THE ACGME COMPETENCIES: adding a little relish to your feedback sandwich

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We have nothing to disclose.
- Review and practice the essentials of high quality feedback
- Outline applications of ACGME core competencies in learner assessments
- Explore links between sample evaluation forms and competency-based feedback
- Practice giving competency-based feedback using a newly developed tool
- Discuss practical solutions for implementing this technique with your faculty
WORKSHOP OUTLINE

- Basics of Feedback
- Brief review of ACGME competencies
- Trigger video– global vs. competency-based feedback
- Data on intervention on effectiveness of competency-based feedback tool
Facilitated small groups will modify a sample competency-based feedback tool to make relevant for their practice setting.

Video cases and practice giving feedback using competency-based framework.

Large group reflection and discussion.
Feedback

An informed, non-evaluative, objective appraisal of performance intended to improve clinical skills.

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Feedback – What it’s not

- It’s not praise
  - “Hey, Good Job!”

- It’s not encouragement
  - “Thanks for everything. Keep it up.”

These comments **do not tell** the learner which behaviors should either be repeated or changed.

They do not let the learner know how to improve.
Feedback – Why we need it

*DESIGNED TO IMPROVE FUTURE PERFORMANCE*

- Learners interpret an *absence* of feedback as implicit approval of their performance.

- Uncorrected mistakes early in training may be perpetuated and even taught to subsequent learners.
• Hospital in Alberta
• Attendings noticed ED and anesthesia residents used poor head positioning technique prior to intubation
• Survey of 80 residents
• 22 intubations from a single season

Don’t leave medical education to chance alone!
Feedback – Why we need it

• *Not just procedures, but also…*

• History-taking

• Physical exam skills

• Communication

• Presentation skills

• Written notes

• Professionalism
Feedback: Rule of 3

• **Attending:** “Hi Dana. I wanted to give you some feedback about your performance on the NICU rotation from 3 months ago. One of the nurses thought you were pretty lazy. What do you have to say about that?”

• **Sarah:** “I am not Dana….and I haven’t even rotated on the NICU yet...”
Feedback: Rule of 3

- TIMELY
- SPECIFIC
- BASED on OBSERVED BEHAVIORS

Was anything from the feedback session done properly?
Barriers to Feedback

• Feeling uncomfortable
  - Easier to offer simple praise than constructive criticism

• Too busy

• Did not interact with learner long enough

• Will do it later after gathering more information

• Someone else will likely provide feedback

*DOESN’T HAVE TO TAKE 20 MINUTES!*
I always give feedback.

Jon asked for feedback twice today and it’s not even lunch yet.

I never get feedback.
“Hi, Tim. I wanted to give you feedback on the oral presentation you gave at morning report. Your delivery was quite smooth and I thought your HPI was very organized. But I felt like your Review of Systems was a little sparse. Since you were discussing a patient whose primary complaint was headaches, I think it would have been good to go through a more formal neurologic ROS.”
Feedback Sandwich

“Thanks for being so eager to hammer out orders and call consultants after rounds…”

“But I wanted to remind you to keep your patients and their families informed with any changes in the plan.”

“Overall though. I feel like you are really contributing to the team.”
Feedback Sandwich

“Thanks for being so eager to call consultants and hammer out orders after rounds…”

“Overall though. I feel like you are really contributing to the team. Blah blah blah…”

“You are the most efficient intern I have ever seen. You are the best thing that ever happened to this residency program. I am nominating you for a major award that will recognize your major achievements & bring honor to your name. The very ground you walk on is blessed.

Relies on an individual’s listening skills and insight into their strengths/weaknesses
Feedback Framework

Specific, Timely, Objective, and based on observed behaviors, and Plan

STOP!
Feedback: How to give it

• **Outline the expectations for the learner**

• **Prepare the learner to receive feedback**
  - use the word “feedback”
  - make feedback private
  - make feedback timely

• **Ask the learner for self-assessment**
  - make feedback interactive; promote reflection
Feedback: How to give it

• **Tell the learner how he or she is doing**
  - base feedback on observed actions and changeable behaviors
  - provide concrete examples
  - reinforce or correct

• **Agree on a plan for improvement**
  - allow learner to react to feedback
  - suggest specific ways to improve performance
  - develop an action plan with learner; elicit suggestions from learner
  - outline consequences if necessary
  - set up a follow-up meeting
ACGME Core Competencies

- PATIENT CARE
- MEDICAL KNOWLEDGE
- PRACTICE-BASED LEARNING AND IMPROVEMENT
- INTERPERSONAL AND COMMUNICATION SKILLS
- PROFESSIONALISM
- SYSTEMS-BASED PRACTICE
FEEDBACK EXERCISE #1

- **Video:** MS3 and Standardized patient encounter
- **Student Instructions:**
  - Gather data, including parental concerns
  - Deliver anticipatory guidance
  - No physical exam
- **Give Feedback**
FEEDBACK EXERCISE #1

Instructions for Group 1 - Erin and Jenny

Instructions for Group 2 - Matt and Julie
DISCUSSION QUESTION

What differences do you see between global feedback and competency-based feedback?
In 2008, hospitalist faculty do “feedback Fridays” with residents on the wards without formal training.

In 2009, same faculty completed a 1 hour workshop on ACGME competencies.

Next, the same faculty completed a 3 hour feedback workshop using the competency framework.
In 2010, a refresher workshop was given to hospitalist faculty.

Hospitalist Faculty were asked to continue to do “feedback Fridays”, but now using their new knowledge and skills.
Residents surveyed on their feedback experiences:

- quality
- consistency

using a 4 point Likert scale

(1=poor, 4=excellent)
Patient Care

R3-prioritizing patients, prioritizing which interns who need more supervision
- eyeball new patients upon arrival
- see sick/new admits before rounds
- Read about complicated patients before rounds
- See early d/c before rounds
- Appropriate distribution of patients

R1-Coordinate communication
- take "ownership of patients"
All-interpreting/summarizing info for families, family centered rounds-include nurses, coordinate consults
- Caring and respectful behaviors
- Carrying out plans
- informed decision making
Professionalism

- Ownership of patients
- Feedback receptiveness
- Hospital initiatives
- Education/service balance
- Respect for colleagues/ancillary services
- Culturally sensitive practice
- Sensitive to culture, age, gender issues
- Empathy
- Diffusing escalated situations (angry team members or family members)
PERCENTAGE OF RESIDENTS RATING THEIR FEEDBACK QUALITY AT DIFFERENT LEVELS

- **Fair**
  - 2009: 7
  - 2010: 7
  - 2011: 5.6

- **Good**
  - 2009: 20
  - 2010: 13
  - 2011: 11

- **Very Good**
  - 2009: 63
  - 2010: 57
  - 2011: 51

- **Excellent**
  - 2009: 7
  - 2010: 21
  - 2011: 32
PERCENTAGE OF RESIDENTS RATING FEEDBACK CONSISTENCY AT DIFFERENT LEVELS

<table>
<thead>
<tr>
<th>Level</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>Fair</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good</td>
<td>16</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Very Good</td>
<td>64</td>
<td>60</td>
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</tr>
<tr>
<td>Excellent</td>
<td>16</td>
<td>21</td>
<td></td>
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</tbody>
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This diagram shows the percentage of residents rating feedback consistency at different levels for the years 2009, 2010, and 2011.
FEEDBACK EXERCISE #2

- Divide into four groups based on practice setting or interests (ED/Urgent Care, Inpatient, Outpatient, Nursery) and modify the sample competency-based feedback form to fit these settings.
Report out and discuss how you would modify this form for other settings and/or implement this in your institution.
SAMPLE GLOBAL FEEDBACK SESSION USING THE COMPETENCY FRAMEWORK

Role Players:

Julie M Noffsinger, MD (Attending)
Jennifer B Soep, MD (Resident)
FEEDBACK PRACTICE

- Divide into pairs
- Watch video
- Give feedback using the competency framework (likely only will address 1-2 competencies)
- Partner to give feedback on the feedback
- Switch roles after watching second video
DISCUSSION QUESTIONS

How does competency-based feedback as we practiced it in this workshop compare to what you do at your institution?

What new ideas or insights did you gain during this workshop?
Can this competency-based system be used to provide feedback on resident progress along the milestones?

If this feedback is tracked, can it help with the Next Accreditation System?
THANK YOU!!!

What are the take-home points of this workshop for you?