

Coaching and Feedback

**Alice Fornari Ed.D RD, Assistant Vice President,
Faculty Development**

Associate Dean, Educational Skills Development



**DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL**

Objectives

Upon completion of this session, participants will be able to:

- Identify factors that contribute to effective coaching and feedback
- Describe how coaching and feedback skills develop in clinician-educators



Assessment Drives Learning



- Why do we care about feedback?



- But are we doing it right?



What is **feedback**?

- ▶ **Feedback** is the information you provide to learners about their clinical performance that is intended to guide their future clinical performance.



*"No matter how well trained people are, few can sustain their best performance on their own. **That's where coaching comes in.**"*

Atul Gawande



Atul Gawande Thoughts

- ✓ A **coach** provides a pair of skilled eyes and ears, an outside perspective on performance.
- ✓ **What makes a great coach?** Gawande emphasized a number of factors, including credibility, creativity in solving problems, effectiveness in communication, as well as “an understanding that the details create success” — that small things usually make the difference between good and great.
- ✓ **Coaching** can also help teachers develop success by promoting “humility, belief in discipline, and [more] willingness to engage in teamwork.”

ASK-TELL- ASK

- <https://youtu.be/SYXgMobMU8U>
- A= Self-assessment
- T=Feedback/FACTS
- A=Encouragement (preceptor-driven) and Direction (learner driven)

From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners

Marjorie D. Wenrich, MPH, Molly Blackley Jackson, MD, Ramoncita R. Maestas, MD, Ineke H.A.P. Wolfhagen, PhD, and Albert J.J. Scherpbier, MD, PhD

Acad Med. 2015 Nov;90(11 Suppl):S91-7. doi:
10.1097/ACM.00000000000000901. PubMed PMID:
26505108.

Table 1

Less experienced teachers	More experienced teachers
Teacher as cheerleader	Teacher as coach
Focus on positive, minimize negative	Provide honest, transparent feedback
Provide general, nonspecific feedback	Specific, directive, targeted feedback
Passive teacher role	Calibrated teacher role
Follow student lead: "Tell me what you need"	Push student to reflective adult learner role
Remain in background at bedside	Selectively exercise active role at bedside
Give postponed feedback	Balance immediate/delayed feedback
Concern about students' fragility	Understand students' resilience
Worry about impact of negative feedback	Know that students want specific, critical feedback
Create a safe environment	Create a challenging but safe environment
Deter student discomfort	Expect a response: "You show me," "It's okay not to know," and "We're here to develop everyone's skills"
Limited goals and strategies	Strategic and goal oriented
Don't know what works in giving feedback	Have strategies and language for giving feedback
Use trial and error: "Whatever works"	Have goals and expectations: "This works"
Limited skill and comfort addressing behaviors and personality traits (e.g., student anxiety) that limit skill building	Address and name students' limiting behaviors and personality traits (e.g., student anxiety); offer techniques for skill building
Oriented toward students' current needs	Oriented toward students' developmental trajectory
Teach without a long-range plan	Know what skills students should have at different stages of development
Minimal use of teams	Foster environment of team feedback
Private one-on-one feedback from teacher	Utilize peers and patients in giving feedback

Table 1 Themes Related to Giving Feedback to Early Clinical Skills Learners: Characteristics of Less Experienced Compared With More Experienced Bedside Teachers

Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. [From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners](#). Acad Med. 2015 Nov;90(11 Suppl):S91-7.

Figure 1

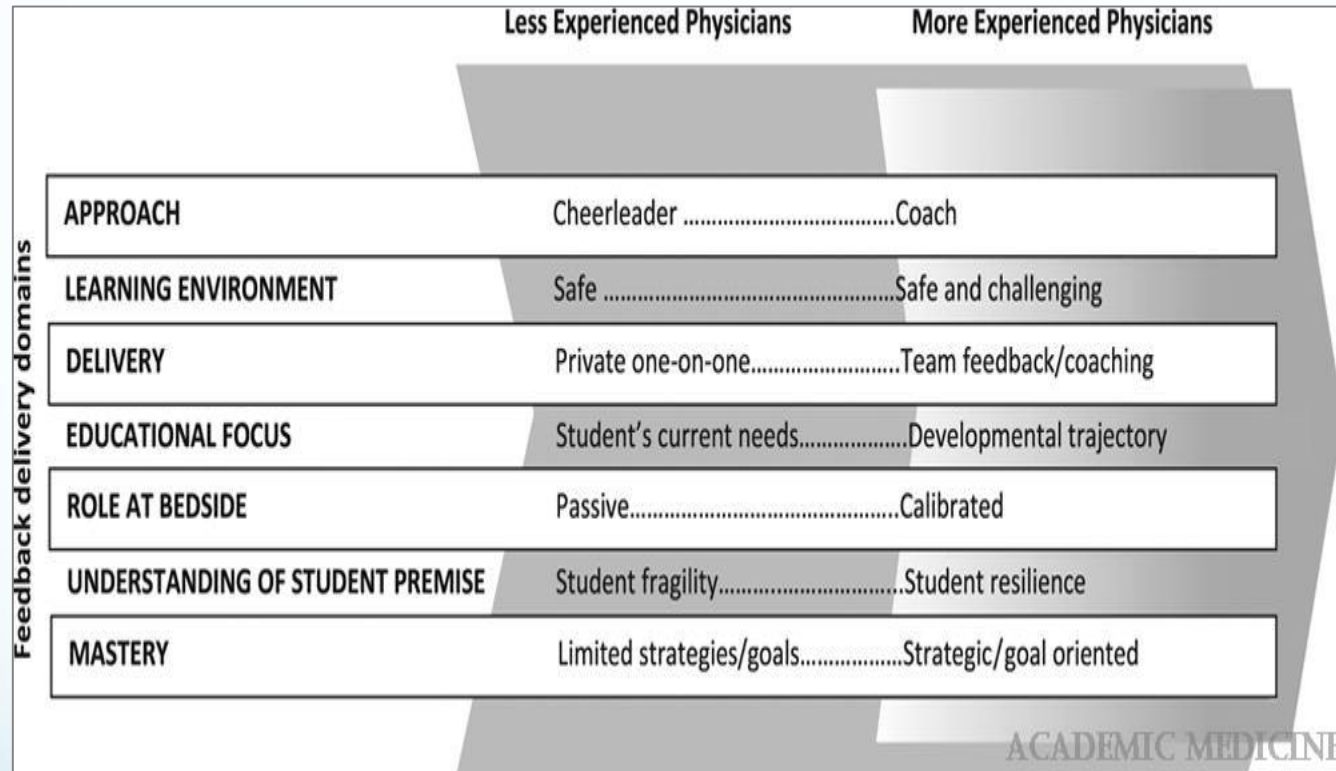


Figure 1. Conceptual model of progression of skills at giving feedback at the bedside.

Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. [From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners](#). Acad Med. 2015 Nov;90(11 Suppl):S91-7.

Faculty/Resident Development



Observation



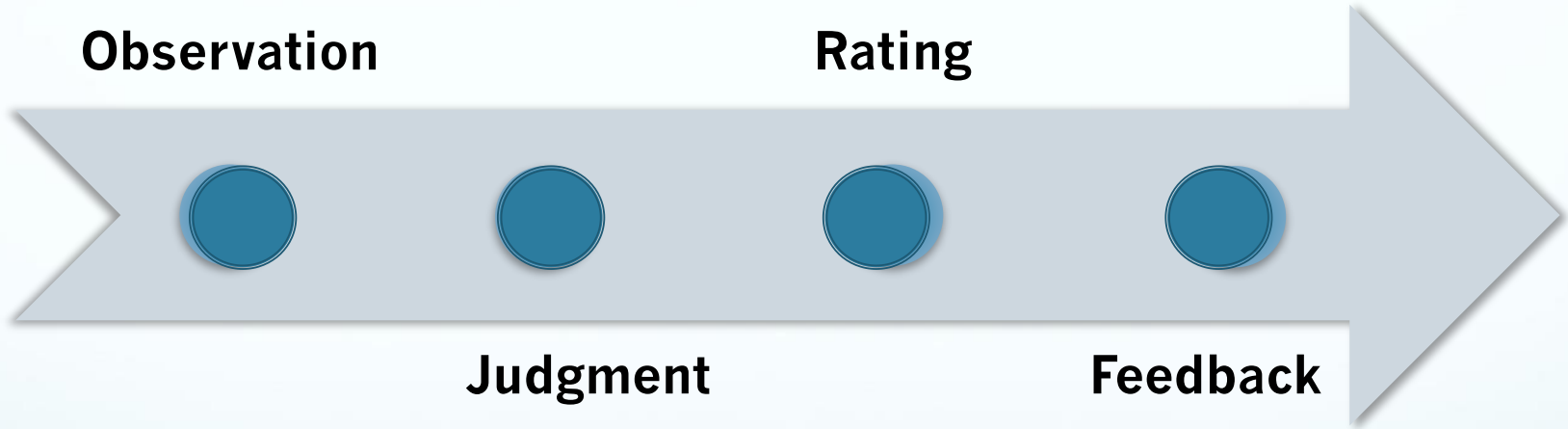
Judgment

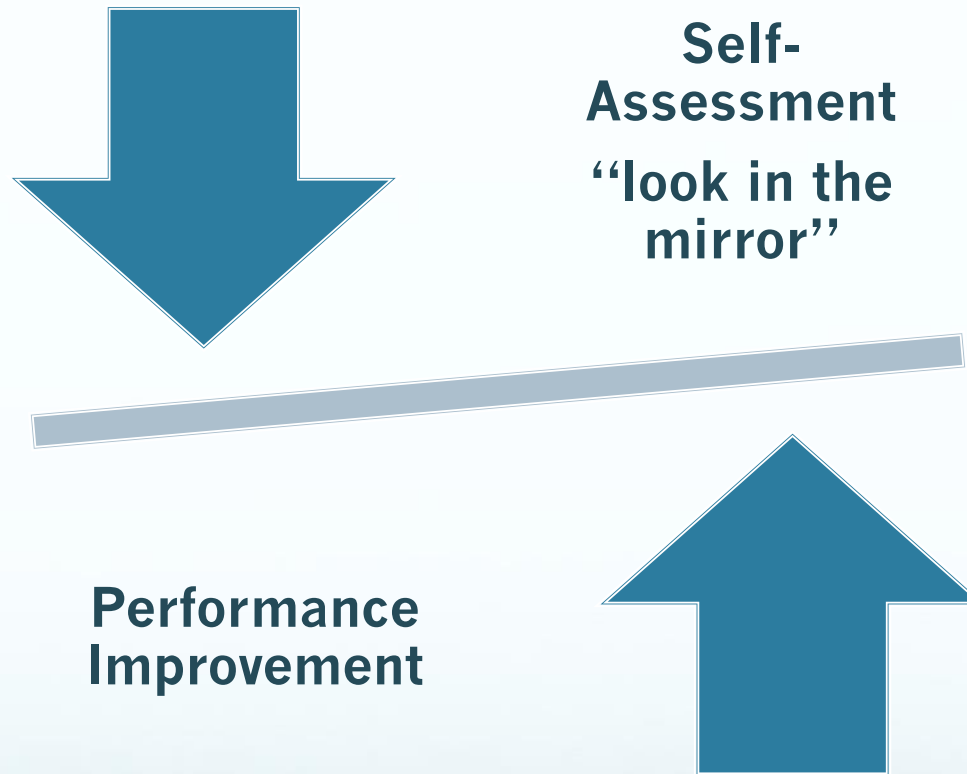


Rating



Feedback





**What role does this data play in assessing
knowledge, skills or attitudes?
Is it reliable?**

Feedback/Coaching Sandwich

Positive Feedback



Collaborative Feedback

Direction/Coaching

Types of Feedback/Coaching

- **Positive:** statements describing appropriate behaviors
- **Negative:** statements describing inappropriate behaviors
- **Collaborative:** faculty solicits feedback from the learner to “level the playing field” and establish bi-directional communication

4 Components of ***Feedback**

- ▶ Level 1: Allow learner to **self-assess/reflect**
- ▶ Level 2: Describing what you saw=**feedback**
 - Description of observed behavior (checklist)
 - Easier to accept by learner
- ▶ Level 3: Your personal reaction=**coaching**
- ▶ Level 4: Your suggestion of behaviors to practice=**direction**
- ▶ Closure: Always remember the E=**encouragement**

Global Feedback

- Minimal
 - “good”, “ugh!”, a shrug or nod
- Behavioral
 - “that was good because...”
 - “you can improve by...”
- **Interactive/collaborative**
 - let the learner react & self-assess their behaviors

Thank you...
Questions...Thoughts



Background – ACGME requirements

Formative Evaluation

“V.A.2.a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment

V.A.2.a).(1)The faculty must discuss this evaluation with the resident at the completion of the assignment.”