

EFFECTIVE FEEDBACK

A Vital Component in Radiation Therapy Student Clinical Education®

Joan E. O'Brien, MEd, RT(T)
SUNY Upstate Medical University
Syracuse, NY

Objectives

- Define feedback
- Recognize importance of feedback
- Identify barriers to feedback
- Discuss characteristics of effective feedback

Outline

- Introduction
- Feedback versus Evaluation
- Background
- Providing Feedback: when, where, how
- Barriers to Effective Feedback
- Summary

Relevance of this topic

Your Role in clinical education

•You ...

- are “real life” role models
- have greater credibility than the program faculty
- care about patients and the future – ***your legacy***

What radiation therapy students want from you?

- Clear expectations
- Understanding their progress
- **Regular/realistic feedback about weaknesses and strengths**
- Being accepted as a (student) team member
- A clinical mentor
- Excluded from personnel disputes

Competency

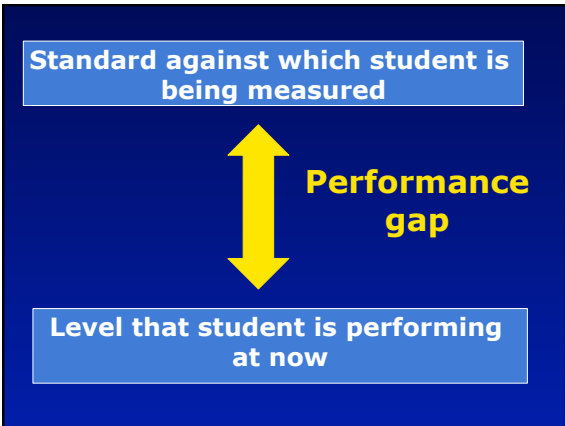
- ### Becoming Competent
- Deliberate practice
- Working on well defined tasks
 - Informative feedback
 - Repetition
 - Self-reflection
 - Motivation
 - Endurance
- Ericsson KA et al. The role of deliberate practice in the acquisition of expert performance. Psychol Rev. 1993; 100(3):363-406.

What is feedback?

Definition

“Specific information about the comparison between observed performance and a standard, given with the intent to improve performance.”

Van der Ridder MJM, Med Educ. 2008;42:189-97.



Feedback vs. Evaluation

Formative

Focuses on
Current
performance

Presents
Information

Summative

Focuses on
Past
performance

Presents
Judgment

FOUNDATIONAL KNOWLEDGE

Step
1

Competent Graduate Therapist

Clinical
instructor

Student
Therapist

Faculty provide & assess
professional knowledge

Feedback helps to

- Reinforce good performance
- Identify unacceptable performance immediately
- Increase awareness and understanding
- Correct mistakes before they can be repeated

When there is no feedback

- No performance improvement
- Bad habits reinforced
- Student ultimately fails
or, worse
- Student graduates and is a **danger** to patients!

Some excuses to not provide student feedback

- "too busy"
- "that's program's job"
- "don't know how"
- "let next clinic do this"
- "they'll get better with time"
- "don't want to be disliked"
- "opinion doesn't count"

Challenges

- Heavy patient load
- Little time
- Multiple instructors
- Few quiet places to talk
- Rapidly changing technology

Isn't self reflection enough?

Metacognitive Skill

- "the ability to monitor one's own learning, perform self-evaluation, and then make plans accordingly"

Everson & Tobias, 1998; Flavell, 1979.

Pitfalls of Self Evaluation/ Assessment

Self Perception of Ability

"There are three things extremely hard: steel, a diamond, and to know one's self."

Benjamin Franklin

<http://www.benjaminfranklin.com/quote/quote/141664.html#q1426184>

The "*Dunning-Kruger*" Effect

- not always accurate judges of our own knowledge
- often overestimate how much we know

Dunning, 2011, Kruger & Dunning, 1999

Feedback

- instructor and student working as allies, with common goals
- well-timed and expected
- limited in quantity and to remediable behaviors
- descriptive, non-evaluative language
- based on first-hand data

Anderson, P.A. M. *Journal Graduate Medical Education*, June 2012, 154-158

Feedback should ...

- deal with specific performances, not generalizations
- objective, not subjective or judgmental
- deal with decisions and actions, rather than assumed intentions or interpretations

Anderson, P.A. M. *Journal Graduate Medical Education*, June 2012, 154-158

Good Feedback

- Expectations
- Timeliness
- Specificity
- Clarity
- Collegiality

Expectations

- Established performance measures
- Student knows what is expected of them upfront

Timeliness

- Close to event
- Frequent
- Safe/private setting

Specificity

- Limit to what you observe
- Focus on specific behaviors
- Deal with actions, not assumed intentions or interpretations

Clarity

- Limit to remediable behaviors
- Phase description in non-evaluative language.
- Provide clear understanding of what was wrong and what corrective steps to take.

**Avoid using “always”
or “never”**

Collegiality

- Focus on behavior, not person
- Do not put being a “friend” over providing appropriate feedback

Barriers to communication

- Belittling
- Humiliating
- Shaming
- Name calling
- Threatening

Emotions

- Assume a positive outcome
- Stay positive

Emotions

- Start off and stay calm
- Do not go into “attack mode”

https://openstax.org/r/2025-civ-subject

Comparisons

"Comparison is the thief of joy."

– Theodore Roosevelt

Non-verbal communication

*You and
the student*

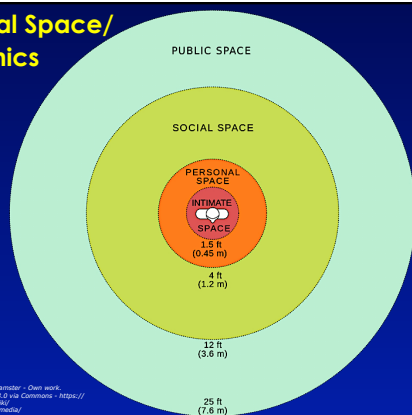
Non-verbal communication

- Facial Expression
- Gestures
- Eye Contact
- Posture
- Physiological Changes
- Proxemics/Personal Space

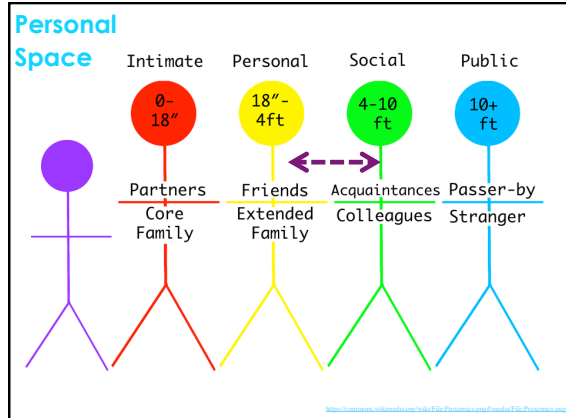
Physiological Changes

- Examples
 - Sweating
 - Tremor

Personal Space/ Proxemics



"Personal Space" by Webtraminer - Own work.
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Structured Approaches to Deliver Feedback

Tip

Always tell student
that you are giving
them feedback

<https://www.youtube.com/watch?v=cd1mufDz8w>

Feedback Sandwich version A

Compliment

Criticism

Compliment

Feedback Sandwich version B

Ask

Tell

Ask

Konopasek, I. 2009.
New York: Prentice-Hall

Ask

Ask student to assess own
performance

Begin the interactive process

Assesses student's level of insight
and stage of learning

Promotes reflective practice

Tell

- Tell what you observed
 - Include both positive & corrective elements
 - “I observed....”
- React to student's observation
 - Feedback on self-assessment
- Provide suggestions how to improve

Ask (again)

- Ask about student's understanding and strategies for improvement
- *What could you do differently?*
 - Give own suggestions
- Commit to monitoring improvement together

Negative responses

- Denial
- Crying
- Blaming
- Anger
- Rationalization

Don't Rescue!

Remember the goal

To educate highly competent, caring radiation therapists

**Tell me and I forget.
Teach me and I
remember.
Involve me and I learn.**

Benjamin Franklin

<http://www.brainyquote.com/quotes/quotes/b/benjaminfranklin/182967.html#q=U300JC199>