Supplementary Material – OSTE rubric

RECEIVING FEEDBACK OSTE SCALE

INSTRUCTIONS: Please rate the quality of the following feedback domains (if not observed, please select N/A):

Observer:	
Observee:	
Date:	

DOMAIN	1-NEEDS WORK	2-SKILLS IN DEVELOPMENT	3-MEETS ACCEPTABLE STANDARD	4-APPROACHING EXCELLENCE	5-EXCELLENT	N/A	NOTES
1 . The learner demonstrated curiosity about feedback.	 Reacted defensively Refused to accept feedback 		 Accepted information Lacked interest 		 Showed interest Welcomed more information 		
2. The learner asked for clarification.	 Stated "didn't understand feedback" 		 Asked follow-up question 		 Asked follow-up questions Taught back 		
3. The learner demonstrated insights into strengths and areas for improvement.	□ No specifics (i.e. "It went fine")		 Stated general strengths Stated general deficits 		 Stated specific strengths Stated deficits and ways to address 		
4. The learner accepted the feedback .	 Stated outside factors Did not accept own ro 		 Stated factors Made excuses, but accepted own role 		 Explained factors, but did not excuse 		
5. The learner created a follow-up plan.	 General "let's follow- up" No times or goals established 		 Said future goals No specific time determined 		 Said future goals Determine d specific time 		
6. The learner demonstrated appreciation for feedback.	 Insincere, sarcastic 		Unenthusiastic "thank you"		 Enthusiasti c Expresses gratitude 		
7. The learner listened without interrupting or dominating the discussion.	 Interrupted often Talked much more 		 Interrupted 1-2 times Talked >50% 		 Did not interrupt Shared time equally 		

The	8. learner treated teacher with respect:				
Check all that apply:	 Spoke or stood at eye level Used name Maintained good eye contact Appropriate tone Appropriate body posture Other (specify):	1 item on checklist	 3 items on checklist 	 5 or more items on checklist 	

Supplementary Material - Presentation



Receiving feedback in the clinical setting

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Outline

- The neuroscience behind feedback
- Brief literature review
- How we deflect constructive feedback
- Skills and strategies for receiving feedback



THE NEUROSCIENCE BEHIND FEEDBACK

How our brains work

Motivated reasoning (*aka motivated cognition*) occurs when...

"...the goals and needs of individuals steer their thinking towards desired conclusions."

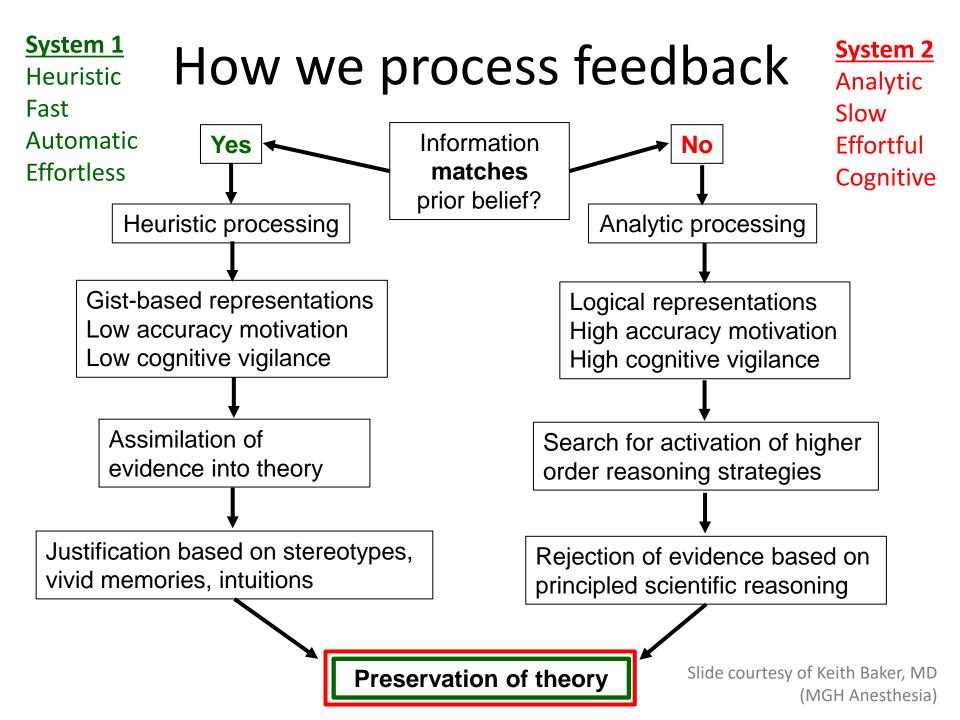
Hughes and Zaki. The neuroscience of motivated cognition. Trends in Cognitive Sciences. **19**, 62 (2015)

Prerequisites for motivated reasoning

- 1. There must be some 'meaning' or value in the interpretation (valence)
- 2. There must be a preferred interpretation which meets the goal of the person (a preferred interpretation)
- 3. There must be enough <u>uncertainty</u> surrounding the issue that the preferred interpretation is at least somewhat plausible

Examples:

- **2** + **2** = **4** is not open to motivated cognition (no to 1., 2. or 3.)
- "I am a good teacher" is open to motivated reasoning (yes to 1., 2. and 3.)
- "In my experience, that lab test is not needed" is open to motivated reasoning



"Digging for Ponies"



Stone and Heen, Thanks for the Feedback, 2014

BRIEF LITERATURE REVIEW



Barriers to receiving feedback

- Learner ownership and self-awareness are key to the behavior changes that valuable feedback can affect.
- Why do learners feel like they are not receiving valuable feedback?
 - Inability to self-assess
 - Lack of metacognitive abilities
 - Defensiveness to corrective feedback

An investigation of medical student reactions to feedback: a randomised trial

Boehler et al. Med Educ 2006

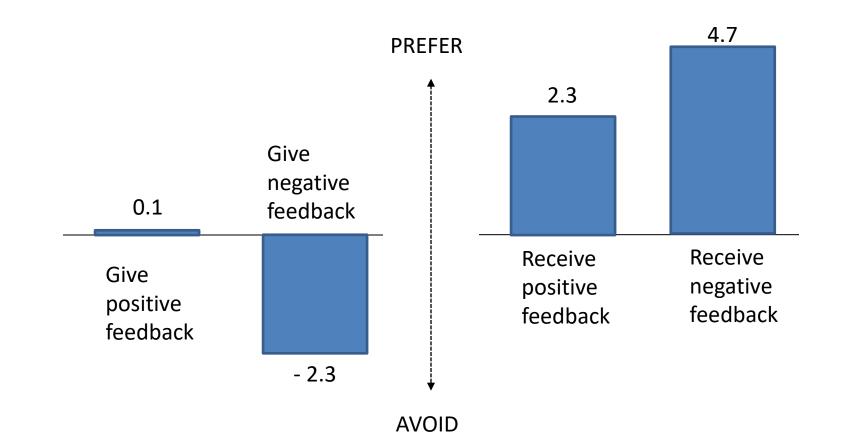
Design

- Group 1 received specific, constructive feedback on how to improve their knot-tying skills.
- Group 2 received only general compliments.

Results

- Group 1 → showed greater improvement in clinical performance
- Group 2 \rightarrow higher satisfaction scores

"No one likes to give negative feedback, but everyone wants to hear it."



Adapted from Zenger and Folkman, Harvard Business Review, Jan 15th 2014

HOW WE DEFLECT CONSTRUCTIVE FEEDBACK



"Wrong-spotting"

 The process by which we figure out how the constructive feedback provided to us must be incorrect or inaccurate

Some examples

- Literally wrong "I actually did mention that in my note...you must not have seen it."
- Misinterpretation "My e-mail wasn't unprofessional. That's my style of communication."
- Maybe that works for you "...but I can't tie a knot like that and this way works better for me."
- Do as I say, not as I do "But you don't always do your heart exam under the patient's clothing..."

View from the other side

- Why am I getting this feedback?
- Why are we seeing things differently?
 - Interpretation
 - Previous experiences
 - Personal bias



Be prepared!

- Feedback may come at any time, even in an informal setting (possibly in front of others)
- Constructive feedback is rare and should be coveted, not dismissed
- Feedback may not always happen in the "right place, right time"
- At the time, the critical comments may not always *feel* right, but perhaps they are?



SKILLS AND STRATEGIES FOR RECEIVING FEEDBACK

- Listen
- Clarify
- Accept
- Be proactive
- Express gratitude (say "thank you")

• Listen



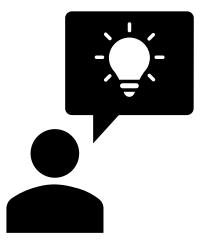
- Listen
- Clarify



- Listen
- Clarify
- Accept



- Listen
- Clarify
- Accept
- Be proactive



- Listen
- Clarify
- Accept
- Be proactive
- Express gratitude



Practice in pairs!

Case Scenario

You have just finished giving an oral patient presentation. You are particularly proud because you feel that you not only did a really good job, but you also limited yourself to 30 minutes in the patient's room for the full history and physical exam.

Your preceptor has chosen to give you feedback that is focused on your time management, explaining the 30 minutes is still too long. He/She says very little about the quality of your presentation. You are frustrated because you don't feel like you can do a good job in less than 30 minutes and the quality of your presentation (and eventual patient care when you start on the wards) will suffer.

Your experiences

- What was easy for you?
- What was challenging for you?
- What were your barriers to receiving this feedback effectively?
- What did you or your partner do especially well?
- How can you improve your own response to constructive feedback in the future?

Session summary

Our brains are hard-wired to rationalize and downplay constructive feedback.





The literature shows that medical students can improve in their receipt of feedback (as much as the faculty can improve their delivery!)

There are numerous ways in which we deflect constructive feedback, providing excuses and not seeing the feedback from the other person's perspective.





Skills and strategies for receiving feedback can serve you well in slowing you down when the feedback comes: listen, clarify, accept, be proactive, and express gratitude.