

Seeking, Giving, Receiving Actionable Feedback in Era of Milestones 2.0 #Ses010

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David Hamel, MD

@Dave_Hamel



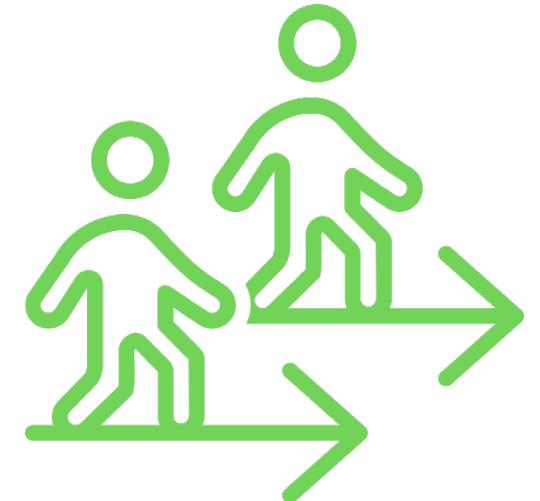
#ACGME2022 @AuroraGME

DISCLOSURES

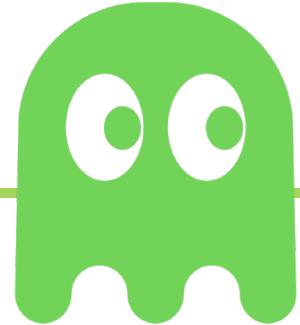
- None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

OBJECTIVES

1. Identify the elements of soliciting and providing actionable feedback derived from education and business literature.
2. Pinpoint the required elements exhibited in role play demonstration for soliciting and providing actionable feedback.
3. Evaluate the feasibility of implementing this training program in one's own SI or program.



MILESTONES 2.0 HARMONIZED – FEEDBACK



Milestones 2.0 includes Harmonized Milestones for

- Practice-based Learning and Improvement
- Systems-based Practice
- Interpersonal and Communication Skills
- Professionalism Competencies

Why?

- Many abilities are shared and universal across subspecialties – unnecessary variation hampering collaboration and faculty development across specialties

How Created?

- ACGME convened 4 interdisciplinary work groups (1/competency) to create consistency throughout GME → 2-3 subcompetencies

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (<u>feedback</u> and other input) in order to inform goals	Intermittently seeks additional performance data with adaptability and humility	Consistently seeks performance data with adaptability and humility	Leads performance review processes
Identifies the factors which contribute to gap(s) between expectations and actual performance	Self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance	Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Acknowledges there are always opportunities for self-improvement	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it	Facilitates the design and implementing learning plans for others

Comments:

Not Yet Completed Level 1

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals Identifies gap(s) between expectations and actual performance Actively seeks opportunities to improve	Demonstrates openness to performance data (feedback and other input) in order to inform goals Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance	Seeks performance data episodically, with adaptability and humility Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance, with guidance	Intentionally seeks performance data consistently, with adaptability and humility Independently analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Role models consistently seeking performance data, with adaptability and humility Coaches others on reflective practice Facilitates the design and implementation of learning plans for others
	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal and Communication Skills 2: Interprofessional and Team Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests/receives a consultation	Clearly and concisely requests/responds to a consultation	Checks understanding of consult recommendations (received or provided)	Coordinates recommendations from different members of the health care team to optimize patient care, resolving conflict when needed	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	<u>Communicates concerns and provides feedback to peers and learners</u>	<u>Communicates feedback and constructive criticism to supervising individuals</u>	<u>Facilitates regular health care team-based feedback in complex situations</u>

Comments:Not Yet Completed Level 1

Milestone inclusion re-affirmed

Key Role of Feedback – Getting, Giving

Old School → 1-way communication

Newer Research in #MedEd & Business

- 2-way discussion
- Focused on growth – toward a performance (milestone)
- Continuous improvement process with specific elements



FEEDBACK IN CLINICAL EDUCATION

JACK ENDE, MD JAMA 1983

- Feedback is formative. As an integral part of the learning process, it allows the (learner) to remain on course in reaching a goal.
- Evaluation...is summative. It comes after the fact and presents a judgment...
 - When trainees perceive feedback to be evaluation-based (as opposed to formative, coaching-based)
 - Switch from a **growth-mindset to a fixed-mindset**
 - **Stop attempting new skills** that may invite poor evaluations



LIT CURRENT STATE - MED EDUCATION

- **Feedback is low quality¹**
 - Leniency Bias (reluctant to offer negatives)¹
 - Too Polite
 - Not “actionable”²
 - Compare current performance to “clear goal”
 - Break performance into “parts”, specific elements
 - Lack strategies/tactics for improvement²
 - What steps take to move to level
 - Resources
 - Opportunities to Practice

- 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. Academic Medicine. 2018 Apr 1;93(4):657-63.
- 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]
- Branfield Day L, Miles A, Ginsburg S, Melvin L. Resident perceptions of assessment and feedback in competency-based medical education: a focus group study of one internal medicine residency program. Acad Med. 2020;95:1712–7.

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- **Co-Production - Relationship (2-way)**

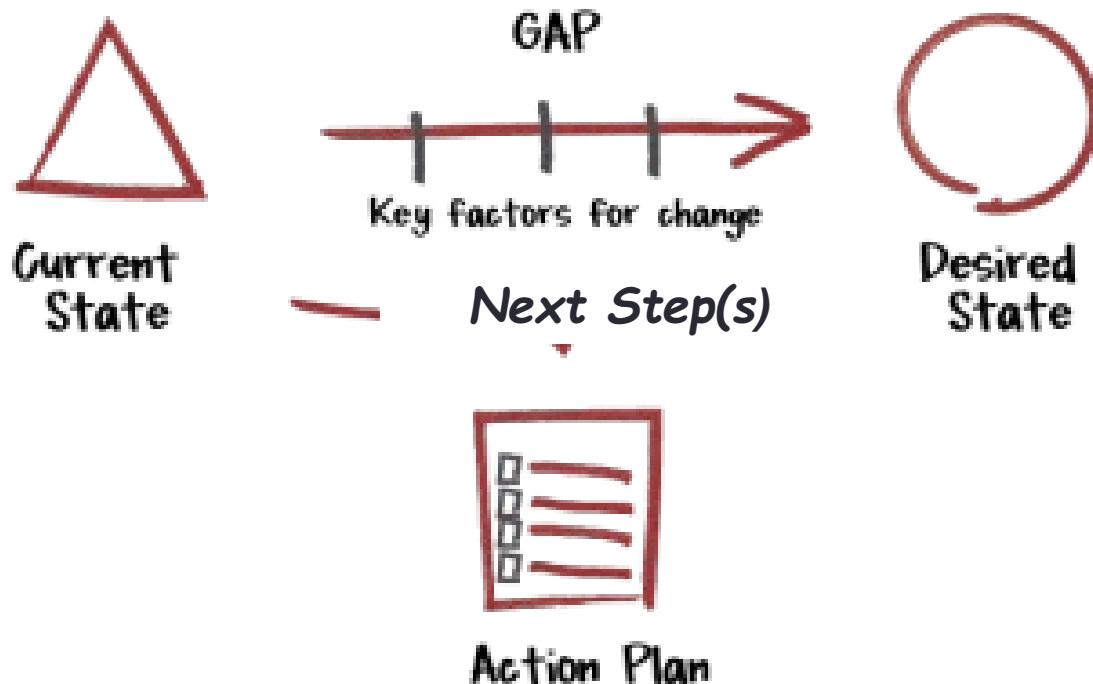
- Prepare: My responsibility as teacher = progression towards being a phenomenal clinician
- Come from sincere place of “growth” - together



• Bing-You RG, Trowbridge RL. Why medical educators may be failing at feedback. JAMA. 2009;302:1330-1331.
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• Davila-Cervantes A, Foulds JL, Gomaa NA. et al. Experiences of Faculty Members Giving Corrective Feedback to Medical Trainees in a Clinical Setting, Journal of Continuing Education in the Health Professions: Winter 2021 - Volume 41 - Issue 1 - p 24-30 doi: 10.1097/CEH.0000000000000322

KEY ELEMENTS OF ACTIONABLE FEEDBACK

Gap Analysis



*How: Resources and
Strategies to Get there*

- 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]
- Kappy, B., Herrmann, L.E., Schumacher, D.J. et al. Building a doctor, one skill at a time: Rethinking clinical training through a new skills-based feedback modality. Perspect Med Educ 10, 304–311 (2021). <https://doi.org/10.1007/s40037-021-00666-9>
- Ritchie, K.C., Sjaus, A., Munro, A. et al. An interpretive phenomenological analysis of formative feedback in anesthesia training: the residents' perspective. BMC Med Educ 20, 493 (2020). <https://doi.org/10.1186/s12909-020-02402-z>



OUR OWN DATA RE: KEY ELEMENTS

< 60% OF TIME FOR RESIDENTS/FELLOWS & MS'S FOR 2/3

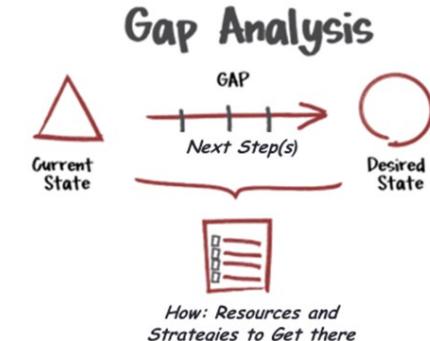
#Focus on *specific* performance,
behavior, event (eg, microskills)

#The GAP

- No current - goal performance = gap
(and/or)
- No steps, strategies, and/or resources to address

#Provided specific
strategies/tactics/resources to support
step-wise improvement?

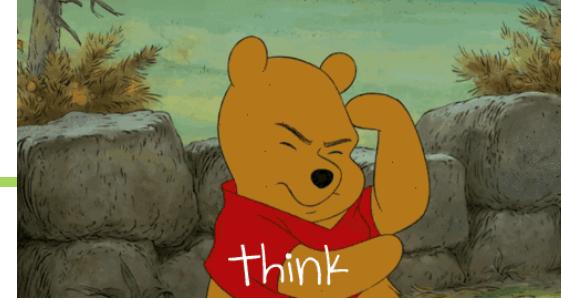
Key Elements of Actionable Feedback



STEPS: LITERATURE

- **Medical Education**

- Items don't distinguish provided, perceived and quality
- If provided "low quality" – "not actionable"



- **Org + Social Psych Research: YES AND**

- Continue encourage teachers to give FB
- Learners solicit **FB = AC2T**
Ask, **C**larity, **C**onsider, **T**hanks

- 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. Academic Medicine. 2018 Apr 1;93(4):657-63.
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ASKING FOR FEEDBACK AKA

FEEDBACK SEEKING BEHAVIOR, SOLICITING FB

Defined

- The conscious devotion of effort towards determining the correctness and adequacy of one's behaviors for attaining valued goals
 - Goal-oriented behavior – end game!

Gap Analysis



Strategies & Resources

- 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]
<https://doi.org/10.1007/s40037-021-00666-9>
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HOW GATHER INFORMATION (ROI)

In-Direct Inquiry “Artifice” Ask

- Trigger others to provide FB w/out directly asking for it
 - Ask teacher's opinion: “This is something I noticed you do well..”
 - Bring conversation around to an area for which the performer is interested in hearing feedback

Observation “Monitoring”

- Observe
 - Scan environment
 - Behaviors of others in variety situations
 - Glean info
 - Drawn inferences about your work / competence

- Ashford SJ, De Stobbeleir K, Nujella M. To seek or not to seek: Is that the only question? Recent developments in feedback-seeking literature. Annual Review of Organizational Psychology and Organizational Behavior. 2016 Mar 21;3:213-39.
- Anseel F. Agile learning strategies for sustainable careers: a review and integrated model of feedback-seeking behavior and reflection. Current opinion in environmental sustainability. 2017 Oct 1;28:51-7.
- Bing-You R, Hayes V, Palka T, Ford M, Trowbridge R. The Art (and Artifice) of Seeking Feedback: Clerkship Students' Approaches to Asking for Feedback. Academic Medicine. 2018 Aug 1;93(8):1218-26.
- Janssen O, Prins J. Goal orientations and the seeking of different types of feedback information. Journal of Occupational and Organizational Psychology. 2007 Jun;80(2):235-49.
- Teunissen PW, Stapel DA, van der Vleuten C, Scherpelier A, Boor K, Scheele F. Who wants feedback? An investigation of the variables influencing residents' feedback-seeking behavior in relation to night shifts. Academic Medicine. 2009 Jul 1;84(7):910-7.



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THE NEW YORKER

ANNALS OF MEDICINE

PERSONAL BEST

Top athletes and singers have coaches. Should you?

BY ATUL GAWANDE

OCTOBER 3, 2011

I'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

*Professional athletes
use coaches to make
sure they are as good
as they can be.
But doctors don't...*



JAMA
Internal Medicine

Harry Doernberg – MS2
Yale | January 2022

12 min Debussy Sonata
Studio Class where all gave
feedback



- Actively solicits growth feedback – "thick skin"
- Still only "squeeze a few..." recommendations

2022;182(1):5-6. doi:10.1001



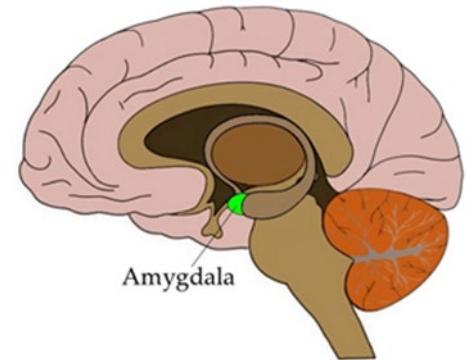
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SCIENCE OF LEARNING

- Ever: “Deer in headlights” stare
 - “No you never told me this before”!
- 4 F’s: Fight, Flight, Freeze, (Fidget, Fawn, Fright)



- Amygdala & learning (Asking/Giving Feedback)
 - Feedback can be conflicting (EM)
 - Growth (not fixed Mindset)



- Janssen O, Prins J. Goal orientations and the seeking of different types of feedback information. *J Occupational and Organizational Psychology*. 2007 Jun;80(2):235-49.
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KEY ELEMENTS OF ASK/ANSWER (AC₂T)

• Ask / Answer (be open, approachable)

- Growth- Learning Mindset:
 - Frame ASK based on **true desire to support their next step**
 - Consider framing as a competency – milestone 2.0!
- Be specific – actionable (current state, desired state, next steps)
- Rec Strategies/Resources for deliberate practice
- If can't provide specific, actionable guidance – be honest (authentic)

Gap Analysis



• Clarify the ask if not specific (\neq How did it go, how am I doing)

• Consider/Coach learner to identify next step(s)

- What they can do, how practice, timeframe to achieve their goal

• Thank you! Be appreciative of ask/answer

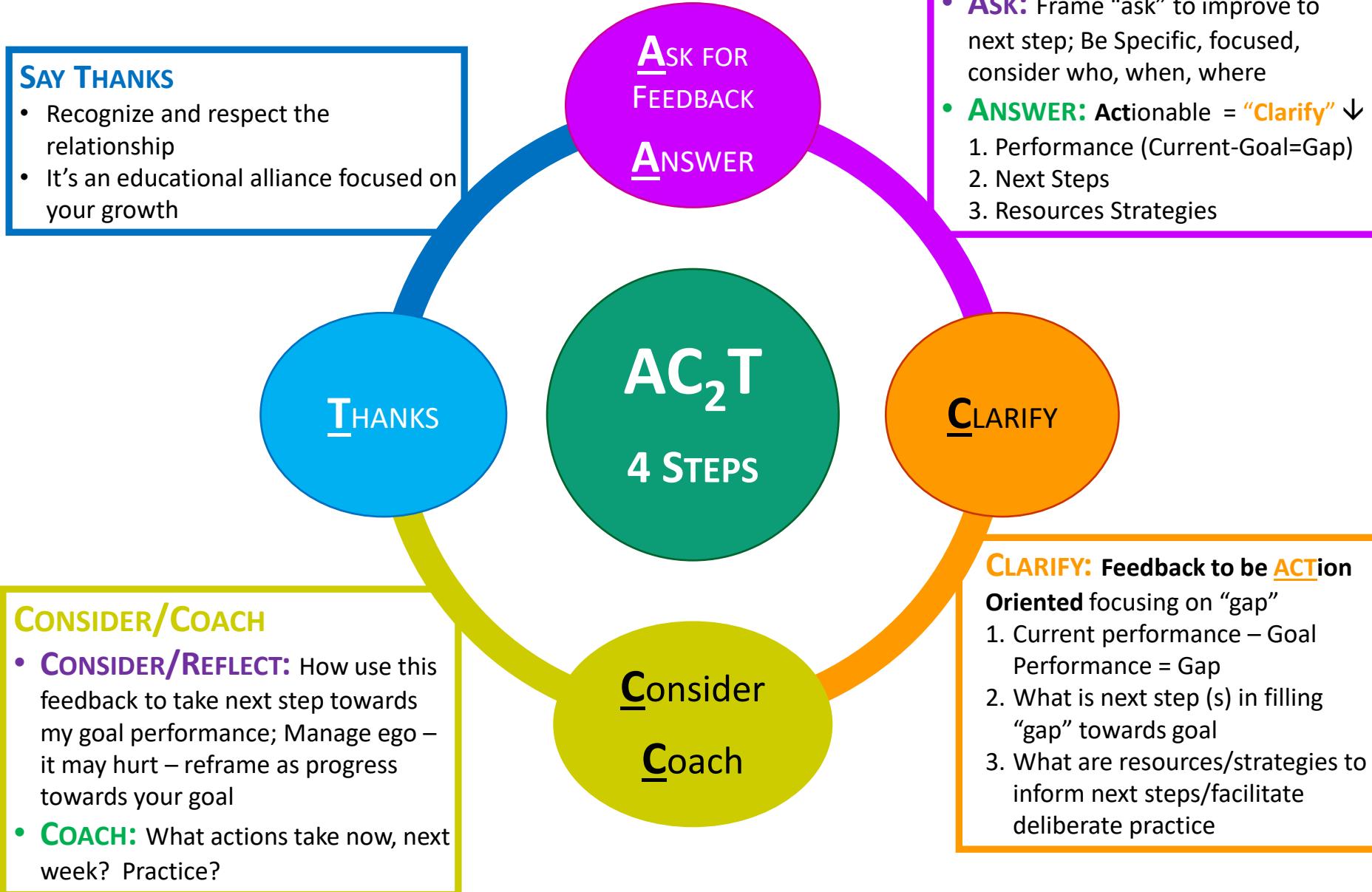
AC₂T

A: Ask-Answer

Clarify

Consider | Coach

Thanks



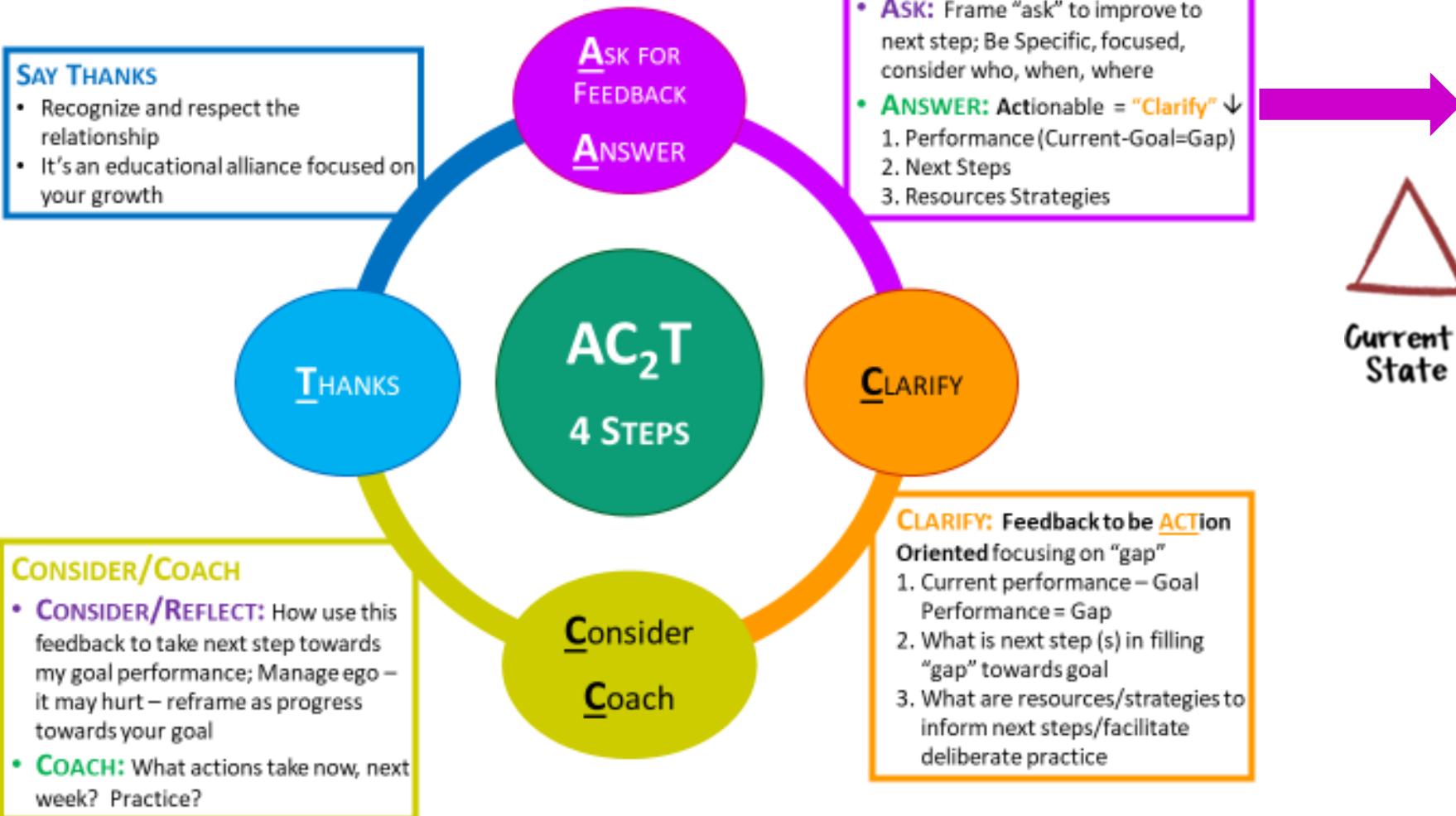
How does it Work in 90 seconds



1ST SCENARIO (LINK TO MILESTONES 2.0)



- Faculty giving feedback to resident [Will Resident; Dave Faculty]
 - Resident PGY 1 in Internal Medicine Inpatient Teaching Service
 - Rounding at bedside and attending just went in to confirm findings
 - Now outside of patient's room to debrief



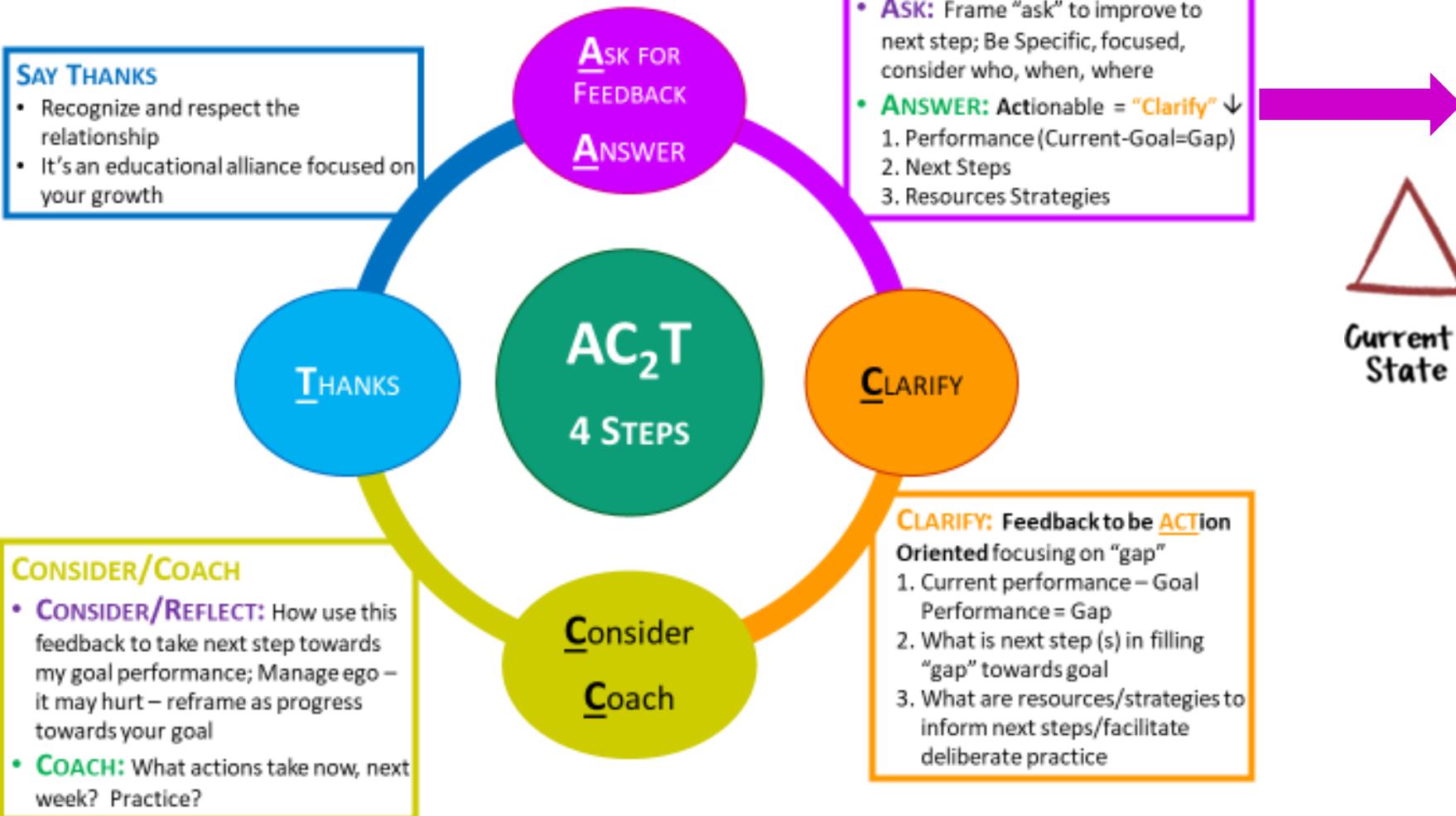
Gap Analysis



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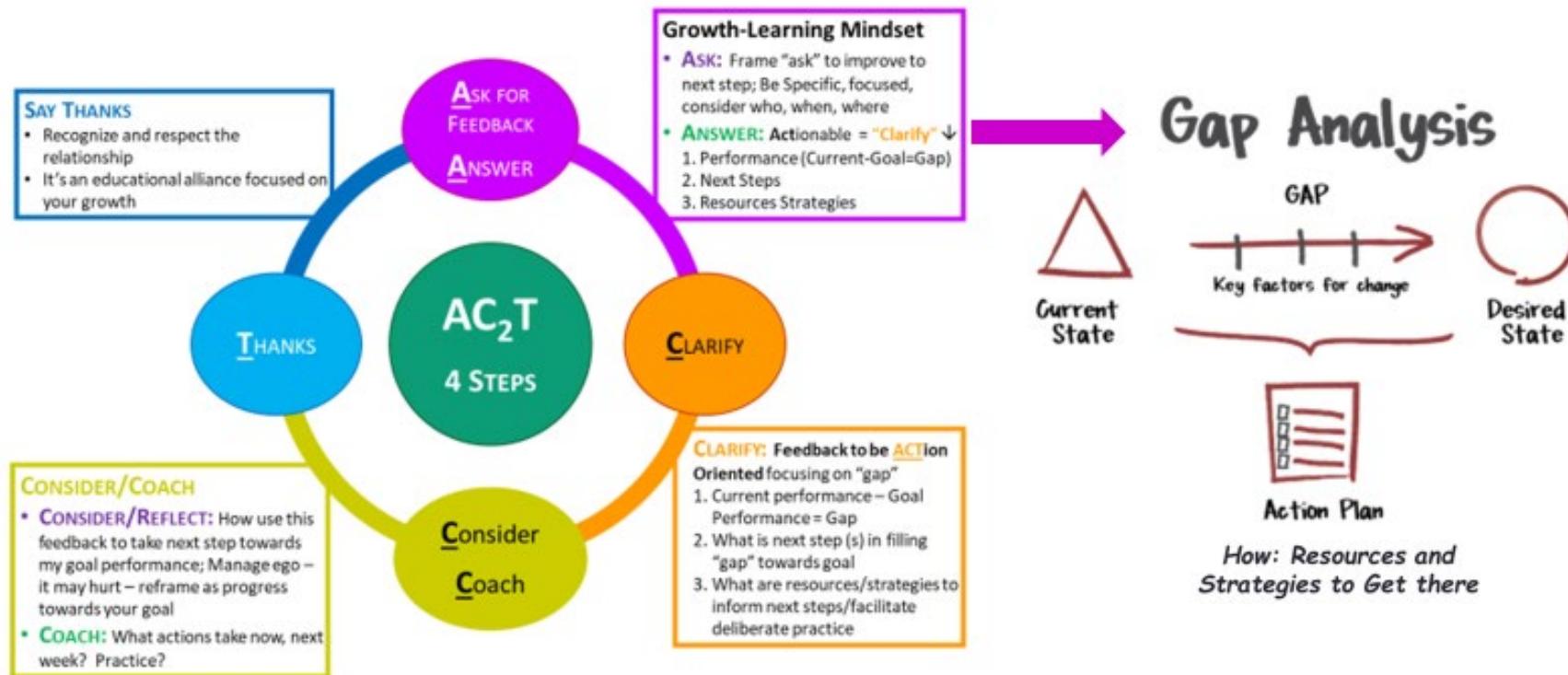


Gap Analysis



2ND SCENARIO (LINK TO MILESTONES 2.0)

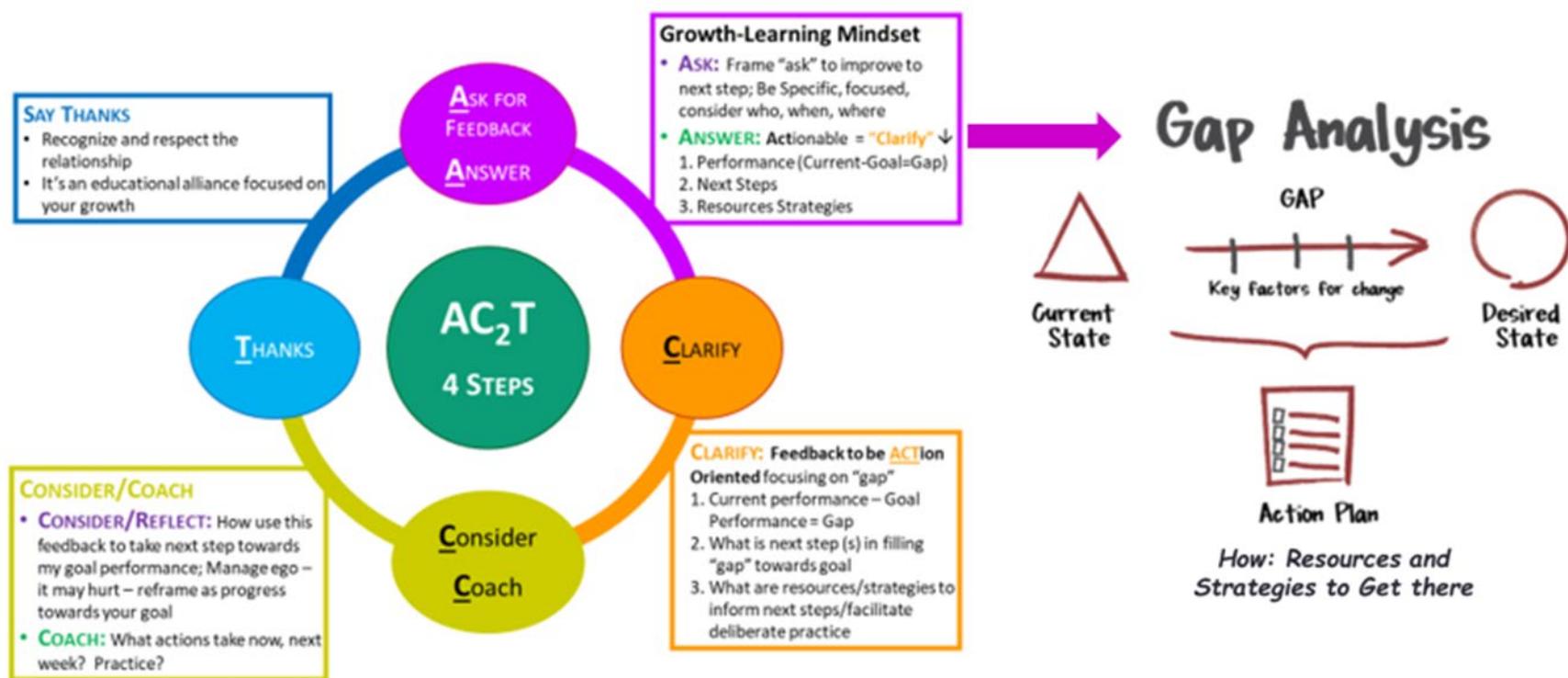
- PGY 2 FM Resident seeking feedback (Jake – Resident; Will – Fac)
- After staffing session and faculty is about to leave



3RD SCENARIO (LINK TO MILESTONES 2.0)



- Faculty seeking feedback from “team” re: teaching
 - PGY 1 [Dave] and PGY 3 [Will] inpatient teaching service
 - Jake – Attending



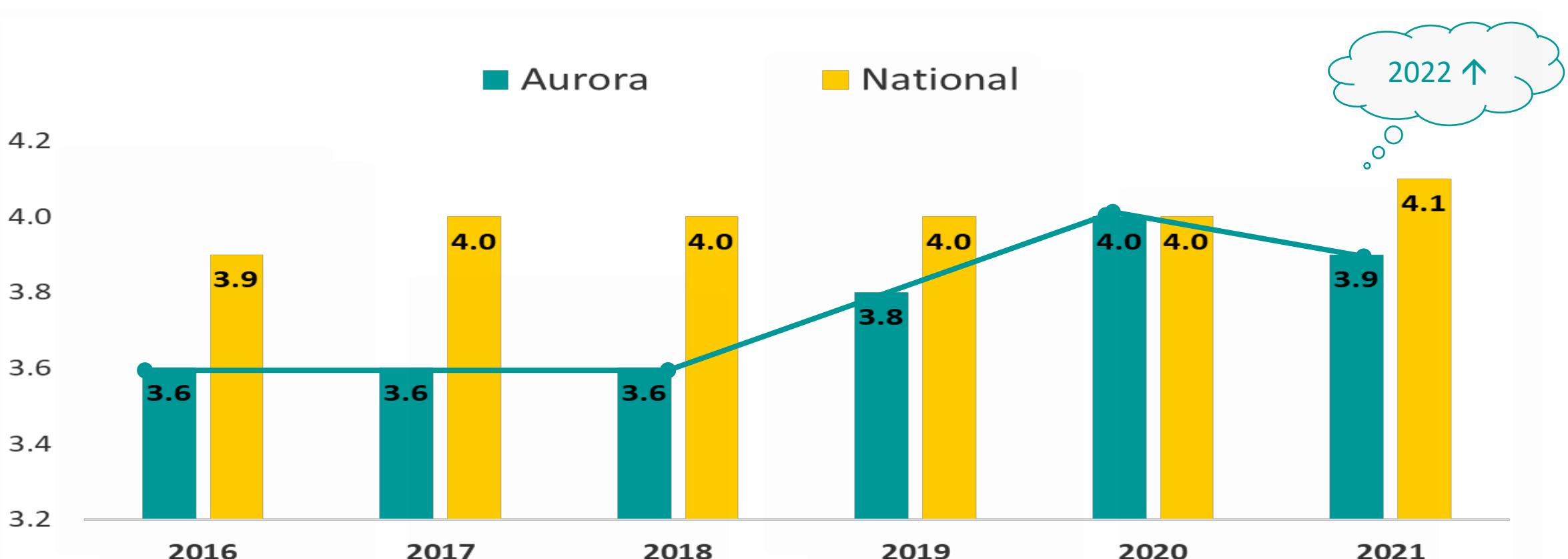
What's Our Data – Implementation



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OUR DATA?

- Aurora All Programs x ACGME 2016-2021

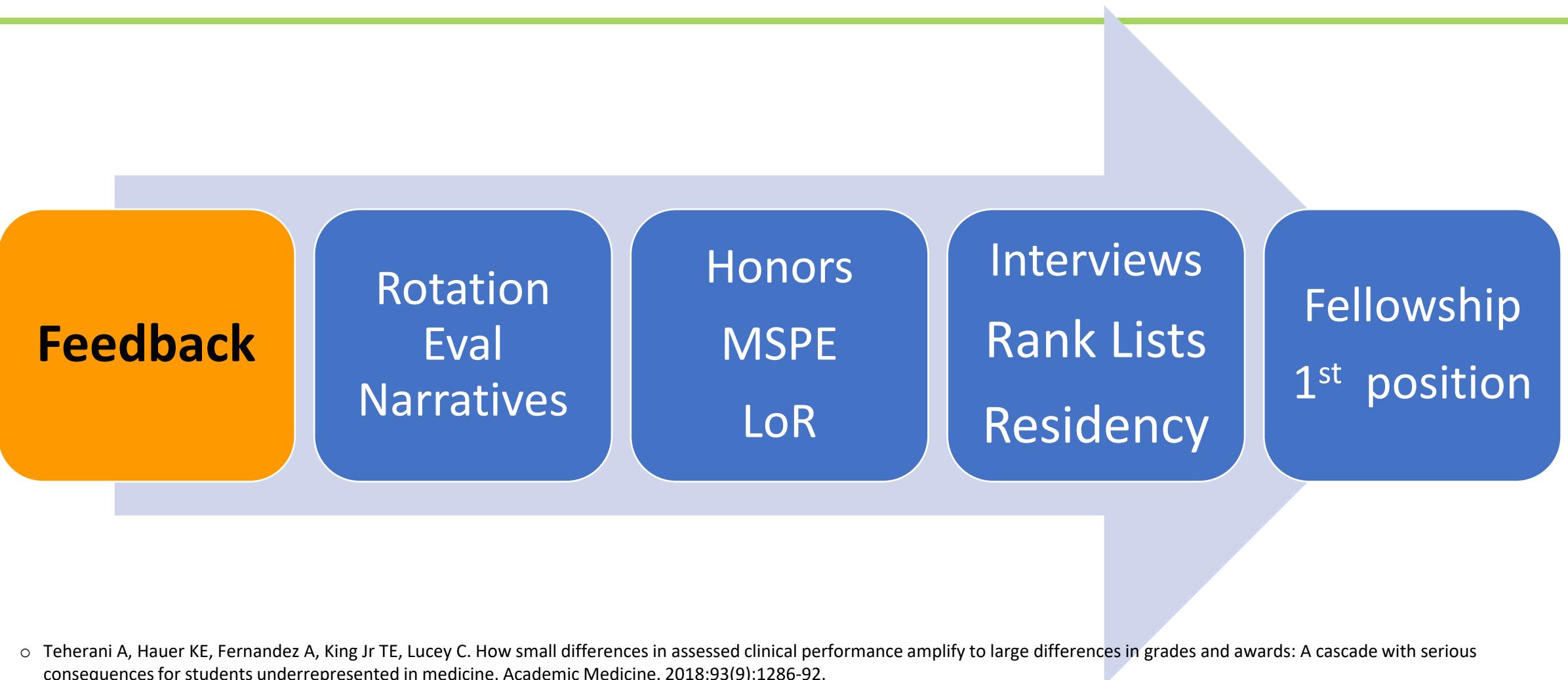


5 Point Scale:

1=Not at all satisfied; 2=A little satisfied; 3=Somewhat satisfied; 4=Very satisfied; 5=Extremely Satisfied



AMPLIFICATION CASCADE – WORDS MATTER



- Feedback
- Rotation Eval Narratives
- Honors MSPE LoR
- Interviews Rank Lists Residency
- Fellowship 1st position

- Teherani A, Hauer KE, Fernandez A, King Jr TE, Lucey C. How small differences in assessed clinical performance amplify to large differences in grades and awards: A cascade with serious consequences for students underrepresented in medicine. Academic Medicine. 2018;93(9):1286-92.
- Rojek AE, Khanna R, Yim JW, Gardner R, Lisker S, Hauer KE, Lucey C, Sarkar U. Differences in narrative language in evaluations of medical students by gender and under-represented minority status. Journal of general internal medicine. 2019;15;34(5):684-91.

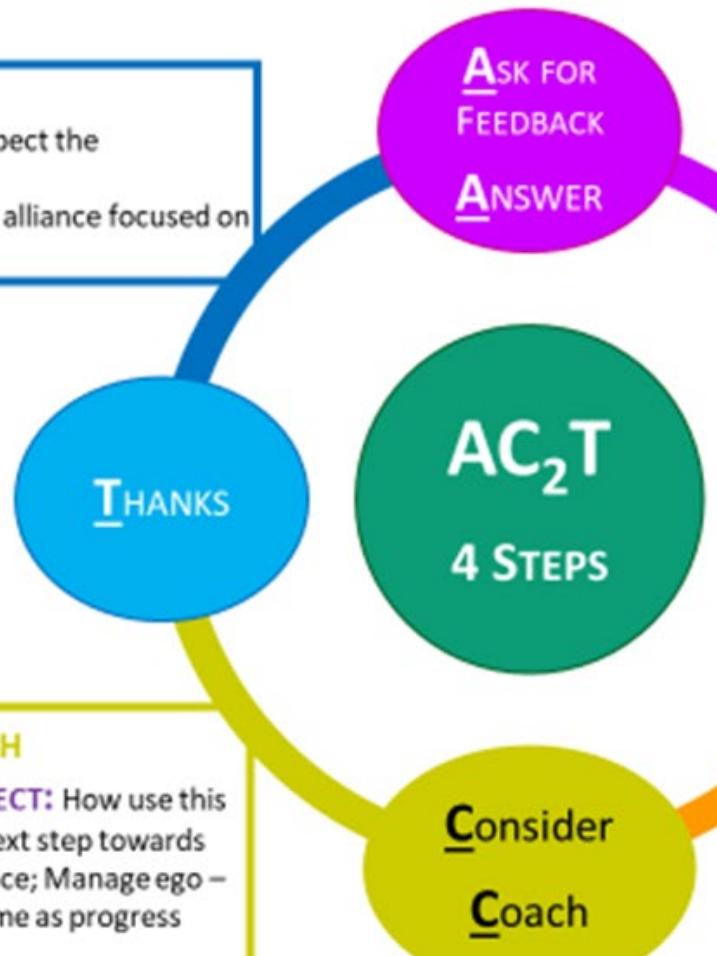


SPONSORING INSTITUTION APPROACH

- Recognize it's "hard" to give actionable feedback
- Visible leadership support
 - DIO, PDs, key faculty champions
 - Priority – for time given critical importance in learning
- Same model – across GME & UME + coordinators
- Annual session(s)
 - At established GME and UME venues (retreats, council, res/fac mtgs)
- Data Driven – Be Vigilant
 - Internal Teaching Evals, Med Schools, ACGME x program | department
 - Accountabilities in performance assessments of faculty/program

SAY THANKS

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



SEEKING, GIVING, RECEIVING ACTIONABLE FEEDBACK IN ERA OF MILESTONES 2.0 #SES010

2022 ACGME ANNUAL
EDUCATIONAL CONFERENCE
VIRTUAL EXPERIENCE

#ACGME2022



Deborah Simpson, PhD, Jacob Bidwell, MD,
Will Lehmann, MD, MPH & David Hamel, MD

*This concludes our presentation.
Be sure to complete the evaluation for this
session to receive CME credit or a certificate of
completion.
Thank you for attending today's session*



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AC₂T

A: Ask-Answer

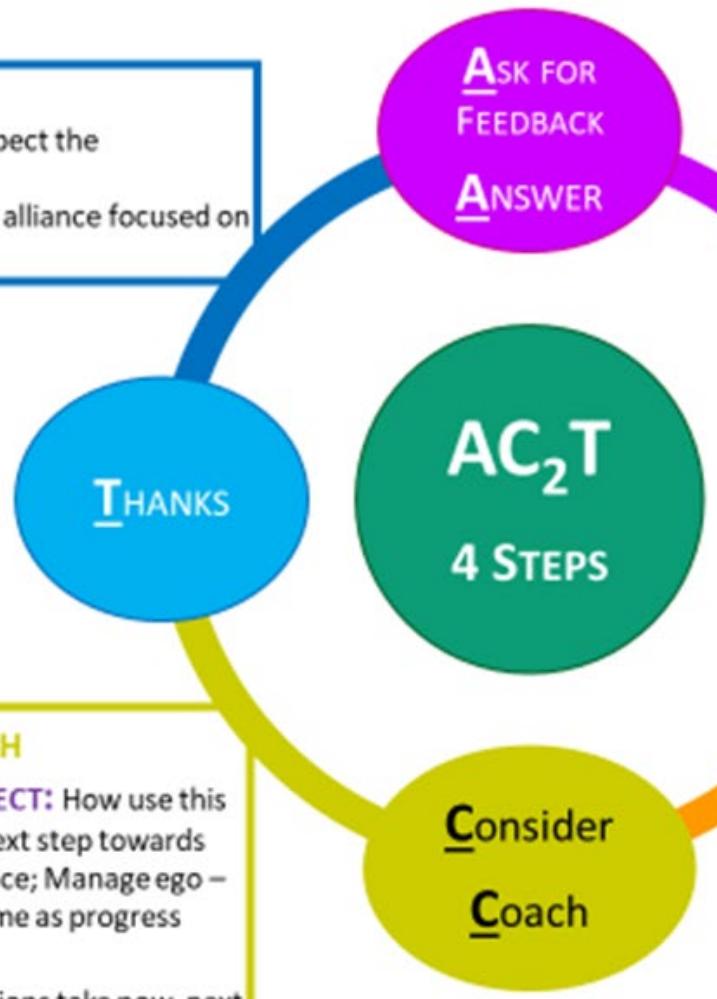
Clarify

Consider | Coach

Thanks

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INSTRUCTOR GUIDE: SEEKING, GIVING, RECEIVING ACTIONABLE FEEDBACK IN ERA OF MILESTONES 2.0
ACGME 2022 Virtual: Video Recording Thurs, Jan. 13, 2022 from 3:30 p.m. - 5:00 p.m. Central
“Live” Session Thur Mar 31 - 11:30-12:30 (get on earlier) Session #SES010

Presenters: Simpson, Bidwell, Lehmann, Hamel

MIN/TIME	TOPIC	WHO [SLIDE #]
6 min	Introduction and Overview:	Deb 1
	<ul style="list-style-type: none"> • Presenters – each in order listed [Deb, Jake, Will, Dave] • Disclosures • Workshop objectives <ul style="list-style-type: none"> ◦ Identify the elements of soliciting and providing actionable feedback derived from education and business literature. ◦ Pinpoint the required elements exhibited in role play demonstration for soliciting and providing actionable feedback. ◦ Evaluate the feasibility of implementing this training program in one’s own SI or program. • Heightened role of providing/seeking feedback in Milestones 2.0 <ul style="list-style-type: none"> ◦ Examples FM, Hospice, Surg Onc 	Dave [2-3] Dave [4] Will [5-8]
18 min	Background – Setting the Stage	Deb [9-21]
	<ul style="list-style-type: none"> • Review the literature-based elements associated with soliciting and providing actionable feedback <ul style="list-style-type: none"> ◦ Role of feedback – hasn’t changed – Jack Ende – distinct eval ◦ Quality elements of feedback ◦ Co-Production • Provide data regarding common omissions from learners’ perspective & ACGME survey feedback rating data <ul style="list-style-type: none"> ◦ Aurora Data – re Key Elements • Soliciting Feedback – why not – Amygdala • AC₂T model 	
20 min	Role Plays/Demonstrations	Deb [22]
	<ul style="list-style-type: none"> • Case scenarios to demos • Determine presence/absence of actionable feedback elements highlighting soliciting/providing actionable FB in <90 seconds 	
	1. Faculty giving feedback to resident a. 2 faculty; 1 who kicks off “actionable”	Will PGY 1 Dave Attending [23-6]
	2. Resident seeking feedback	Jake PGY 2 Will Attending [27]
	3. Faculty seeking feedback from “team” re teaching	Dave PGY 1; Will PGY 3; Jake Attending [28]
15 min	Summary:	
	<ul style="list-style-type: none"> • Provide data re ACGME survey feedback rating data • Highlight findings on feedback from an inequity lens (eg, gender, race) • Highlight how to create SI-wide approach that supports soliciting/giving/receiving feedback • Discuss the essential elements of actionable feedback 	Deb [29-30] Deb [31] Jake [32] Deb [33-34]

SES010

DISCLAIMER: The following is the output of transcription from an audio recording of a recorded presentation. Although we believe the transcription is largely accurate, in some cases it may be incomplete or inaccurate due to inaudible passages or transcription errors. It is posted as an aid to understanding the proceedings, but should not be treated as an authoritative record.

1
00:00:01,380 --> 00:00:03,963
(bright music)

2
00:00:08,843 --> 00:00:11,093
- Welcome to the 2022 ACGME

3
00:00:12,930 --> 00:00:15,748
virtual annual education conference.

4
00:00:15,748 --> 00:00:18,830
This session is about Seeking, Giving,

5
00:00:18,830 --> 00:00:22,230
Receiving Actionable
Feedback in a New Era,

6
00:00:22,230 --> 00:00:24,890
in the Milestones 2.0 Era.

7
00:00:24,890 --> 00:00:26,540
And at the end of the session,

8
00:00:26,540 --> 00:00:28,740
we are hoping that you recognize

9
00:00:28,740 --> 00:00:30,730
that there is kind of a new way

10
00:00:30,730 --> 00:00:35,280
we think this is working based
on the science of learning

13
00:00:39,020 --> 00:00:41,190
that doesn't take feedback as a one way

14
00:00:41,190 --> 00:00:45,890
that it's an interaction
towards growth and progress.

15
00:00:45,890 --> 00:00:47,720
So, my name is Deb Simpson,

16
00:00:47,720 --> 00:00:50,530
I'm the Director of Education
for Academic Affairs

17
00:00:50,530 --> 00:00:52,260
at Advocate Aurora Health.

18
00:00:52,260 --> 00:00:56,730
And I'll let my co-collaborators
introduce themselves.

19
00:00:56,730 --> 00:00:58,410
- Hi, my name is Jake Bidwell.

20
00:00:58,410 --> 00:01:00,150
I'm the Designated Institutional Official

21
00:01:00,150 --> 00:01:03,713
for the Advocate Aurora Health
GME Program in Wisconsin.

22
00:01:05,570 --> 00:01:06,403
- I'm Will Lehmann,

23
00:01:06,403 --> 00:01:08,410
I'm the Family Medicine Program Director

24
00:01:08,410 --> 00:01:11,253

at the Aurora Family Medicine Residency in Milwaukee.

25
00:01:13,020 --> 00:01:13,950
- And I'm Dave Hamel,

26
00:01:13,950 --> 00:01:16,500
I'm the Internal Medicine Program Director at the

27
00:01:16,500 --> 00:01:19,450
Aurora Healthcare Internal Medicine Residency in Milwaukee.

28
00:01:22,320 --> 00:01:24,670
None of the speakers for this educational activity

29
00:01:24,670 --> 00:01:27,750
have relevant financial relationships to disclose

30
00:01:27,750 --> 00:01:30,180
with ineligible companies whose primary business

31
00:01:30,180 --> 00:01:32,340
is producing marketing, selling,

32
00:01:32,340 --> 00:01:34,920
reselling or distributing healthcare products

33
00:01:34,920 --> 00:01:37,033
used by or on patients.

34
00:01:39,450 --> 00:01:42,400
So, our objectives for this presentation is,

35
00:01:42,400 --> 00:01:44,780
one, to identify the
elements of soliciting

36
00:01:44,780 --> 00:01:47,090
and providing at actionable feedback

37
00:01:47,090 --> 00:01:50,510
derived from education
and business literature.

38
00:01:50,510 --> 00:01:53,260
Two, to pinpoint the required elements

39
00:01:54,248 --> 00:01:56,840
exhibited in role-play demonstration

40
00:01:56,840 --> 00:02:00,120
for soliciting and providing
actionable feedback.

41
00:02:00,120 --> 00:02:02,500
And three, to evaluate the feasibility

42
00:02:02,500 --> 00:02:04,660
of implementing this training program

43
00:02:04,660 --> 00:02:07,873
in one's own sponsoring
a institution or program.

44
00:02:15,090 --> 00:02:19,740
And we took this on as a
result of the Milestones 2.0,

45
00:02:19,740 --> 00:02:24,740
to look at how we can give
actionable feedback in this era

46
00:02:25,560 --> 00:02:27,020
of the harmonized miles stone.

47
00:02:27,020 --> 00:02:30,470
So, to talk about why that
was done and how it was done,

48
00:02:30,470 --> 00:02:33,450
we all have been dealing
with Milestones 2.0,

49
00:02:34,300 --> 00:02:37,250
put out by the ACGME
for this academic year.

50
00:02:37,250 --> 00:02:41,710
And it includes harmonized
milestones for these four areas.

51
00:02:41,710 --> 00:02:44,200
One, practice-based
learning and improvement.

52
00:02:44,200 --> 00:02:45,780
Two, systems-based practice,

53
00:02:45,780 --> 00:02:47,820
interpersonal and communication skill,

54
00:02:47,820 --> 00:02:50,663
and finally professionalism competencies.

55
00:02:52,730 --> 00:02:56,067
This is because in developing milestones,

56
00:02:56,067 --> 00:02:59,780
the ACGME realize that many
of these abilities are shared

57
00:02:59,780 --> 00:03:02,900
and universal across sub-specialties
and training programs.

58
00:03:02,900 --> 00:03:06,970
So, the unnecessary variation
hampering the collaboration

59
00:03:06,970 --> 00:03:09,550
and faculty development across specialties

60
00:03:09,550 --> 00:03:11,123
and within institutions,

61
00:03:12,708 --> 00:03:15,980
is eliminated by this and
allows more faculty development

62
00:03:15,980 --> 00:03:18,483
to occur across specialties.

63
00:03:19,780 --> 00:03:20,870
ACGME did this

64
00:03:20,870 --> 00:03:23,380
by convening four
interdisciplinary work groups,

65
00:03:23,380 --> 00:03:26,370
one per each competency you see above

66
00:03:26,370 --> 00:03:30,103
to create a consistent set
of milestones throughout GME

67
00:03:31,480 --> 00:03:34,423
with two to three sub-competencies
per each one of these.

68
00:03:35,400 --> 00:03:37,973
And the citation for this is below.

69
00:03:44,580 --> 00:03:45,413
- So, if we wanna look

70
00:03:45,413 --> 00:03:47,780
at some of the individual
competent milestones

71
00:03:47,780 --> 00:03:49,180
sitting here with these competencies,

72
00:03:49,180 --> 00:03:52,810
you can see these are the
practice-based learning PBL 2

73
00:03:52,810 --> 00:03:54,710
in the Family Medicine Milestones 2.0.

74
00:03:56,265 --> 00:03:58,400
And Dave, if you wanted to highlight that.

75
00:03:58,400 --> 00:03:59,420
So, starting of level one,

76
00:03:59,420 --> 00:04:02,690
obviously just recognizing
there's ways to self improve,

77
00:04:02,690 --> 00:04:06,180
moving our way up to
demonstrating openness

78
00:04:06,180 --> 00:04:10,070
and to performing the
feedback for performance data.

79

00:04:10,070 --> 00:04:13,890
And then three, moving on to,

80
00:04:13,890 --> 00:04:15,950
that's a little slower
than I thought, sorry.

81
00:04:15,950 --> 00:04:18,110
Kind of moving our way from
level two up to level three,

82
00:04:18,110 --> 00:04:19,830
I think the key there is at level three,

83
00:04:19,830 --> 00:04:21,820
it's intermittently seeking,

84
00:04:21,820 --> 00:04:23,640
and then at graduation level four,

85
00:04:23,640 --> 00:04:25,440
you wanna be able to consistently see them

86
00:04:25,440 --> 00:04:28,520
seeking performance data
with adaptability humility.

87
00:04:28,520 --> 00:04:30,040
I like how they threw that in there.

88
00:04:30,040 --> 00:04:31,830
That's a nice addition.

89
00:04:31,830 --> 00:04:33,340
And so, this is the family medicine one

90
00:04:33,340 --> 00:04:35,000
that I'm most familiar with.

91
00:04:35,000 --> 00:04:36,430
But you can see that this plays out

92
00:04:36,430 --> 00:04:38,650
in other sets of milestones as well.

93
00:04:38,650 --> 00:04:40,570
So, we have here hospital,

94
00:04:40,570 --> 00:04:43,940
excuse me, hospice and
palliative medicine fellowship

95
00:04:43,940 --> 00:04:47,020
kind of flows through
the same levels there

96
00:04:47,020 --> 00:04:48,660
through one, two, three, and four.

97
00:04:48,660 --> 00:04:50,130
Once again, getting to level four

98
00:04:50,130 --> 00:04:53,050
where they're intentionally seeking

99
00:04:53,050 --> 00:04:56,380
this data consistently with
adaptability and humility.

100
00:04:56,380 --> 00:04:59,900
And then finally, the
same that we will see

101
00:04:59,900 --> 00:05:03,113
in a general surgical oncology
fellowship up as well,

102

00:05:03,113 --> 00:05:05,580
working our way through the milestones

103
00:05:05,580 --> 00:05:07,793
through two, three and four.

104
00:05:13,830 --> 00:05:14,663
All right.

105
00:05:14,663 --> 00:05:16,040
And then moving on to ICS,

106
00:05:16,040 --> 00:05:18,010
the Interprofessional
and Team Communication.

107
00:05:18,010 --> 00:05:19,930
So, you can see here at Family Medicine,

108
00:05:19,930 --> 00:05:21,750
like I said, I'm more familiar with,

109
00:05:21,750 --> 00:05:23,600
you can see that at level three,

110
00:05:23,600 --> 00:05:25,460
there's the ability to
communicate concerns

111
00:05:25,460 --> 00:05:27,510
and provide feedback
to their resident peers

112
00:05:27,510 --> 00:05:28,950
and to med students.

113
00:05:28,950 --> 00:05:31,220
So, you might expect
that to start show up.

114
00:05:31,220 --> 00:05:32,420
But for us, in Family Medicine,

115
00:05:32,420 --> 00:05:33,650
that would be hopefully at the end

116
00:05:33,650 --> 00:05:35,170
of their second year of training,

117
00:05:35,170 --> 00:05:36,890
that they'd be able to
communicate those concerns

118
00:05:36,890 --> 00:05:38,690
to their peers and to med students.

119
00:05:38,690 --> 00:05:41,610
And then the ultimate is at
level four for graduation level,

120
00:05:41,610 --> 00:05:44,010
to be able to do that
with their supervisors.

121
00:05:44,010 --> 00:05:46,990
So, even those that have a lot of power

122
00:05:46,990 --> 00:05:48,780
over whether they're
going to graduate or not,

123
00:05:48,780 --> 00:05:50,540
the ability to actually do that,

124
00:05:50,540 --> 00:05:52,850
I think was a nice addition
to the milestones here.

125
00:05:52,850 --> 00:05:56,070
I kind of fear in the past
that I only got feedback

126
00:05:56,070 --> 00:05:58,860
from some of my graduates
on our exit interview

127
00:05:58,860 --> 00:05:59,840
and in the last minutes

128
00:05:59,840 --> 00:06:01,260
that I was ever going to work with them.

129
00:06:01,260 --> 00:06:02,610
So, I like this idea

130
00:06:02,610 --> 00:06:04,770
that they have to have
shown that they can do this

131
00:06:04,770 --> 00:06:07,543
before we get to that
point of graduation, so.

132
00:06:09,260 --> 00:06:11,520
And you can see not
just for Family Medicine

133
00:06:11,520 --> 00:06:14,163
playing out here in the
fellowships as well, so.

134
00:06:15,340 --> 00:06:17,070
- And even, Will.

135
00:06:17,070 --> 00:06:20,530
So, hopefully you can aspire
to have some of your residents

136
00:06:20,530 --> 00:06:23,830
actually facilitate regular
healthcare team-based feedback

137
00:06:23,830 --> 00:06:25,280
in complex situations.

138
00:06:25,280 --> 00:06:27,890
So, whether that's
that's a higher or lower,

139
00:06:27,890 --> 00:06:29,320
I debated that, right?

140
00:06:29,320 --> 00:06:32,130
Is it tougher to give it
to your PD or your faculty

141
00:06:32,130 --> 00:06:34,900
or others in the complex.

142
00:06:34,900 --> 00:06:38,020
But this is how the ACGME laid it out.

143
00:06:38,020 --> 00:06:38,900
But the key part,

144
00:06:38,900 --> 00:06:42,290
I think that we want
to think through here,

145
00:06:42,290 --> 00:06:45,960
is that the milestone inclusion

146
00:06:45,960 --> 00:06:48,940
merely just reinforce the importance

147

00:06:48,940 --> 00:06:50,160
of the role of feedback,

148
00:06:50,160 --> 00:06:53,230
of both getting feedback
and giving feedback

149
00:06:53,230 --> 00:06:54,850
if as a resident.

150
00:06:54,850 --> 00:06:57,390
And I think one of the
things we have to remember

151
00:06:57,390 --> 00:07:01,000
is this isn't to checkbox
or something we should do

152
00:07:01,000 --> 00:07:03,550
to meet accreditation
or milestone guidelines.

153
00:07:03,550 --> 00:07:06,520
It's because feedback is essential

154
00:07:06,520 --> 00:07:08,960
to learning and development and growth.

155
00:07:08,960 --> 00:07:11,520
And that's really what we're all about.

156
00:07:11,520 --> 00:07:13,767
Now, the old school kind of way,

157
00:07:13,767 --> 00:07:17,360
and this is when feedback really started

158
00:07:17,360 --> 00:07:20,240
with some of the guided

missiles and you'd launch them,

159

00:07:20,240 --> 00:07:24,000
it was a one-way communication
to say, you're on target,

160

00:07:24,000 --> 00:07:26,920
you're not on target,
and make corrections.

161

00:07:26,920 --> 00:07:30,400
There wasn't really dialogue
from the missile going,

162

00:07:30,400 --> 00:07:32,343
ah, I'm not so sure I wanna do that.

163

00:07:33,310 --> 00:07:35,860
It was a done deal one way.

164

00:07:35,860 --> 00:07:37,580
The newer research in MedEd,

165

00:07:37,580 --> 00:07:40,940
and from business and
organizations psychology

166

00:07:40,940 --> 00:07:42,980
is that feedback, as I mentioned before,

167

00:07:42,980 --> 00:07:45,640
is this two-way dialogue.

168

00:07:45,640 --> 00:07:50,320
It's focused on growth
towards towards a performance.

169

00:07:50,320 --> 00:07:52,300
Now, the handy thing about feedback,

170
00:07:52,300 --> 00:07:55,670
but in general, about the milestones,

171
00:07:55,670 --> 00:07:57,540
is that they are a progression

172
00:07:57,540 --> 00:08:00,010
and they are oriented towards growth.

173
00:08:00,010 --> 00:08:03,050
So, using those as a frame is helpful.

174
00:08:03,050 --> 00:08:05,280
And this continuous improvement process

175
00:08:05,280 --> 00:08:06,850
with specific elements,

176
00:08:06,850 --> 00:08:08,813
that's really what we all want,

177
00:08:08,813 --> 00:08:11,250
whether it's residents or clinicians

178
00:08:11,250 --> 00:08:12,853
or any of us as we move on.

179
00:08:13,810 --> 00:08:15,700
Those of you that have
been around for a while.

180
00:08:15,700 --> 00:08:16,850
Remember that Jack Ende,

181
00:08:16,850 --> 00:08:21,850
who was very recognized
in a esteemed internist.

182
00:08:22,550 --> 00:08:25,600
Wrote in 1983 in JAMA,

183
00:08:25,600 --> 00:08:28,210
that he tried to make this distinction

184
00:08:28,210 --> 00:08:30,150
'cause we get it all mixed up.

185
00:08:30,150 --> 00:08:31,640
But what we wanna be clear here,

186
00:08:31,640 --> 00:08:34,470
is what we're talking
about, which is feedback.

187
00:08:34,470 --> 00:08:37,210
It's formative, it's
integral, as I mentioned,

188
00:08:37,210 --> 00:08:38,860
to the learning process,

189
00:08:38,860 --> 00:08:42,030
and it allows the learner
to remain on course

190
00:08:42,030 --> 00:08:43,920
in reaching that goal.

191
00:08:43,920 --> 00:08:48,920
Evaluation, or we might say
now, assessment, is summative.

192
00:08:49,020 --> 00:08:52,700
It comes after the fact
and is an aggregation

193
00:08:52,700 --> 00:08:56,650
of observations and presents a judgment.

194
00:08:56,650 --> 00:08:58,820
The newer research tells us

195
00:08:58,820 --> 00:09:01,550
that when trainees perceive the feedback

196
00:09:01,550 --> 00:09:05,290
to be evaluation-based,
that summative assessment,

197
00:09:05,290 --> 00:09:09,790
as opposed to the feedback
as formative coaching-based.

198
00:09:09,790 --> 00:09:12,860
They switch from that growth mindset

199
00:09:12,860 --> 00:09:14,490
to a fixed mindset

200
00:09:14,490 --> 00:09:17,010
where they're just trying to get through

201
00:09:17,010 --> 00:09:19,230
and not worry about their growth,

202
00:09:19,230 --> 00:09:21,070
not worry about progression.

203
00:09:21,070 --> 00:09:24,190
And even worse, they stop
attempting new skills

204
00:09:24,190 --> 00:09:26,060
that may invite poor evaluations

205
00:09:26,060 --> 00:09:28,670
'cause their goal is to get through.

206
00:09:28,670 --> 00:09:31,740
So, keep in mind that we are not focused

207
00:09:31,740 --> 00:09:35,033
on this kind of a summative feedback.

208
00:09:36,150 --> 00:09:38,450
The final judgment, bad dog.

209
00:09:38,450 --> 00:09:42,750
We're focused on the specifics
that occur in the moment

210
00:09:42,750 --> 00:09:47,330
in your clinical settings
as your staffing residents,

211
00:09:47,330 --> 00:09:50,000
fellows and other learners.

212
00:09:50,000 --> 00:09:52,523
It's that formative piece towards growth.

213
00:09:54,340 --> 00:09:56,090
So, what do we know about feedback?

214
00:09:56,090 --> 00:09:59,080
How we know it's historically
one of the lowest rated items

215
00:09:59,080 --> 00:10:01,150
on almost all evaluation forms?

216
00:10:01,150 --> 00:10:03,070

It doesn't matter whether
it's a student or resident,

217
00:10:03,070 --> 00:10:06,740
by the way, it's true in business
and organizations as well.

218
00:10:06,740 --> 00:10:10,040
And that feedback is of low quality.

219
00:10:10,040 --> 00:10:12,770
And what do we mean by that?

220
00:10:12,770 --> 00:10:16,020
Well, there's lots of things
that happen in feedback

221
00:10:16,020 --> 00:10:17,950
that make it of quality.

222
00:10:17,950 --> 00:10:19,130
People are kind of lenient.

223
00:10:19,130 --> 00:10:22,800
You all are particularly
reluctant as clinicians

224
00:10:22,800 --> 00:10:23,980
to offer negatives,

225
00:10:23,980 --> 00:10:26,500
'cause you don't necessarily
want that 2:00 a.m.

226
00:10:26,500 --> 00:10:27,333
in the call.

227
00:10:27,333 --> 00:10:30,150
You're trying to build

confidence and confidence

228

00:10:30,150 --> 00:10:32,653
and some independence, but yet,

229

00:10:33,700 --> 00:10:36,070
so, you give the benefit
of the doubt that leniency

230

00:10:36,070 --> 00:10:38,130
or you're too polite.

231

00:10:38,130 --> 00:10:41,330
As they say in Wisconsin,
you're Midwestern polite,

232

00:10:41,330 --> 00:10:44,260
which means you don't know what it is

233

00:10:44,260 --> 00:10:45,973
that you're supposed to be doing.

234

00:10:47,510 --> 00:10:50,837
Not actionable, that's
really the heart of it.

235

00:10:50,837 --> 00:10:52,370
And that's where we're gonna,

236

00:10:52,370 --> 00:10:54,953
where we're really gonna
spend some time today.

237

00:10:56,106 --> 00:10:58,910
What it means is the current performance,

238

00:10:58,910 --> 00:11:03,270
usually the bad dog is not
linked to a clear goal.

239
00:11:03,270 --> 00:11:04,720
Where do you want me to be?

240
00:11:04,720 --> 00:11:06,793
What does good dog look like?

241
00:11:07,660 --> 00:11:10,870
Nor does it break the
performance into parts,

242
00:11:10,870 --> 00:11:14,290
into specific progressive
steps and elements

243
00:11:14,290 --> 00:11:16,100
that are so essential.

244
00:11:16,100 --> 00:11:17,280
If you were teaching tennis,

245
00:11:17,280 --> 00:11:21,060
you wouldn't expect them to
go out and win a grand slam,

246
00:11:21,060 --> 00:11:22,590
that's the goal.

247
00:11:22,590 --> 00:11:25,130
Backhand, forehand, down the line.

248
00:11:25,130 --> 00:11:27,850
All of those are steps and increments.

249
00:11:27,850 --> 00:11:30,760
We need to do that in medicine as well.

250
00:11:30,760 --> 00:11:34,290

The lack of strategies,
how do I get there?

251
00:11:34,290 --> 00:11:37,080
Suppose I am not giving
a good differential.

252
00:11:37,080 --> 00:11:39,910
How do I improve that differential?

253
00:11:39,910 --> 00:11:42,510
If I've missed a critical item,

254
00:11:42,510 --> 00:11:45,070
how do I not let that happen again

255
00:11:45,070 --> 00:11:46,610
when I'm working up a patient,

256
00:11:46,610 --> 00:11:49,240
or on something on a discharge note?

257
00:11:49,240 --> 00:11:52,060
What steps does it take
to move to the next level?

258
00:11:52,060 --> 00:11:54,693
So, help me with that progression.

259
00:11:56,140 --> 00:12:00,250
The other thing we know about
why feedback is challenging

260
00:12:00,250 --> 00:12:04,530
and the newer data, is
that it's a co-production.

261
00:12:04,530 --> 00:12:09,440
It's our responsibilities

as teachers and educators

262

00:12:09,440 --> 00:12:14,440
and program directors to prepare
and be ready for a dialogue

263

00:12:16,170 --> 00:12:21,170
to come from a sincere place
of growth and do it together.

264

00:12:21,310 --> 00:12:22,490
Not when you're rushing in

265

00:12:22,490 --> 00:12:24,590
from your last residency interview,

266

00:12:24,590 --> 00:12:27,980
or a critical situation in the patient.

267

00:12:27,980 --> 00:12:31,150
Take a moment to remember
when your staffing,

268

00:12:31,150 --> 00:12:33,030
what your purpose is

269

00:12:33,030 --> 00:12:35,740
because you're trying to build on trust

270

00:12:35,740 --> 00:12:38,083
and a relationship towards growth.

271

00:12:39,240 --> 00:12:42,280
In fact, some of the people,
including Bob Bingle,

272

00:12:42,280 --> 00:12:45,420
describe this as a feedback tangle.

273
00:12:45,420 --> 00:12:49,410
Because you move in
harmony when it works well.

274
00:12:49,410 --> 00:12:53,170
And it's a dialogue with
some leading some following.

275
00:12:53,170 --> 00:12:56,220
So, keep in mind it isn't
a dance in a funny way.

276
00:12:56,220 --> 00:12:59,223
It's a dance as a team working together.

277
00:13:00,570 --> 00:13:02,730
Key elements as we mentioned,

278
00:13:02,730 --> 00:13:05,770
current state, desired state,

279
00:13:05,770 --> 00:13:07,293
then what's the gap?

280
00:13:08,320 --> 00:13:10,850
And then what are those next steps?

281
00:13:10,850 --> 00:13:14,170
Those stepping stones to
get me all the way there.

282
00:13:14,170 --> 00:13:16,363
And then how can you help me get there?

283
00:13:18,711 --> 00:13:19,544
We always say read, read more.

284
00:13:19,544 --> 00:13:23,170

Well, if you know, how
do I know what to read?

285
00:13:23,170 --> 00:13:25,110
Are there better resources?

286
00:13:25,110 --> 00:13:27,730
Are there podcasts or YouTubes

287
00:13:27,730 --> 00:13:30,440
or other videos you might recommend?

288
00:13:30,440 --> 00:13:32,410
Are there case storybooks?

289
00:13:32,410 --> 00:13:35,330
What are the resources and
strategies to get there

290
00:13:35,330 --> 00:13:36,320
that you can help?

291
00:13:36,320 --> 00:13:39,550
That's part of your expertise as teacher.

292
00:13:39,550 --> 00:13:41,250
So, when we got started on this,

293
00:13:41,250 --> 00:13:43,510
we were looking at our own data

294
00:13:43,510 --> 00:13:48,510
and found out that we barely
tipped over less than 60%

295
00:13:49,200 --> 00:13:52,730
of the time for our residents
and our medical students.

296
00:13:52,730 --> 00:13:55,960
Did we focus on a specific
performance behavior or event?

297
00:13:55,960 --> 00:13:57,470
We did that aggregate thing,

298
00:13:57,470 --> 00:13:59,573
that, oh yeah, you're doing great.

299
00:14:02,400 --> 00:14:03,363
There was no gap.

300
00:14:04,580 --> 00:14:06,940
You could say what was wrong?

301
00:14:06,940 --> 00:14:08,840
That bad-dog piece,

302
00:14:08,840 --> 00:14:10,960
but you didn't say,

303
00:14:10,960 --> 00:14:13,960
here's the gap, here's
where we'd like you to be,

304
00:14:13,960 --> 00:14:17,300
and then here are some steps
and strategies to get there.

305
00:14:17,300 --> 00:14:20,133
So, it really needs to be explicit.

306
00:14:21,020 --> 00:14:22,360
Now, this sound that you're gonna,

307
00:14:22,360 --> 00:14:23,700
we can already hear you.

308
00:14:23,700 --> 00:14:24,880
And when my colleagues,

309
00:14:24,880 --> 00:14:27,280
we were start started this
model, they were like,

310
00:14:27,280 --> 00:14:29,200
I don't have time for all of this.

311
00:14:29,200 --> 00:14:33,030
I can't do all this in a
very brief clinical setting.

312
00:14:33,030 --> 00:14:35,920
The reality is it's hard, but yes you can.

313
00:14:35,920 --> 00:14:37,210
And we're gonna help you

314
00:14:37,210 --> 00:14:39,460
think about how to give
this actionable feed.

315
00:14:41,610 --> 00:14:46,150
The literature, also,
remember, doesn't distinguish

316
00:14:46,150 --> 00:14:48,900
between whether you actually provided it,

317
00:14:48,900 --> 00:14:50,937
because when I talk to faculty, they say,

318
00:14:50,937 --> 00:14:54,640
oh, I give feedback all
the time, all the time.

319
00:14:54,640 --> 00:14:57,740

When I talk to residents
or students or fellows,

320
00:14:57,740 --> 00:15:00,770

boy, nobody ever gives me
feedback, I rarely get it.

321
00:15:00,770 --> 00:15:02,953

And it's not very good if I do get it.

322
00:15:04,560 --> 00:15:05,630

So, we went

323
00:15:05,630 --> 00:15:10,250

to the Oregon Social Psych
Research and Literature,

324
00:15:10,250 --> 00:15:13,050

and we were reminded by
one of our own residents

325
00:15:13,050 --> 00:15:17,240

who was a division one
Championship soccer player,

326
00:15:17,240 --> 00:15:21,700

who said, I realized as a soccer player,

327
00:15:21,700 --> 00:15:23,720

I would solicit feedback.

328
00:15:23,720 --> 00:15:28,230

I would ask and encourage
people to give me feedback,

329
00:15:28,230 --> 00:15:29,520

'cause it's hard

330
00:15:29,520 --> 00:15:33,200
to always be on the end
as a faculty member.

331
00:15:33,200 --> 00:15:36,350
So, there's a lot in that literature

332
00:15:36,350 --> 00:15:40,840
about learners soliciting,
particularly in business.

333
00:15:40,840 --> 00:15:43,210
So, that's where we came up with a model.

334
00:15:43,210 --> 00:15:46,250
What we know people that solicit feedback

335
00:15:46,250 --> 00:15:50,010
are faster to performance, are happier,

336
00:15:50,010 --> 00:15:52,630
are often promoted more quickly,

337
00:15:52,630 --> 00:15:54,480
are more effectively

338
00:15:54,480 --> 00:15:56,683
and more positively by their colleagues.

339
00:15:58,310 --> 00:16:01,193
So, what does that mean, seeking feedback?

340
00:16:02,410 --> 00:16:05,190
It's that you are really actively trying

341
00:16:05,190 --> 00:16:10,190
to improve your performance
around something you care about.

342
00:16:10,640 --> 00:16:11,703
It's a goal-oriented,

343
00:16:11,703 --> 00:16:16,703
that if I'm asking Dr. Hamel
or Dr. Bidwell for feedback,

344
00:16:16,720 --> 00:16:19,110
I can't just say, how am I doing?

345
00:16:19,110 --> 00:16:21,890
I need to say, I am really interested

346
00:16:21,890 --> 00:16:25,220
in working on my communication
skills with patients.

347
00:16:25,220 --> 00:16:29,080
Can you give me some feedback on that?

348
00:16:29,080 --> 00:16:33,520
Goal-oriented, I want to
improve growth mindset.

349
00:16:33,520 --> 00:16:36,110
How do we normally do this?

350
00:16:36,110 --> 00:16:40,540
We're kind of crafty, is how we do it.

351
00:16:40,540 --> 00:16:42,200
We do it indirectly.

352
00:16:42,200 --> 00:16:47,200
I might say Dr. Lehmann,
you are superb at doing X.

353

00:16:47,860 --> 00:16:50,780

I am really interested in
getting better at that,

354

00:16:50,780 --> 00:16:54,350
can you tell me how you learned
and how you think I'm doing?

355

00:16:54,350 --> 00:16:55,930
So, they kind of butter you up

356

00:16:55,930 --> 00:16:58,233
and indirectly create some artifice.

357

00:16:59,220 --> 00:17:02,440
You've all had it, we do it all the time.

358

00:17:02,440 --> 00:17:04,660
Or we learn by observing others.

359

00:17:04,660 --> 00:17:06,350
So, whether it's on a war team

360

00:17:06,350 --> 00:17:08,790
or listening to feedback that others get,

361

00:17:08,790 --> 00:17:13,790
the challenge is that we
infer then that to ourselves.

362

00:17:15,340 --> 00:17:16,950
And that may not be accurate.

363

00:17:16,950 --> 00:17:21,090
In fact, we're all notoriously
terrible as a self assessor.

364

00:17:21,090 --> 00:17:22,460
So, the best thing,

365
00:17:22,460 --> 00:17:26,100
and we're thrilled why
Milestones 2.0, put this in,

366
00:17:26,100 --> 00:17:29,600
is to directly ask specific to a situation

367
00:17:29,600 --> 00:17:31,650
with a growth mindset

368
00:17:31,650 --> 00:17:34,090
and then remember,
sometimes it's gonna hurt.

369
00:17:34,090 --> 00:17:37,220
So, you always have to
manage your ego a little bit.

370
00:17:37,220 --> 00:17:39,670
So, that's part of the Milestone 2.0.

371
00:17:40,860 --> 00:17:45,860
This isn't new, Atul Gawande in 2011,

372
00:17:45,950 --> 00:17:49,140
said, "How come top athletes and singers

373
00:17:49,140 --> 00:17:52,367
and coaches get feedback?"

374
00:17:54,180 --> 00:17:59,180
And you can bet your CFO,
your CEO, your system leaders,

375
00:17:59,510 --> 00:18:02,210
they often now have coaches.

376

00:18:02,210 --> 00:18:05,420

Why do we not have
coaches and doctors don't?

377

00:18:05,420 --> 00:18:07,290

It's not in the culture.

378

00:18:07,290 --> 00:18:10,100

In fact, I mentioned that medical students

379

00:18:10,100 --> 00:18:11,513

and the soccer student,

380

00:18:12,550 --> 00:18:14,010

if they come from somewhere else,

381

00:18:14,010 --> 00:18:16,400

they're used to soliciting feedback.

382

00:18:16,400 --> 00:18:20,510

And there was literally just
out from Harry Doernberg

383

00:18:20,510 --> 00:18:23,490

who is a second year
medical student at Yale.

384

00:18:23,490 --> 00:18:26,180

He apparently, in his undergrad,

385

00:18:26,180 --> 00:18:31,180

focused on studio and music
in addition to medicine prep.

386

00:18:33,580 --> 00:18:37,440

He was in this, he has
to give a Debussy Sonata

387

00:18:37,440 --> 00:18:39,083

to solo on his Cello,

388

00:18:39,920 --> 00:18:43,370

in a studio class where

everyone all gave feedback.

389

00:18:43,370 --> 00:18:45,850

He thought that's how things worked.

390

00:18:45,850 --> 00:18:47,770

And he was so excited and he tried it

391

00:18:47,770 --> 00:18:49,903

and they continued to give him feedback.

392

00:18:50,930 --> 00:18:54,300

He got so much better in insights.

393

00:18:54,300 --> 00:18:58,520

When he tried that in medicine,

it's not working for him.

394

00:18:58,520 --> 00:19:00,630

He actively tries to solicit it,

395

00:19:00,630 --> 00:19:03,360

he even jokes and say, I have

a thick skin, I can take it,

396

00:19:03,360 --> 00:19:05,670

I really wanna get better.

397

00:19:05,670 --> 00:19:08,710

He has this little

notebook that he's keeping.

398

00:19:08,710 --> 00:19:09,543

He goes, he's still got in his third year,

399

00:19:09,543 --> 00:19:13,410
plenty of room, or in the second year,

400

00:19:13,410 --> 00:19:17,540
plenty of room in his notebook,
he's not getting much.

401

00:19:17,540 --> 00:19:21,430
So, we have to do better
at giving good feedback

402

00:19:21,430 --> 00:19:23,683
and when we're solicited, responding.

403

00:19:25,530 --> 00:19:26,530
I don't know about you,

404

00:19:26,530 --> 00:19:28,730
but I've had that deer
and headlights stare.

405

00:19:29,750 --> 00:19:32,470
When you're teaching or
when you're giving feedback,

406

00:19:32,470 --> 00:19:36,010
or I know the at you as a
faculty or program director

407

00:19:36,010 --> 00:19:39,460
have heard no one ever
told me this before.

408

00:19:39,460 --> 00:19:40,710
And again, your faculty say,

409

00:19:40,710 --> 00:19:42,230
no, I've told them three times

410
00:19:42,230 --> 00:19:44,333
and I've documented it X, Y, and Z.

411
00:19:45,510 --> 00:19:46,793
Why is that?

412
00:19:48,020 --> 00:19:49,450
'Cause they're frozen and start lying,

413
00:19:49,450 --> 00:19:51,900
our fellows are lying,
and our faculty are lying.

414
00:19:52,810 --> 00:19:54,410
The science of learning,

415
00:19:54,410 --> 00:19:58,550
remember, way back when
in your neuroanatomy,

416
00:19:58,550 --> 00:19:59,993
your neuroscience class,

417
00:20:01,240 --> 00:20:02,513
that a amygdala?

418
00:20:03,870 --> 00:20:06,880
What happens, is often feedback

419
00:20:06,880 --> 00:20:09,960
has been known to trigger the amygdala.

420
00:20:09,960 --> 00:20:14,170
And once that's triggered
that emotional response,

421
00:20:14,170 --> 00:20:15,370
all you're trying to do,

422
00:20:15,370 --> 00:20:19,370
and that's the at summative
of assessment is to fight, go.

423
00:20:19,370 --> 00:20:21,830
I never heard it or
you never told me this,

424
00:20:21,830 --> 00:20:24,670
or that's not true,
that's one observation.

425
00:20:24,670 --> 00:20:26,570
You you've heard all of it.

426
00:20:26,570 --> 00:20:30,800
Try and escape as fast as
possible, just be silent,

427
00:20:30,800 --> 00:20:33,823
and then there's some other
outs to pain on who you think.

428
00:20:34,690 --> 00:20:36,760
But that's why it's gotta be growth,

429
00:20:36,760 --> 00:20:39,023
it's gotta be a relationship based.

430
00:20:40,020 --> 00:20:42,540
And we know from some
of the other literature,

431
00:20:42,540 --> 00:20:44,540
try not to give conflicting feedback

432
00:20:44,540 --> 00:20:46,970
like in some of the

emergency medicine studies

433

00:20:46,970 --> 00:20:48,690
where women particularly,

434

00:20:48,690 --> 00:20:51,070
this is where we get some
concerns about gender,

435

00:20:51,070 --> 00:20:54,370
there's not much data
on race in that way yet.

436

00:20:54,370 --> 00:20:57,350
But women might get in emergency medicine,

437

00:20:57,350 --> 00:21:02,350
gosh, great job on running
that code and running the team,

438

00:21:03,610 --> 00:21:06,163
yet, but I wanna supervise
you a little more.

439

00:21:07,290 --> 00:21:10,480
So, what's actionable about that?

440

00:21:10,480 --> 00:21:13,960
It's hard to figure out
what you're supposed to do.

441

00:21:13,960 --> 00:21:16,760
So, that doesn't help,

442

00:21:16,760 --> 00:21:19,683
stay focused and specific
and growth-oriented.

443

00:21:20,660 --> 00:21:23,600

So, the model that we played with and came up with,

444

00:21:23,600 --> 00:21:26,500

because we thought it needed to be actionable,

445

00:21:26,500 --> 00:21:29,220

it's called AC₂T or ACT.

446

00:21:29,220 --> 00:21:31,670

It doesn't matter whether you're asking for feedback

447

00:21:31,670 --> 00:21:35,480

or answering, come with a growth mindset.

448

00:21:35,480 --> 00:21:40,260

If you're asking frame the ask on a true desire to know,

449

00:21:40,260 --> 00:21:44,650

consider framing it as a Milestone 2.0, be specific.

450

00:21:44,650 --> 00:21:46,270

If you're answering

451

00:21:46,270 --> 00:21:51,270

again, current state, desired state, key steps, action plan.

452

00:21:52,520 --> 00:21:56,570

If you can't, as a person that's been asked for feedback,

453

00:21:56,570 --> 00:21:58,700

provide specific actionable guidance,

454

00:21:58,700 --> 00:21:59,990
be honest, be authentic,

455
00:21:59,990 --> 00:22:02,530
and say, gosh, I don't
have anything for you,

456
00:22:02,530 --> 00:22:04,760
but I will look at that the next time,

457
00:22:04,760 --> 00:22:07,163
'cause it's important, I'd love to help.

458
00:22:10,330 --> 00:22:13,393
This is where we think
the Cs are important.

459
00:22:14,570 --> 00:22:19,570
If you get feedback and you
don't get it to be actionable,

460
00:22:20,290 --> 00:22:22,823
your job is to clarify.

461
00:22:23,810 --> 00:22:26,310
If you are the responder

462
00:22:26,310 --> 00:22:29,550
and the ask of you is, how am I doing?

463
00:22:29,550 --> 00:22:32,183
Clarify, ask them to be specific.

464
00:22:34,030 --> 00:22:39,030
Coach, if you are the
person giving the feedback.

465
00:22:39,720 --> 00:22:44,720
And if you are the person getting

the feedback, consider it,

466

00:22:45,100 --> 00:22:47,633

think about how to identify next steps.

467

00:22:49,350 --> 00:22:51,593

And then at the end, say thank you.

468

00:22:52,480 --> 00:22:55,730

Be appreciative because this
is that real relationship piece

469

00:22:55,730 --> 00:22:57,910

that enables us to grow.

470

00:22:57,910 --> 00:23:01,260

So, this is just a little
different framework.

471

00:23:01,260 --> 00:23:03,563

Ask or answer, clarify, consider,

472

00:23:04,820 --> 00:23:07,160

and coach, and then say, thanks.

473

00:23:07,160 --> 00:23:08,543

We'll put that in the chat.

474

00:23:09,720 --> 00:23:12,800

So, I'm sure you're all saying, oh, great,

475

00:23:12,800 --> 00:23:16,190

you promise this is gonna be
doable in my clinical setting.

476

00:23:16,190 --> 00:23:19,630

How can it really work
in less than 90 seconds?

477
00:23:19,630 --> 00:23:22,330
Well, I'm bringing to you,

478
00:23:22,330 --> 00:23:27,330
the Aurora, Wisconsin GME
Theater Performance Group,

479
00:23:27,500 --> 00:23:31,313
composed of our program directors and DIO.

480
00:23:32,820 --> 00:23:36,780
They are so excited to be in
this role, I have to tell you,

481
00:23:36,780 --> 00:23:38,810
that they even practiced.

482
00:23:38,810 --> 00:23:42,960
So, we're gonna let it go,
and hopefully, you enjoy it.

483
00:23:42,960 --> 00:23:47,360
Your task is as you
listen to their scenarios,

484
00:23:47,360 --> 00:23:50,150
their interactions will
give a brief scenario.

485
00:23:50,150 --> 00:23:52,960
What we want then to happen,

486
00:23:52,960 --> 00:23:56,503
is you to think about the ACT

487
00:23:57,530 --> 00:24:00,280
to the actionable feedback gap,

488

00:24:00,280 --> 00:24:03,980
goal-performance strategies.

489

00:24:03,980 --> 00:24:08,270
Did they then also clarify if it wasn't,

490

00:24:08,270 --> 00:24:10,610
did they coach and consider?

491

00:24:10,610 --> 00:24:12,520
And then did they say, thanks?

492

00:24:12,520 --> 00:24:17,520
So, with that gentlemen (humming)
drum roll, first scenario.

493

00:24:20,930 --> 00:24:23,143
Faculty is giving feedback to a resident.

494

00:24:24,060 --> 00:24:26,693
Dr. Will Lehmann is
going to be our resident.

495

00:24:28,060 --> 00:24:30,640
He's a PGY-1, it's it's
been a little while,

496

00:24:30,640 --> 00:24:33,380
not too long since he was a PGY-1.

497

00:24:33,380 --> 00:24:35,943
And Dr. Hamel is our Senior Faculty.

498

00:24:37,660 --> 00:24:40,400
Inpatient medicine, teaching service,

499

00:24:40,400 --> 00:24:42,003
they're rounding at the bedside,

500
00:24:43,220 --> 00:24:47,090
tending confirmed the findings now outside

501
00:24:47,090 --> 00:24:48,453
the room at his debriefing.

502
00:24:51,670 --> 00:24:52,633
- All right, Well.

503
00:24:53,520 --> 00:24:55,770
Well, I thought you did
a great job in there

504
00:24:55,770 --> 00:24:56,720
with Mrs. Jackson,

505
00:24:56,720 --> 00:24:59,920
I really like how you formed
a good rapport with her.

506
00:24:59,920 --> 00:25:01,270
How do you think that went?

507
00:25:02,170 --> 00:25:04,990
- Yeah, usually it takes
me about 20 minutes

508
00:25:04,990 --> 00:25:05,960
to get out of the room.

509
00:25:05,960 --> 00:25:08,690
She's quite the talker,
always has good store worries.

510
00:25:08,690 --> 00:25:11,020
So, I have to say I was very happy

511
00:25:11,020 --> 00:25:13,470

with how quickly we were
able to get outta there.

512
00:25:14,910 --> 00:25:17,630
- Well, good, I thought
it went pretty well too.

513
00:25:17,630 --> 00:25:18,463
Just next time,

514
00:25:18,463 --> 00:25:21,100
make sure you don't use as
much medical jargon, okay?

515
00:25:21,100 --> 00:25:23,080
Let's go see room 327.

516
00:25:23,080 --> 00:25:25,080
- Okay, all right, sounds great, thanks.

517
00:25:27,710 --> 00:25:30,610
- All right, now notice that
was only me about 20 seconds.

518
00:25:32,580 --> 00:25:36,423
And keep in mind, we're
asking you to think about,

519
00:25:38,320 --> 00:25:39,430
what did you hear?

520
00:25:39,430 --> 00:25:41,650
Did they follow through in this model?

521
00:25:41,650 --> 00:25:44,260
And the way to start is to always say,

522
00:25:44,260 --> 00:25:48,573
does the resident know what to

do differently the next time?

523

00:25:49,770 --> 00:25:52,650

Dr. Bidwell will help with the debrief,

524

00:25:52,650 --> 00:25:53,850

what do you think, Jake?

525

00:25:54,890 --> 00:25:57,100

- Yeah, so, I think what we just heard,

526

00:25:57,100 --> 00:25:59,880

is probably an example
of how it's mostly done,

527

00:25:59,880 --> 00:26:01,683

kind of one directional.

528

00:26:03,140 --> 00:26:06,020

It didn't sound like the learner

529

00:26:06,020 --> 00:26:08,590

was really seeking out the feedback,

530

00:26:08,590 --> 00:26:12,000

it sort of seems like that

was more given to the learner

531

00:26:12,000 --> 00:26:15,100

and it doesn't didn't really seem like

532

00:26:15,100 --> 00:26:18,970

there were any next steps to

get from the primary feedback,

533

00:26:18,970 --> 00:26:21,840

which was using too much medical jargon

534

00:26:21,840 --> 00:26:26,840
to give any examples of maybe
what the learner could read

535
00:26:27,430 --> 00:26:30,190
or practice to get to the next step,

536
00:26:30,190 --> 00:26:31,023
which would be

537
00:26:31,023 --> 00:26:33,370
to be a little bit more
patient-centered in their language

538
00:26:33,370 --> 00:26:36,820
to make sure that the
jargon or the language used

539
00:26:36,820 --> 00:26:38,813
matched the level of the patient.

540
00:26:39,780 --> 00:26:40,613
The other thing,

541
00:26:40,613 --> 00:26:45,280
was that the learner did not
clarify what the feedback was

542
00:26:45,280 --> 00:26:49,620
and wasn't a whole lot of
coaching as I mentioned on that.

543
00:26:49,620 --> 00:26:51,930
So, the gap wasn't really identified,

544
00:26:51,930 --> 00:26:55,436
there wasn't a whole lot of
consideration or clarification

545

00:26:55,436 --> 00:26:56,870
of what that was.

546
00:26:56,870 --> 00:26:59,550
And then at the very end,

547
00:26:59,550 --> 00:27:01,260
and that's just real briefly,

548
00:27:01,260 --> 00:27:02,093
at the very end,

549
00:27:02,093 --> 00:27:04,990
there wasn't a lot of
relationship building there.

550
00:27:04,990 --> 00:27:06,560
No, thanks.

551
00:27:06,560 --> 00:27:08,980
There wasn't really sort
of an educational alliance

552
00:27:08,980 --> 00:27:11,060
built up in that scenario.

553
00:27:11,060 --> 00:27:11,893
- Yeah.

554
00:27:12,950 --> 00:27:14,553
Dave, Will, any thoughts?

555
00:27:17,170 --> 00:27:18,810
- I thought that was a great summary.

556
00:27:18,810 --> 00:27:19,643
And you're right,

557

00:27:19,643 --> 00:27:21,573
this is oftentimes how
it goes in real life.

558
00:27:24,600 --> 00:27:25,433
- Agreed.

559
00:27:26,700 --> 00:27:30,313
- Well, then maybe we should do take two.

560
00:27:32,580 --> 00:27:33,850
- Sounds good.

561
00:27:33,850 --> 00:27:35,620
All right, so same scenario,

562
00:27:35,620 --> 00:27:38,123
but we'll hopefully do a
bit better job this time.

563
00:27:39,970 --> 00:27:42,300
All right, well, we're
now outside the room.

564
00:27:42,300 --> 00:27:46,100
I thought that was a great
job talking to Mrs. Jackson

565
00:27:46,100 --> 00:27:49,543
about her pneumonia, how
did you think that went?

566
00:27:50,620 --> 00:27:52,820
- Well, we definitely got
done quicker than I usually do

567
00:27:52,820 --> 00:27:54,050
when I get in and outta that room.

568

00:27:54,050 --> 00:27:57,240

So, I think we were able to
contain that pretty well.

569

00:27:57,240 --> 00:27:59,240

So, yeah, I thought it went really well.

570

00:28:00,340 --> 00:28:01,173

- Well, good.

571

00:28:01,173 --> 00:28:03,440

Certainly I thought you had
a good rapport with her.

572

00:28:03,440 --> 00:28:04,400

We've talked previously

573

00:28:04,400 --> 00:28:05,570

about how you wanted feedback

574

00:28:05,570 --> 00:28:07,290

on your communication with patients.

575

00:28:07,290 --> 00:28:08,810

Was there anything,

576

00:28:08,810 --> 00:28:11,080

when you were talking with Mrs. Jackson

577

00:28:11,080 --> 00:28:12,713

that you wanted my thoughts on?

578

00:28:14,640 --> 00:28:16,130

- Well, there was that one spot

579

00:28:16,130 --> 00:28:17,610

where we were talking about her diagnosis

580

00:28:17,610 --> 00:28:20,400
and she had kind of an
inquisitive look on her face.

581
00:28:20,400 --> 00:28:21,913
And I was kind of wondering,

582
00:28:22,860 --> 00:28:23,870
is there different way

583
00:28:23,870 --> 00:28:27,330
that you would talk
about COPD exacerbation?

584
00:28:27,330 --> 00:28:28,163
I don't know,

585
00:28:28,163 --> 00:28:29,090
I just like, is there a different way

586
00:28:29,090 --> 00:28:30,630
that you would explain
that to the patient?

587
00:28:30,630 --> 00:28:31,640
'Cause it did seem

588
00:28:31,640 --> 00:28:34,453
like maybe she didn't fully
follow what I was saying.

589
00:28:36,050 --> 00:28:37,300
- Yeah, I thought so too.

590
00:28:37,300 --> 00:28:38,770
I thought, when you talked

591
00:28:38,770 --> 00:28:43,500
about her COPD exacerbation

causing hypoxia,

592

00:28:43,500 --> 00:28:45,940
she probably didn't fully understand

593

00:28:45,940 --> 00:28:47,470
exactly what was going on.

594

00:28:47,470 --> 00:28:50,680
And when you told her she
probably needs one more day

595

00:28:50,680 --> 00:28:51,780
to open up her lungs,

596

00:28:51,780 --> 00:28:54,940
I was wondering if there was
a better way to say that.

597

00:28:54,940 --> 00:28:57,430
Do you think there's a better
way to say open up her lungs

598

00:28:57,430 --> 00:29:00,300
or explain what a COPD flare could be?

599

00:29:00,300 --> 00:29:03,150
- Yeah, I know I got kind
of dinged on that last time

600

00:29:03,150 --> 00:29:04,380
I was on service.

601

00:29:04,380 --> 00:29:06,750
I kept using things like bronchodilator

602

00:29:06,750 --> 00:29:09,170
and things like that,
that I know was kind of.

603
00:29:09,170 --> 00:29:12,450

I don't know, I feel like
we've talked a little bit

604
00:29:12,450 --> 00:29:16,560
about that medications that
can open up the airways

605
00:29:16,560 --> 00:29:19,010
or just kind of help with that wheezing.

606
00:29:19,010 --> 00:29:21,540
Maybe put it more in terms
that she would understand,

607
00:29:21,540 --> 00:29:23,700
or you try to use her words as well.

608
00:29:23,700 --> 00:29:26,000
So, maybe that would be
a better way to do it.

609
00:29:27,050 --> 00:29:27,883
- That was great.

610
00:29:27,883 --> 00:29:30,370
And I also thought, instead of hypoxia,

611
00:29:30,370 --> 00:29:33,787
saying, these medicines
will help you breathe better

612
00:29:33,787 --> 00:29:35,570
and will get your oxygen level up.

613
00:29:35,570 --> 00:29:37,030
That's what the, the lungs do,

614
00:29:37,030 --> 00:29:39,960
they deliver oxygen to the blood.

615
00:29:39,960 --> 00:29:43,580
So, I think there's an
opportunity to try that again.

616
00:29:43,580 --> 00:29:45,280
And I trust you.

617
00:29:45,280 --> 00:29:47,510
Why don't you go in there
and talk with Mrs. Jackson,

618
00:29:47,510 --> 00:29:49,480
make sure she understands all of that.

619
00:29:49,480 --> 00:29:51,900
We're gonna go down to room 327

620
00:29:51,900 --> 00:29:53,640
and we'll meet you there when you're done.

621
00:29:53,640 --> 00:29:55,490
But great job.

622
00:29:55,490 --> 00:29:56,490
- All right, thanks.

623
00:30:03,150 --> 00:30:05,110
- Jake, what do you think?

624
00:30:05,110 --> 00:30:07,750
- Yeah, so, I think a lot better job.

625
00:30:07,750 --> 00:30:09,790
It was definitely a better dialogue

626
00:30:09,790 --> 00:30:13,580
rather than sort of a
one-directional this is how you did,

627
00:30:13,580 --> 00:30:16,640
and this is what you need to do next.

628
00:30:16,640 --> 00:30:19,960
I think there was a fair
amount of clarification there

629
00:30:19,960 --> 00:30:21,140
and going back and forth

630
00:30:21,140 --> 00:30:24,610
to sort of kind of negotiate
what the issue was.

631
00:30:24,610 --> 00:30:27,770
And there was some admission
and some discussion

632
00:30:27,770 --> 00:30:32,210
about the fact that this
was some consistent feedback

633
00:30:32,210 --> 00:30:34,370
that the resident had heard before.

634
00:30:34,370 --> 00:30:36,120
And they did a very nice job

635
00:30:36,120 --> 00:30:38,700
of sort of being collaborative about that.

636
00:30:38,700 --> 00:30:40,010
I think Dave did a very nice job

637

00:30:40,010 --> 00:30:41,730
of asking Will if there were ways

638
00:30:41,730 --> 00:30:44,880
that he thought he could had
cut down on the medical jargon

639
00:30:44,880 --> 00:30:46,100
and explained it a little better

640
00:30:46,100 --> 00:30:47,500
and gave some very good examples

641
00:30:47,500 --> 00:30:52,160
of where the explanation might
have caused some confusion.

642
00:30:52,160 --> 00:30:56,160
And then I do think there was
a fair amount of good coaching

643
00:30:56,160 --> 00:31:01,110
and consideration by both Dave and Will

644
00:31:01,110 --> 00:31:04,140
about how to maybe you was the feedback

645
00:31:04,140 --> 00:31:04,995
to take the next steps.

646
00:31:04,995 --> 00:31:08,590
And at the very end, Dave
did give Will a chance

647
00:31:08,590 --> 00:31:10,000
and kind of recommended to go back in

648
00:31:10,000 --> 00:31:12,890
and explain it in a little

bit more common language

649

00:31:12,890 --> 00:31:16,520
to make sure that that Will
got some practice on that.

650

00:31:16,520 --> 00:31:17,480
And then at the very end,

651

00:31:17,480 --> 00:31:20,050
I think that it turned out very positive,

652

00:31:20,050 --> 00:31:20,910
Will said, thanks.

653

00:31:20,910 --> 00:31:23,870
And it seemed like a very positive thing

654

00:31:23,870 --> 00:31:26,330
that they were looking
forward to the next step

655

00:31:26,330 --> 00:31:28,780
and working together on
the next patient as well.

656

00:31:30,140 --> 00:31:31,630
- Yeah, I would agree.

657

00:31:31,630 --> 00:31:33,563
I think what one of the cautions,

658

00:31:34,840 --> 00:31:38,690
is the asking of questions,
how do you think it went?

659

00:31:38,690 --> 00:31:40,440
What else would you do differently?

660
00:31:41,470 --> 00:31:45,260
That can be stressful unless
you have a good relation.

661
00:31:45,260 --> 00:31:47,900
It can trigger the emotion.

662
00:31:47,900 --> 00:31:51,550
It's that, I know he's
looking for an answer,

663
00:31:51,550 --> 00:31:53,780
what am I supposed to give?

664
00:31:53,780 --> 00:31:55,840
I don't have one.

665
00:31:55,840 --> 00:32:00,180
So, use that approach in
a limited way in this.

666
00:32:00,180 --> 00:32:03,990
If you wanna expedite, you could just say,

667
00:32:03,990 --> 00:32:07,810
gosh, one of the pieces of
feedback I have for you,

668
00:32:07,810 --> 00:32:10,950
is a concern about how
much, as you mentioned,

669
00:32:10,950 --> 00:32:15,100
Mrs. Jones understood about her condition

670
00:32:15,100 --> 00:32:17,890
and her face gave you
some of that feedback.

671
00:32:17,890 --> 00:32:19,520
The goal state.

672
00:32:19,520 --> 00:32:21,530
We know that patients are better

673
00:32:21,530 --> 00:32:24,720
if they can understand their
own healthcare condition.

674
00:32:24,720 --> 00:32:28,790
So, let's talk about some
step to help you improve

675
00:32:28,790 --> 00:32:32,860
the way you translate the
medical jargon into English

676
00:32:32,860 --> 00:32:35,100
so that patients can understand,

677
00:32:35,100 --> 00:32:37,980
'cause we need about an
eighth-grade literacy level

678
00:32:37,980 --> 00:32:40,203
for all of our patients, and that's hard.

679
00:32:41,250 --> 00:32:44,960
That statement is a
little sharper, clearer,

680
00:32:44,960 --> 00:32:47,340
that it has to be done
with a tone and support.

681
00:32:47,340 --> 00:32:51,720
So, otherwise, that
feedback sandwich thing.

682
00:32:51,720 --> 00:32:53,570

People only remember what
you tell 'em negative.

683
00:32:53,570 --> 00:32:55,610

In fact, it does trigger the amygdala

684
00:32:55,610 --> 00:32:58,643

and they don't often
remember anything else.

685
00:33:00,521 --> 00:33:02,750

- I think that's a great point, Deb.

686
00:33:02,750 --> 00:33:04,140

In an ideal world at my best,

687
00:33:04,140 --> 00:33:07,160

I probably would've been more
inquisitive or brainstorming,

688
00:33:07,160 --> 00:33:09,670

like, Hey, let's think
about ways that we could,

689
00:33:09,670 --> 00:33:11,800

rather than saying,
guess what I'm thinking.

690
00:33:11,800 --> 00:33:13,410

So, that's great.

691
00:33:13,410 --> 00:33:14,243

- Particularly on rounds,

692
00:33:14,243 --> 00:33:16,970

you're in a time pressure in a clinic.

693
00:33:16,970 --> 00:33:20,513
So, now our actors will go
in into scenario number two.

694
00:33:22,980 --> 00:33:24,960
- So, Jake will be the resident

695
00:33:24,960 --> 00:33:26,820
and Will will be the faculty.

696
00:33:26,820 --> 00:33:28,660
- Yeah, so, in this scenario,

697
00:33:28,660 --> 00:33:29,650
I'll play the resident

698
00:33:29,650 --> 00:33:31,930
who is a second year
family medicine resident.

699
00:33:31,930 --> 00:33:35,680
And I've just come out of clinic.

700
00:33:35,680 --> 00:33:39,060
I'd done an IUD insertion previously

701
00:33:39,060 --> 00:33:42,210
during the session that I staffed
with Will as my attending.

702
00:33:42,210 --> 00:33:45,773
And I'm coming out to ask
for some feedback there.

703
00:33:47,346 --> 00:33:48,680
So, Will, I was wondering,

704
00:33:48,680 --> 00:33:51,470

I gotta sit down here to
do my milestone evaluation

705
00:33:51,470 --> 00:33:54,590
for my shift card and I done that IUD.

706
00:33:54,590 --> 00:33:57,440
So, I'd like some feedback on that.

707
00:33:57,440 --> 00:33:58,933
How do you think it went?

708
00:34:00,010 --> 00:34:01,820
- Yeah, I'm glad to stop by.

709
00:34:01,820 --> 00:34:02,730
We always like to do you that,

710
00:34:02,730 --> 00:34:04,010
especially if we've done a procedure.

711
00:34:04,010 --> 00:34:05,850
I like to grab that PC 5

712
00:34:05,850 --> 00:34:07,520
in Family Medicine, that Milestone,

713
00:34:07,520 --> 00:34:10,240
that specifically talks about
procedures for the office.

714
00:34:10,240 --> 00:34:12,770
So, yeah, I appreciate you sitting down.

715
00:34:12,770 --> 00:34:15,510
I'm kind of curious, I was
glad you brought this up

716

00:34:15,510 --> 00:34:16,710
'cause I wanted to talk to you about it.

717
00:34:16,710 --> 00:34:17,920
How do, how do you think you went?

718
00:34:17,920 --> 00:34:19,870
What milestone would you give yourself?

719
00:34:20,900 --> 00:34:22,823
- Well, I guess,

720
00:34:23,720 --> 00:34:27,853
I think I did pretty
good, the IUDs in there,

721
00:34:29,200 --> 00:34:30,697
I kind of struggled there a little bit

722
00:34:30,697 --> 00:34:33,700
with sort of measuring out

723
00:34:33,700 --> 00:34:35,000
and sounding out the years,

724
00:34:35,000 --> 00:34:37,740
but once I kind of got that taken care of,

725
00:34:37,740 --> 00:34:40,360
and you kind of helped
coach me through that part,

726
00:34:40,360 --> 00:34:42,163
I think I did a pretty good job.

727
00:34:43,760 --> 00:34:46,680
The patient did have some,
some kind of questions

728
00:34:46,680 --> 00:34:50,080
that at the very end that I
was a little surprised by.

729
00:34:50,080 --> 00:34:52,793
So, but overall I thought
it went pretty good.

730
00:34:54,170 --> 00:34:55,740
- Yeah, I mean, I think it went well,

731
00:34:55,740 --> 00:34:56,960
you had that little bump in the road

732
00:34:56,960 --> 00:34:58,110
when we were sounding out the uterus,

733
00:34:58,110 --> 00:34:59,540
which is really common, I think,

734
00:34:59,540 --> 00:35:02,690
especially for a resident your level.

735
00:35:02,690 --> 00:35:04,190
But I have to say your handwork was good.

736
00:35:04,190 --> 00:35:05,950
I don't know if you watched
a bunch of videos on that.

737
00:35:05,950 --> 00:35:08,377
It felt like your technical
skills were right on.

738
00:35:08,377 --> 00:35:09,570
And on that side,

739
00:35:09,570 --> 00:35:11,920

I'd probably give you ready for graduation

740

00:35:11,920 --> 00:35:13,771

based on how well the
technical skills went.

741

00:35:13,771 --> 00:35:15,020

The only thing I'll point out

742

00:35:15,020 --> 00:35:18,820

is that a procedure's milestone
also has a whole section

743

00:35:18,820 --> 00:35:20,340

on counseling the patient.

744

00:35:20,340 --> 00:35:22,540

And so, sorry, I need it,

745

00:35:22,540 --> 00:35:24,010

I just got paged by my other clinic.

746

00:35:24,010 --> 00:35:25,160

I have to go to my car,

747

00:35:25,160 --> 00:35:26,540

but I did wanna make sure that you knew

748

00:35:26,540 --> 00:35:27,730

that you knew there is a whole other side

749

00:35:27,730 --> 00:35:29,240

to that procedures milestone

750

00:35:29,240 --> 00:35:32,800

that talks about giving
adequate counseling to patients.

751

00:35:32,800 --> 00:35:36,310
And so, yeah, something to
think about on that front, okay?

752
00:35:36,310 --> 00:35:37,590
All right, well thank for coming by,

753
00:35:37,590 --> 00:35:38,970
I gotta run. I'll see you.

754
00:35:38,970 --> 00:35:41,320
- Okay, I'll work harder
on that, thanks, Will.

755
00:35:45,800 --> 00:35:47,100
- Dave, what do you think?

756
00:35:48,190 --> 00:35:50,050
- Well, I think there was a
lot of good things in there,

757
00:35:50,050 --> 00:35:53,220
honestly, and I thought it
was a really good conversation

758
00:35:53,220 --> 00:35:54,700
back and forth, obviously,

759
00:35:54,700 --> 00:35:57,060
pretty good, comfortable
learning environment.

760
00:35:57,060 --> 00:36:00,180
I would've liked to see
more of the ask upfront,

761
00:36:00,180 --> 00:36:01,140
or rather than just the,

762

00:36:01,140 --> 00:36:03,820
here's this shift card
that I have to check off,

763
00:36:03,820 --> 00:36:05,540
how did I do?

764
00:36:05,540 --> 00:36:06,530
I really would've liked it

765
00:36:06,530 --> 00:36:08,430
if Jake the resident would've said,

766
00:36:08,430 --> 00:36:11,898
I'm trying to work on this
with regard to procedures.

767
00:36:11,898 --> 00:36:15,220
It will brought up the
counseling at the end.

768
00:36:15,220 --> 00:36:17,230
If it was, how did I do?

769
00:36:17,230 --> 00:36:18,900
Selecting the patient and counseling them

770
00:36:18,900 --> 00:36:22,190
about this procedure and
the indications and so on,

771
00:36:22,190 --> 00:36:24,100
rather than just say, how did I do?

772
00:36:24,100 --> 00:36:27,371
And then see where the
conversation flows from there.

773
00:36:27,371 --> 00:36:29,010

And then obviously,

774

00:36:29,010 --> 00:36:31,060
that Will would've given space

775

00:36:31,060 --> 00:36:33,510
to giving that actionable feedback

776

00:36:33,510 --> 00:36:34,680
and coaching along the way

777

00:36:34,680 --> 00:36:36,503
in response to that specific ask.

778

00:36:37,728 --> 00:36:38,978
- Yeah, thanks.

779

00:36:39,980 --> 00:36:42,000
Again, think about,

780

00:36:42,000 --> 00:36:45,183
the ask wasn't as specific
as Dave pointed out,

781

00:36:46,510 --> 00:36:50,080
The milestone was used
to give a nice goal state

782

00:36:50,080 --> 00:36:51,800
and then some steps.

783

00:36:51,800 --> 00:36:53,710
But when we were designing this scenario,

784

00:36:53,710 --> 00:36:54,543
which again,

785

00:36:54,543 --> 00:36:57,090

was after these are all
based on set of real things.

786
00:36:57,090 --> 00:36:58,280
Often residents come

787
00:36:58,280 --> 00:37:00,970
just as the faculty is trying
to run to another meeting

788
00:37:00,970 --> 00:37:03,000
or get to their car.

789
00:37:03,000 --> 00:37:07,140
So, that closing could
have been a little stronger

790
00:37:07,140 --> 00:37:09,820
of here is, let's talk,

791
00:37:09,820 --> 00:37:11,500
well, let's talk about that tomorrow.

792
00:37:11,500 --> 00:37:13,780
Here is, and we'll look
at some action steps

793
00:37:13,780 --> 00:37:15,530
and what we can do to improve that.

794
00:37:17,260 --> 00:37:18,703
Let's go to our third one.

795
00:37:20,140 --> 00:37:22,100
Because what do we know?

796
00:37:22,100 --> 00:37:24,370
We know from the organizational

797
00:37:24,370 --> 00:37:26,540
and industrial psych literature,

798
00:37:26,540 --> 00:37:29,390
is that if individuals seek feedback,

799
00:37:29,390 --> 00:37:33,260
so, if faculty sought feedback
from a growth perspective

800
00:37:33,260 --> 00:37:35,350
and honest and candid,

801
00:37:35,350 --> 00:37:39,100
they are more likely
to be seen as available

802
00:37:39,100 --> 00:37:40,030
to give feedback

803
00:37:40,030 --> 00:37:41,470
and people are more the residents

804
00:37:41,470 --> 00:37:43,320
and faculty are more likely to ask.

805
00:37:43,320 --> 00:37:45,210
So, role modeling, this is critical.

806
00:37:45,210 --> 00:37:47,560
So, this is a scenario

807
00:37:47,560 --> 00:37:50,383
where we have the faculty
asking for feedback.

808
00:37:54,030 --> 00:37:56,420
- Yeah, so, I'll play the attending

809
00:37:56,420 --> 00:37:58,010
and Dave will be my intern

810
00:37:58,010 --> 00:38:00,140
and Will will be the senior resident.

811
00:38:00,140 --> 00:38:03,120
And we just finished a week of rounding

812
00:38:03,120 --> 00:38:04,993
on the inpatient teaching service.

813
00:38:06,220 --> 00:38:09,840
Yeah, so, guys, we had
a pretty good week here.

814
00:38:09,840 --> 00:38:10,980
It was really hard,

815
00:38:10,980 --> 00:38:13,800
we're still in COVID and everything and,

816
00:38:13,800 --> 00:38:14,690
but we got through it

817
00:38:14,690 --> 00:38:17,260
and I was just wondering
how you guys thought

818
00:38:17,260 --> 00:38:21,540
I ran the sit down rounds this week.

819
00:38:21,540 --> 00:38:23,100
Did guys feel like that went okay?

820
00:38:23,100 --> 00:38:24,513
Did you learn anything?

821
00:38:25,540 --> 00:38:27,020
- Yeah, I thought it went great.

822
00:38:27,020 --> 00:38:28,890
And I'm glad you taught us to do

823
00:38:28,890 --> 00:38:30,803
a volume status exam that one day.

824
00:38:33,480 --> 00:38:34,313
- Great.
- Thanks.

825
00:38:34,313 --> 00:38:35,240
Will, what do you think?

826
00:38:35,240 --> 00:38:36,920
- It's been a rough week, like you said.

827
00:38:36,920 --> 00:38:39,490
I feel like we're
getting slammed by COVID.

828
00:38:39,490 --> 00:38:40,400
In terms of admissions,

829
00:38:40,400 --> 00:38:41,233
often time,

830
00:38:41,233 --> 00:38:43,730
during the time when we're
trying to round each day.

831
00:38:43,730 --> 00:38:46,210
But yeah, I mean, like we've
talked about in the past

832

00:38:46,210 --> 00:38:48,120
that we always love it when
you're on as attending.

833
00:38:48,120 --> 00:38:49,583
So, yeah, it was great.

834
00:38:50,730 --> 00:38:52,493
- Okay, great, thanks, you guys.

835
00:38:54,700 --> 00:38:57,383
- So, Jake, what are you
gonna do differently?

836
00:38:58,568 --> 00:38:59,401
- Nothing.

837
00:38:59,401 --> 00:39:01,290
- But what did you learn?
- I found out.

838
00:39:01,290 --> 00:39:03,580
Yeah, exactly nothing.

839
00:39:03,580 --> 00:39:06,472
From that feedback I feel
like I'm doing great.

840
00:39:06,472 --> 00:39:09,300
they like when I'm on, we got along,

841
00:39:09,300 --> 00:39:10,500
we got through the week.

842
00:39:11,810 --> 00:39:13,940
It was a rough week,
but we're through it now

843
00:39:13,940 --> 00:39:16,210

and onto the next patient.

844

00:39:18,905 --> 00:39:20,940
- Not quite, let's do take two

845

00:39:20,940 --> 00:39:24,160
where you make the ask
a little more specific

846

00:39:24,160 --> 00:39:25,150
and let's see if we can get you

847

00:39:25,150 --> 00:39:26,850
a little more actionable feedback.

848

00:39:28,900 --> 00:39:29,733
- All right, guys.

849

00:39:29,733 --> 00:39:34,250
So, thanks again for a real
week of hard work here.

850

00:39:34,250 --> 00:39:36,400
We just finished talking
about our last patient

851

00:39:36,400 --> 00:39:37,609
and have some plans here

852

00:39:37,609 --> 00:39:40,480
for what we need to put in for orders.

853

00:39:40,480 --> 00:39:43,870
Do you guys have time to give
me some specific feedback

854

00:39:43,870 --> 00:39:46,440
on how I was running rounds this week?

855
00:39:46,440 --> 00:39:47,280
Do you have any time

856
00:39:47,280 --> 00:39:49,280
to do that for maybe five minutes or so?

857
00:39:50,580 --> 00:39:52,510
- Sure, we can fit that in.

858
00:39:52,510 --> 00:39:54,080
- Okay, great, thank you.

859
00:39:54,080 --> 00:39:56,820
It's really important to me
that I'm doing a good job.

860
00:39:56,820 --> 00:39:57,653
And one of the things

861
00:39:57,653 --> 00:39:59,100
that I've been working on specifically,

862
00:39:59,100 --> 00:40:02,490
is trying to stay on time
for our sit-down rounds.

863
00:40:02,490 --> 00:40:05,780
I've gotten feedback in the
past that I'm a bit of a talker

864
00:40:05,780 --> 00:40:07,260
and I really like to teach.

865
00:40:07,260 --> 00:40:10,530
So, I spend a lot of time going over cases

866
00:40:10,530 --> 00:40:14,790
and working through how to

do specific types of the exam

867

00:40:14,790 --> 00:40:17,120
and really going through management

868

00:40:17,120 --> 00:40:19,210
of some of the kind of
bread-and-butter topics

869

00:40:19,210 --> 00:40:22,490
that we deal with with
adult inpatient medicine.

870

00:40:22,490 --> 00:40:26,050
But I'm working on being efficient,

871

00:40:26,050 --> 00:40:28,610
making sure that you guys
get something out of it,

872

00:40:28,610 --> 00:40:30,920
but also not taking too
much time during rounds.

873

00:40:30,920 --> 00:40:32,453
So, from that perspective,

874

00:40:33,780 --> 00:40:37,090
what do you think I can do to improve that

875

00:40:37,090 --> 00:40:38,270
and be a little bit more efficient

876

00:40:38,270 --> 00:40:40,430
so that you guys can not learn things,

877

00:40:40,430 --> 00:40:43,150
but also get back to patient care

878
00:40:43,150 --> 00:40:44,640
and all the rest of the
things that you have to do

879
00:40:44,640 --> 00:40:46,640
without me taking too much of your time.

880
00:40:51,590 --> 00:40:52,960
- Yeah, like I said,

881
00:40:52,960 --> 00:40:54,240
we always love it when you're on,

882
00:40:54,240 --> 00:40:55,570
it's one of those things

883
00:40:55,570 --> 00:40:58,760
where we can tell how devoted
you are to your teaching

884
00:40:58,760 --> 00:41:01,520
and you got a great sense of humor.

885
00:41:01,520 --> 00:41:03,970
Obviously you're cracking
us up this week quite a bit,

886
00:41:03,970 --> 00:41:06,910
which was a nice, I
guess, anxiety, reliever,

887
00:41:06,910 --> 00:41:09,460
stress reliever with
everything going on right now.

888
00:41:11,890 --> 00:41:13,910
- How do you think, Dave?

889

00:41:13,910 --> 00:41:17,790

- Yeah, speaking about
getting to our duties

890

00:41:17,790 --> 00:41:20,180
a little bit closer to on time,

891

00:41:20,180 --> 00:41:22,330
one strategy I've seen
from other attendings

892

00:41:22,330 --> 00:41:25,820
is rather than spending a
lot of time out of the room,

893

00:41:25,820 --> 00:41:27,420
when we bedside round

894

00:41:27,420 --> 00:41:30,160
and giving an in-depth
lecture on each patient,

895

00:41:30,160 --> 00:41:33,960
maybe giving some quick hits,
pearls from each patient.

896

00:41:33,960 --> 00:41:37,310
And I've had other attendings
even send those out

897

00:41:37,310 --> 00:41:39,420
at the end of the day,
or the end of the week

898

00:41:39,420 --> 00:41:41,590
so that we can review them,

899

00:41:41,590 --> 00:41:44,740
rather than taking so much time
at the end of every patient

900
00:41:44,740 --> 00:41:46,693
to go really in depth.

901
00:41:48,610 --> 00:41:50,684
- Yeah, so, it sounds like, what,

902
00:41:50,684 --> 00:41:51,517
I guess what I'm hearing,

903
00:41:51,517 --> 00:41:53,010
if I could kind of clarify, is that,

904
00:41:53,010 --> 00:41:54,900
maybe I was taking a
little bit too much time,

905
00:41:54,900 --> 00:41:57,140
especially right outside the room there

906
00:41:57,140 --> 00:41:59,426
doing a little bit too much teaching

907
00:41:59,426 --> 00:42:02,120
and taking a little bit too
much time right after there.

908
00:42:02,120 --> 00:42:04,880
And maybe one of the
things that I could do

909
00:42:04,880 --> 00:42:06,670
is shorten that up a little bit

910
00:42:06,670 --> 00:42:09,650
and then use some follow up emails

911
00:42:09,650 --> 00:42:11,430

or some follow up discussion

912

00:42:11,430 --> 00:42:14,080
so that you guys could review
this stuff on your own time

913

00:42:14,080 --> 00:42:16,600
rather than taking up
time right away in rounds.

914

00:42:16,600 --> 00:42:18,100
Did I have that about correct?

915

00:42:19,160 --> 00:42:20,460
- That'd be great.

916

00:42:20,460 --> 00:42:23,020
- Yeah, I was gonna say,
Dave, that's a great idea.

917

00:42:23,020 --> 00:42:25,670
It is one of those things
when Ajaz wrote up the,

918

00:42:25,670 --> 00:42:27,430
how we run this service,

919

00:42:27,430 --> 00:42:29,780
he really does like us
to be done rounding at 11

920

00:42:29,780 --> 00:42:32,580
so that we have that hour
before the noon reports

921

00:42:32,580 --> 00:42:34,700
and people need to get to
clinic and stuff like that.

922

00:42:34,700 --> 00:42:37,130
So, yeah, I think that's a great idea

923
00:42:37,130 --> 00:42:38,520
in terms of a way where we can try it

924
00:42:38,520 --> 00:42:41,820
'cause I think it's what
around 11:30, 11:45 now.

925
00:42:41,820 --> 00:42:42,780
It'd be really great

926
00:42:42,780 --> 00:42:44,210
if we could get that wrapped up by 11.

927
00:42:44,210 --> 00:42:46,845
But like I said, everyone loves it,

928
00:42:46,845 --> 00:42:47,842
how much you love to teach,

929
00:42:47,842 --> 00:42:51,202
but I think that's a great
idea to throw in there.

930
00:42:51,202 --> 00:42:52,970
- Okay, yeah that's really
helpful for you guys

931
00:42:52,970 --> 00:42:54,420
'cause again, I really wanna make sure

932
00:42:54,420 --> 00:42:57,570
that you guys get as much out
of rounds as you possibly can.

933
00:42:57,570 --> 00:42:59,460
And I love doing bedside rounds,

934
00:42:59,460 --> 00:43:01,345
but I can recognize that now,

935
00:43:01,345 --> 00:43:05,447
we're pushing 30 to 45
minutes over time here

936
00:43:05,447 --> 00:43:08,280
and that can really take
up a lot of extra time.

937
00:43:08,280 --> 00:43:10,410
So, I really appreciate that.

938
00:43:10,410 --> 00:43:13,460
Let's try to keep an eye on
that for next week rounding

939
00:43:13,460 --> 00:43:14,900
and I'll try to be more aware of that

940
00:43:14,900 --> 00:43:17,120
and use some of the skills

941
00:43:17,120 --> 00:43:20,180
that you guys just sort of
gave me as some examples there.

942
00:43:20,180 --> 00:43:22,360
I love that idea about emailing an article

943
00:43:22,360 --> 00:43:24,520
or emailing afterwards

944
00:43:24,520 --> 00:43:26,000
so that you guys can do
that on your own time.

945
00:43:26,000 --> 00:43:27,610
So, thanks so much for your time.

946
00:43:27,610 --> 00:43:28,780
Really appreciate it.

947
00:43:28,780 --> 00:43:30,550
Obviously, I've taken too
much of your time already,

948
00:43:30,550 --> 00:43:32,110
so, thanks so much,

949
00:43:32,110 --> 00:43:35,180
and look forward to
working with you next week.

950
00:43:35,180 --> 00:43:36,480
- All right, sounds great.

951
00:43:38,700 --> 00:43:39,902
- All right.

952
00:43:39,902 --> 00:43:43,070
That was an example of a
nicely done clarification

953
00:43:43,070 --> 00:43:45,940
on the part of the feedback receiver

954
00:43:47,320 --> 00:43:48,800
to make sure they understood

955
00:43:48,800 --> 00:43:52,410
because the desired state wasn't so clear,

956
00:43:52,410 --> 00:43:55,880
we found out later they were

already running 45 minutes late

957

00:43:56,740 --> 00:44:00,510
and that there an expectation
about an endpoint.

958

00:44:00,510 --> 00:44:02,010
But it got there,

959

00:44:02,010 --> 00:44:05,970
and seemed like a productive
growth oriented conversation

960

00:44:06,970 --> 00:44:10,650
that allows the amygdala
to standard control

961

00:44:10,650 --> 00:44:12,800
and move forward next week.

962

00:44:12,800 --> 00:44:17,510
So, with that, we'll close
the acting scenarios.

963

00:44:17,510 --> 00:44:21,190
And just remind you a little bit of,

964

00:44:21,190 --> 00:44:23,030
we've been doing this a while,

965

00:44:23,030 --> 00:44:26,320
it's a commitment that we
have as an organization,

966

00:44:26,320 --> 00:44:27,690
are we on target?

967

00:44:27,690 --> 00:44:28,830
What does our data say?

968
00:44:28,830 --> 00:44:30,010
And what's the process?

969
00:44:30,010 --> 00:44:31,910
So, just briefly.

970
00:44:31,910 --> 00:44:33,850
When we started this process,

971
00:44:33,850 --> 00:44:36,270
we had a little bit of
trouble with our feedback.

972
00:44:36,270 --> 00:44:37,440
We were really consistent

973
00:44:37,440 --> 00:44:38,970
if you're one of those reliable people,

974
00:44:38,970 --> 00:44:41,513
we were down at 3.6 all the time.

975
00:44:42,360 --> 00:44:46,000
And then after implementation in 2020,

976
00:44:46,000 --> 00:44:48,790
which is when we continued
to do our updates

977
00:44:48,790 --> 00:44:50,660
and piloting and training.

978
00:44:50,660 --> 00:44:55,490
We matched, which is a
pretty big jump in two years.

979
00:44:55,490 --> 00:45:00,490

We took a little bit of dive
during COVID in our 2021 data,

980
00:45:00,820 --> 00:45:04,610
but we expect that we will
go back up and activate again

981
00:45:04,610 --> 00:45:09,610
because as we're improving our training.

982
00:45:10,530 --> 00:45:12,840
The other, is we have been adding to this,

983
00:45:12,840 --> 00:45:14,690
the amplification cascade

984
00:45:14,690 --> 00:45:19,170
and the indications about
disparities and inequities

985
00:45:19,170 --> 00:45:20,490
amongst our trainees.

986
00:45:20,490 --> 00:45:23,980
This is some work from Arianne
Teherani and Karen Hauer,

987
00:45:23,980 --> 00:45:26,050
and the group at UCSF,

988
00:45:26,050 --> 00:45:27,730
but there's others who have been doing it.

989
00:45:27,730 --> 00:45:28,728
We know that feedback

990
00:45:28,728 --> 00:45:33,110
is the start of, if you don
don't give particularly,

991
00:45:33,110 --> 00:45:35,020
and we know women perceive

992
00:45:35,020 --> 00:45:37,410
that they don't get as
strong and clearer feedback

993
00:45:37,410 --> 00:45:40,650
as do underrepresented and
underrepresented minorities.

994
00:45:40,650 --> 00:45:43,560
There's some data to support that,

995
00:45:43,560 --> 00:45:47,170
that then cascades into their
rotation, into their grades,

996
00:45:47,170 --> 00:45:50,260
into who you get to interview
and how the screening.

997
00:45:50,260 --> 00:45:52,820
So, this is why feedback is so vital

998
00:45:52,820 --> 00:45:57,410
is this amplification cascade
can impact all of our learners

999
00:45:57,410 --> 00:45:59,670
and we want them all to thrive.

1000
00:45:59,670 --> 00:46:04,260
So, we've been adding some
work around the words you use

1001
00:46:04,260 --> 00:46:07,530
and that words matter when

you're giving feedback.

1002

00:46:07,530 --> 00:46:11,050
With that, Jake, will
briefly describe for us

1003

00:46:11,050 --> 00:46:13,173
what our approach is
a sponsor institution,

1004

00:46:13,173 --> 00:46:14,610
because that's the benefit

1005

00:46:14,610 --> 00:46:17,123
of Milestones 2.0 in the harmonization.

1006

00:46:18,560 --> 00:46:19,393
- Yeah, thanks, Deb.

1007

00:46:19,393 --> 00:46:23,140
So, I think it's just really
important to level set

1008

00:46:23,140 --> 00:46:27,390
with all of the both graduate
medical education teachers

1009

00:46:27,390 --> 00:46:30,480
and especially their leadership
with the program directors.

1010

00:46:30,480 --> 00:46:31,690
And what we did, we really started

1011

00:46:31,690 --> 00:46:33,430
with the Graduate Medical
Education Committee

1012

00:46:33,430 --> 00:46:34,950

and we're still small enough

1013

00:46:34,950 --> 00:46:37,170
where we're able to have
all of the program directors

1014

00:46:37,170 --> 00:46:39,440
serve on our Graduate
Medical Education Committee.

1015

00:46:39,440 --> 00:46:42,880
And so, we could gradually
get everybody's buy-in,

1016

00:46:42,880 --> 00:46:45,010
both through the larger GMEC meetings,

1017

00:46:45,010 --> 00:46:46,830
but also through one on ones that I have

1018

00:46:46,830 --> 00:46:49,810
with each of my program
directors on a regular basis

1019

00:46:49,810 --> 00:46:51,110
to sort of get their feedback

1020

00:46:51,110 --> 00:46:54,640
on what kinds what of help they need

1021

00:46:54,640 --> 00:46:56,470
to help with their faculty development.

1022

00:46:56,470 --> 00:46:58,993
And I think it was really key early on

1023

00:46:58,993 --> 00:47:01,110
that we all just recognized, this is hard,

1024
00:47:01,110 --> 00:47:02,210
this is difficult.

1025
00:47:02,210 --> 00:47:04,090
It's not only difficult for the learners,

1026
00:47:04,090 --> 00:47:05,953
it's also difficult for the faculty.

1027
00:47:06,850 --> 00:47:09,260
We wanna satisfy our learners

1028
00:47:09,260 --> 00:47:11,460
as much as our learners wanna satisfy us.

1029
00:47:11,460 --> 00:47:13,040
And so, that's really important.

1030
00:47:13,040 --> 00:47:14,560
So, we wanted to,

1031
00:47:14,560 --> 00:47:18,220
first, level set and get some key feedback

1032
00:47:18,220 --> 00:47:20,030
from our main stakeholders,

1033
00:47:20,030 --> 00:47:23,190
which we saw as sort of
our program directors

1034
00:47:23,190 --> 00:47:24,720
and some of the key faculty champions

1035
00:47:24,720 --> 00:47:28,600
who are really key
leaders in our department.

1036
00:47:28,600 --> 00:47:29,840
But then make sure

1037
00:47:29,840 --> 00:47:32,900
that everybody sees
this as a key priority.

1038
00:47:32,900 --> 00:47:35,080
And the way that we really did that,

1039
00:47:35,080 --> 00:47:37,570
was through a lot of relationship building

1040
00:47:37,570 --> 00:47:40,700
and then make sure that we
got all of our stakeholders

1041
00:47:40,700 --> 00:47:44,280
on the same page with what
we were trying to achieve,

1042
00:47:44,280 --> 00:47:46,190
took a fair number of meetings

1043
00:47:46,190 --> 00:47:48,460
and a fair number of sit-down sessions

1044
00:47:48,460 --> 00:47:50,720
to make sure we got everybody together

1045
00:47:50,720 --> 00:47:53,000
to agree on a common model

1046
00:47:53,000 --> 00:47:55,130
so that we were all using
the exact same model.

1047
00:47:55,130 --> 00:47:57,680

And again, because all of our GME teachers

1048

00:47:57,680 --> 00:47:59,000
also teach medical students,

1049

00:47:59,000 --> 00:48:00,305
it was also very important

1050

00:48:00,305 --> 00:48:02,270
to make sure that we had the same model

1051

00:48:02,270 --> 00:48:05,530
across both Graduate Medical Education,

1052

00:48:05,530 --> 00:48:09,530
as well as our Undergraduate
Medical Education Group

1053

00:48:09,530 --> 00:48:12,040
and especially all of our coordinators

1054

00:48:12,040 --> 00:48:15,053
to make sure that they were
on board with this same model.

1055

00:48:16,990 --> 00:48:21,170
Then the other piece
here that I'll bring in,

1056

00:48:21,170 --> 00:48:23,360
is making sure that
everybody across the board,

1057

00:48:23,360 --> 00:48:26,280
both the giver and the
receiver of feedback,

1058

00:48:26,280 --> 00:48:27,550
have the same mental model,

1059
00:48:27,550 --> 00:48:30,290
so that they're aware of
how this is supposed to go.

1060
00:48:30,290 --> 00:48:35,150
So, this wheel that Deb put
up during our scenarios there,

1061
00:48:35,150 --> 00:48:36,480
that we were acting out,

1062
00:48:36,480 --> 00:48:37,830
was really critical to make sure

1063
00:48:37,830 --> 00:48:40,660
that everybody sort could sort
of picture how it was going

1064
00:48:40,660 --> 00:48:44,070
and all have the same shared mental model.

1065
00:48:44,070 --> 00:48:48,230
Then we really wanted to make
sure that at regular intervals

1066
00:48:48,230 --> 00:48:50,390
and we have at least annual sessions,

1067
00:48:50,390 --> 00:48:53,450
and our established Graduate
Medical Education Committees

1068
00:48:53,450 --> 00:48:57,570
and our Undergraduate Medical
Education Committee venues.

1069
00:48:57,570 --> 00:49:00,390
And some of those include

shared noon conferences,

1070

00:49:00,390 --> 00:49:01,860
individual program retreats,

1071

00:49:01,860 --> 00:49:05,370
graduate medical education
retreats, their resident council,

1072

00:49:05,370 --> 00:49:07,010
and at resident faculty meetings

1073

00:49:07,010 --> 00:49:10,990
so that we can do some
individual presentations

1074

00:49:10,990 --> 00:49:13,060
to just their faculty
within their discipline

1075

00:49:13,060 --> 00:49:16,360
to make sure that we could
tailor it, in some cases,

1076

00:49:16,360 --> 00:49:18,710
pretty specific to the
individual discipline.

1077

00:49:18,710 --> 00:49:20,020
You heard a few examples there

1078

00:49:20,020 --> 00:49:21,600
from more of the Family Medicine

1079

00:49:21,600 --> 00:49:23,720
and the internal medicine side,

1080

00:49:23,720 --> 00:49:26,740
and we baked in a little

procedural piece there too,

1081

00:49:26,740 --> 00:49:28,730
but you might imagine that
this might be very different

1082

00:49:28,730 --> 00:49:31,900
if we're talking about
a busy surgical service

1083

00:49:31,900 --> 00:49:34,010
or a busy OBGYN service, for example.

1084

00:49:34,010 --> 00:49:36,120
So, we wanted to make
sure that we tailored it

1085

00:49:36,120 --> 00:49:37,390
to the individual specialties,

1086

00:49:37,390 --> 00:49:40,040
but again, still using that
same shared mental model.

1087

00:49:42,720 --> 00:49:43,760
The other piece then too,

1088

00:49:43,760 --> 00:49:48,310
is that all the program
directors were very driven here

1089

00:49:48,310 --> 00:49:49,210
by their data.

1090

00:49:49,210 --> 00:49:52,840
We really wanted to use all of
our internal teaching evals.

1091

00:49:52,840 --> 00:49:57,790

We're lucky that we have
common teaching evals

1092
00:49:57,790 --> 00:49:59,500
across all of our disciplines

1093
00:49:59,500 --> 00:50:02,770
within Aurora Graduate Medical Education.

1094
00:50:02,770 --> 00:50:05,050
We're gradually doing the exact same thing

1095
00:50:05,050 --> 00:50:06,770
with our medical student data,

1096
00:50:06,770 --> 00:50:08,080
but we're using our teaching evals,

1097
00:50:08,080 --> 00:50:09,800
of our med school data,

1098
00:50:09,800 --> 00:50:13,500
as well as our ACGME overall
sponsoring institution data

1099
00:50:13,500 --> 00:50:16,410
and individual program
evaluation data to make sure

1100
00:50:16,410 --> 00:50:18,860
that we can make it
specific to each department,

1101
00:50:18,860 --> 00:50:20,950
if there are particular red flags

1102
00:50:20,950 --> 00:50:23,520
that we're able to see
department by department.

1103
00:50:23,520 --> 00:50:25,470

And then again, we just
wanted to make sure

1104
00:50:25,470 --> 00:50:30,200
that we're approaching this in
a very helpful formative way

1105
00:50:30,200 --> 00:50:31,960
so that the programs and the faculty

1106
00:50:31,960 --> 00:50:34,138
understand that this is the journey,

1107
00:50:34,138 --> 00:50:36,290
this is not a specific destination.

1108
00:50:36,290 --> 00:50:38,430
We all want to grow, we
all want to do better,

1109
00:50:38,430 --> 00:50:40,007
and we all want to learn together.

1110
00:50:40,007 --> 00:50:41,530
And so, we use the same model

1111
00:50:41,530 --> 00:50:43,990
for residents giving students feedback,

1112
00:50:43,990 --> 00:50:45,400
students asking for feedback

1113
00:50:45,400 --> 00:50:47,450
from residents, fellows and attendings.

1114
00:50:47,450 --> 00:50:50,130

And it's really developed

1115
00:50:50,130 --> 00:50:51,990
into a nice learning community for us.

1116
00:50:51,990 --> 00:50:54,070
Although we, as Deb
mentioned in the data there,

1117
00:50:54,070 --> 00:50:56,363
we have a lot of room for growth.

1118
00:50:58,480 --> 00:50:59,313
- Thanks, Jake.

1119
00:51:00,650 --> 00:51:03,400
So, that's our approach.

1120
00:51:03,400 --> 00:51:06,560
We've had success, we're
continuing to work on it.

1121
00:51:06,560 --> 00:51:08,930
If nothing else from today,

1122
00:51:08,930 --> 00:51:11,573
please make sure you make
your feedback actionable.

1123
00:51:13,360 --> 00:51:15,250
current state.

1124
00:51:15,250 --> 00:51:17,710
Where you'd like the learner to be.

1125
00:51:17,710 --> 00:51:21,480
Give them the stepping
stones to get there.

1126
00:51:21,480 --> 00:51:23,550
And then what are
strategies and resources.

1127
00:51:23,550 --> 00:51:27,760
You really can do it quickly,
easily, but what do we know?

1128
00:51:27,760 --> 00:51:29,900
We know it is difficult.

1129
00:51:29,900 --> 00:51:33,410
This takes some thinking
and work and practice.

1130
00:51:33,410 --> 00:51:36,620
So, we do a fair amount of
just breakouts and practices.

1131
00:51:36,620 --> 00:51:40,970
We sometimes build 15 minutes
into various faculty meetings

1132
00:51:40,970 --> 00:51:44,460
when we've already gone through
the model, just practice.

1133
00:51:44,460 --> 00:51:45,293
And it's hard.

1134
00:51:45,293 --> 00:51:47,400
We also have a difficult
teaching-case conference

1135
00:51:47,400 --> 00:51:49,890
that we occasionally use for this as well

1136
00:51:49,890 --> 00:51:51,930
that's across our continuum.

1137
00:51:51,930 --> 00:51:56,320
So, with that, I want to give
applause to my colleagues

1138
00:51:56,320 --> 00:51:58,780
for their superb acting ability.

1139
00:51:58,780 --> 00:52:02,260
Please post your comments
to them on Twitter,

1140
00:52:02,260 --> 00:52:04,210
there's their Twitter handles.

1141
00:52:04,210 --> 00:52:07,340
And they would appreciate
any academy awards

1142
00:52:07,340 --> 00:52:10,260
or other cheers for their performances.

1143
00:52:10,260 --> 00:52:12,880
That includes our presentation.

1144
00:52:12,880 --> 00:52:16,690
Be sure to complete the
evaluation for this session

1145
00:52:16,690 --> 00:52:19,950
and to receive CME credit or
a certificate of completion.

1146
00:52:19,950 --> 00:52:22,440
And it wouldn't be appropriate
after talking about feedback,

1147
00:52:22,440 --> 00:52:25,040
to thank you for

attending today's session.

1148

00:52:25,040 --> 00:52:27,720

And we're interested to get your feedback

1149

00:52:27,720 --> 00:52:32,720

about our feedback model and
how we can continue to improve.

1150

00:52:32,920 --> 00:52:35,123

Enjoy the rest of the
conference, thank you.

1151

00:52:36,961 --> 00:52:39,544

(bright music)