKE TO GIVE



**Comments?**

# GIVE FEEDBACK ONLY ABOUT SOMETHING THAT CAN BE CHANGED



**What did you observe?**



# REALIZE THE IMPORTANCE OF PREPARATION



**What do you think?**

# WHAT DETERMINES RESPONSIVENESS TO RECEIVING FEEDBACK?

Respect/trust

Emotions

Knowledge/belief in the data

Stakes – low/medium/high

Having a voice (control/impact)

Environment (supportive private)

# DESIRED BEHAVIORS BY FACULTY INCLUDE:

Establishing a supportive climate

Using an appropriate location

Creating mutually agreed upon goals (expectations must be clear and defined and presented at the beginning of the rotation or conversation)

Eliciting the learner's or mentee's thoughts and feelings-insight

Arranging follow-up

1. How often can the following statement describe your behavior in providing feedback?

a. I ask learners/mentees what they would like to get out of our interactions.

0	1	2	3	4
Never	Rarely	Sometimes	Frequently	Always

b. I change a feedback session based on a learner's/mentee's needs.

0	1	2	3	4
Never	Rarely	Sometimes	Frequently	Always

c. I work with my learners/mentees to establish mutually agreed-upon goals, objectives, and ground rules.

0	1	2	3	4
Never	Rarely	Sometimes	Frequently	Always

# WHAT HAPPENS IF LITTLE OR NO FEEDBACK IS GIVEN?

**Good performance is not reinforced and poor performance remains uncorrected.**

**May:**

assume all is well.

have to **rely on hearsay** from peers to get the feedback they so desperately need.

have to **guess** their level of competence, based on how well they are coping.

may have to learn by **trial and error** at patients' or colleagues' expense. **Could become a patient safety issue.**

# TRADITIONAL FEEDBACK SANDWICH

Begins with “the bread”: state something the learner/mentee is doing well.

Goes to “the meat”: identify something that needs improvement.

Ends with “the bread”: note something positive.

This has not been shown to be effective.

# THE PENDLETON MODEL

Modification of the traditional feedback sandwich in which the teacher's comments are preceded by the learner's/mentee's observations. The Pendleton model usually consists of four steps. In step 1, the learner states what was good about his or her performance; In step 2, the teacher/mentor states areas of agreement and elaborates on good performance; In step 3, the learner/mentee states what was poor or could have been improved; In step 4, the teacher/mentor states what he or she thinks could be improved.

This results in more of a dialogue. Focus is on action to improve.

# FEEDBACK FORMS

## *REMEMBER EXPECTATIONS*

When using daily, weekly, or monthly rotational feedback forms remember to base comments on expectations which were set with the student or trainee at the beginning of the rotation. These comments should not be a surprise, unrelated, or out of the blue.



**Department of Anesthesiology  
Daily Resident Evaluation Form**

**Resident Name:** \_\_\_\_\_ **Faculty Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1 How would you rate the resident's performance today with 1 being the worst and 10 being the best possible performance (please grade according to resident's level/year of training). \_\_\_\_\_**

**2 What did the resident do well today?**

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**3 Please provide the specific feedback you gave today that will make him/her a better resident tomorrow.**

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**4 Additional comments if needed:**

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# FEEDBACK SCENARIOS



# LET'S PRACTICE AND BE PREPARED!

By failing to prepare, you are preparing to fail.

--*Benjamin Franklin*

*Let's ask Dr. Patrice Weiss to reflect on her experience with feedback and to help coach our first faculty volunteer.*

# FEEDBACK SCENARIO RESIDENT-RELATED WE NEED A FACULTY VOLUNTEER

A resident who you have observed to be low in clinical competence (Michael) asks you to write a letter of recommendation to fellowship and if possible to reach out to your contacts in the field. He has asked to meet with you.

## **Tips:**

How do you start the conversation?

Check for any insight. Avoid emotions. Set expectations.

Be specific on what you have observed and where changes can be made.

Arrange follow up to observe putting suggestions into action.

# FEEDBACK SCENARIO FACULTY-RELATED

## *WE NEED TWO FACULTY VOLUNTEERS*

It is time for your semi-annual feedback session. You feel really positive that this has been a good year because of the improvement in your section's teaching evaluations. You are concerned that your chief/chair will only want to talk about scholarship and that is not as robust as you would hope.

### **Think about:**

Where do you start?

How do you prepare your message showing recognition of strengths and areas for improvement?

Be specific.

Preparing prevents being blindsided and keeps conversation focused on tasks rather than emotions.

# LET'S PRACTICE- IN PAIRS



# PEER TO PEER FEEDBACK- DIFFICULT CONVERSATIONS

## *LET'S PAIR UP*

Resident Peers: **sign outs**, one provides high quality and detailed info where the other gives just the very basic info: name, MR#, diagnosis.

Now having happened on several occasions and starting to worry that important info may fall through the cracks. Resident 1. is the less prepared and Resident 2. is the more prepared.

Faculty Peers: **coverage**, one seems to always pick up the pieces, do coverage when anyone is away or has urgent conflicts, the other is the first to leave work and the last to arrive, never offering to cover. This is starting to get a little old and for Faculty 2. it is also awkward because he/she is more junior to Faculty 1.

# TIPS

Define the problem

Determine insight

Remove emotions

Suggest change items-small steps

Set a follow up check-in



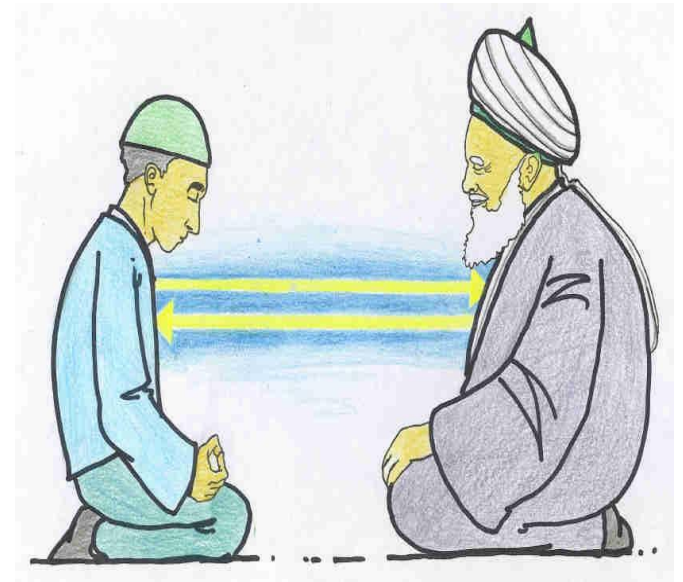
# FOUR PILLARS OF SUCCESSFUL MENTORING

Generosity

Listening

Objectivity

**Constructive Feedback**



Kaushansky K and Shattil SJ  
Blood 2007; 109:1353

# PEER FEEDBACK OPPORTUNITIES- TEACH PROGRAM

Direct observation

Applicable to multiple teaching venues

Truly formative

Follow up with repeat observation encouraged

Can be included in promotion packets

# CONCLUSIONS

## Effective Feedback . . .

Should follow specific learning expectations

Is dynamic and data driven with first-hand observations

Is a skill for both mentor and mentee requiring practice and input into the system for improvement

Forms a pillar of mentoring

# QUESTIONS

