

Topics in Difficult Feedback: Professionalism

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On Behalf of the Difficult Feedback Group



Our Team



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No Financial Disclosures



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Disclosure and Consent



- You are invited to participate in a research study on using a video-based teaching tool to teach faculty to provide feedback to residents in challenging circumstances. You are being asked to participate in this study because you teach residents and are asked to provide feedback to them regularly. This video tool is novel, and we hope it will improve your ability to provide feedback to residents. You will be asked to complete a series of surveys on your attitudes and knowledge of feedback techniques applied in a variety of situations. Your responses will be kept confidential and will be used to evaluate the effectiveness of the tool and not your ability to give feedback. Your participation is voluntary, and your assent will be implied if you choose to complete the surveys. Participants in this study will be anesthesia faculty from BIDMC and several other institutions across the country. This study is being done to see if this simple approach can help faculty to become more comfortable in giving feedback on challenging topics.

Fine Print



- Participants in this study are at risk for breach of confidentiality. To mitigate this risk, no procedures or protected information will be collected. All data will be de-identified before analysis, and the data collected and assessment of the data will not be used in evaluations of the attending staff or residents. Once started, all surveys and questionnaires will be kept on file for analysis. There is no cost to you to participate in this study. We will keep your information confidential, and investigators will only review it for the purposes of this study. You may withdraw from this study at any time by contacting the Principal Investigator, John Mitchell MD (jdmitchc@bidmc.harvard.edu). If you are a Beth Israel Deaconess Medical Center faculty member or resident, you may contact the Clinical Trials Office (CTO) with any questions or concerns by email at cto@bidmc.harvard.edu or by phone at 617-667-4443.

Our Goal

To make feedback on non technical skills easier and more prevalent



Objectives

- Use appropriate descriptors to identify lapses in professional behavior
- Discuss obstacles to the provision of feedback and how to overcome them
- Implement a simple intervention to improve the quality and quantity of feedback provided to residents on challenging topics

Session Format



- Observations on Feedback
- A few questions on feedback
- Video facilitated discussion
- A few more questions
- Discussion

Question 1

- Professionalism in practice is:
- A. Something only residents need to apply to keep staff happy
- B. Something that faculty only need apply to keep patients happy
- C. Something that only nurses should be applying to keep patients happy
- D. Something staff should model for residents but that everyone should apply
- E. Something you are making me learn about that has no applicability for anyone

Question 2

- When I observe a resident doing something unprofessional, I should first:
- A. Ignore it and go on with the day
- B. Let the first instance go and assume it was just a lapse
- C. Discipline the resident publicly to enforce my commitment to professionalism
- D. Complain about it to other staff between cases
- E. Pull the resident aside and point out the behavior as soon as possible

Question 3

- When there is tension between parties, it is best to
- A. Separate those in conflict
- B. Let things work themselves out
- C. Step in and take sides
- D. Avoid getting involved
- E. Always side with the patient

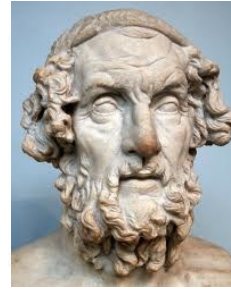
Question 4

- Interventions conducted during the day should be
- A. Behavior-focused
- B. Geared toward having residents admit fault
- C. Public
- D. Include synthesis of attitudes
- E. General in nature

Question 5

- After giving negative feedback, the best way to move on with the day is to:
- A. Pretend the event never happened
- B. Align with the resident for patient care
- C. Continue to comment on the negative event
- D. Avoid the resident for the rest of the day

What Would Homer Say?



Tool Kit

- 1. Diffuse, Observe, Help
- 2. Show concern
- 3. Intervene briefly
- 4. Move on together
- 5. Explore and Report



Now for an Example!



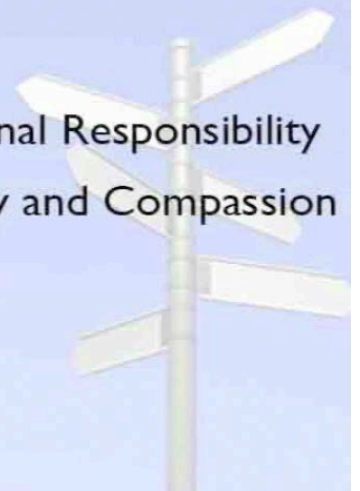
Questions for you

- What were the unprofessional behaviors observed in this clip?
- What would you do in this situation?
- Let's see what our friend did ...



Issues Include:

Lack of Professional Responsibility
Lack of Sensitivity and Compassion



Discussion Techniques

- Any thoughts or comments on the strategy presented?



Step 1: Diffuse, Observe, Help

- Separate Parties at Odds
- Observe/assess the situation
 - try to see all perspectives
- Help model professional behavior
 - empathy
 - rapport



Step 2: Show concern

- Identify the unprofessional behavior
- Screen for home/personal issues
- Reduce defensiveness



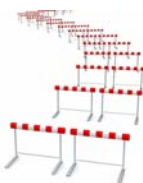
Step 3: Intervene briefly

- Frame feedback constructively
- Discuss behaviors not attitudes
- Keep it brief and private



Step 4: Move on together

- Align with resident for patient care
- Collaborate for improvement
- Plan for further discussion



Step 5: Explore and Report

- Debrief more fully later
- Put it in writing
- Report via feedback system



Step 5: Debrief and Report

Debrief more fully later

Put it in writing

Report to the Program Director

Dealing with emotions

- We just saw an attending starting to get upset with an observed behavior of a resident. Has this ever happened to anyone?
- What is the best way you have found to deal with this?



Issues Involved:

- Ethical Practice:
- Lack of vigilance
- Concern for patient?



What do you do?



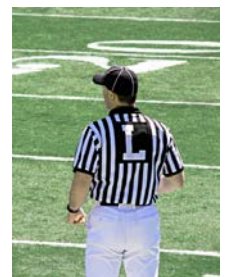
Step I: Diffuse, Observe, Help

- Calm down!
- Get some space
- Collect data
- Exhibit vigilance and attentiveness



Step I: Diffuse, Observe, Help

- Tips when you are a stakeholder:
- Other opinions and sources may
 - Reduce bias
 - Facilitate insight
- Broadening the assessment increases objectivity



Step 2: Show concern

- Identify the unprofessional behavior
- Screen for home/personal issues
- Build long term trust



Step 3: Intervene briefly

- Frame feedback constructively
- Allow for insight
- Discuss behaviors not attitudes
- Contextualize when possible
- Keep it focused, but clear



Step 4: Move on together

- Align with resident for patient care
- Collaborate for improvement
 - Focus on patient safety
- Plan for further discussion
 - Set clear expectation for a debrief



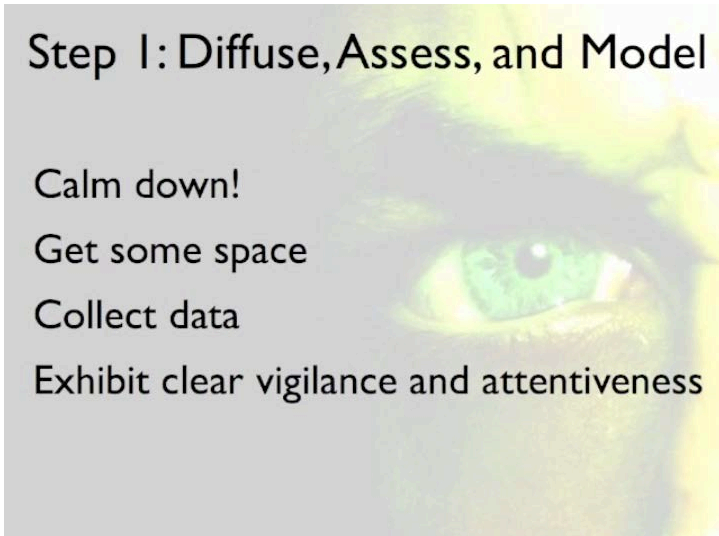
Step 5: Explore and Report

- Debrief more fully later
- Put it in writing
- Report to the Program Director



Step 1: Diffuse, Assess, and Model

Calm down!
Get some space
Collect data
Exhibit clear vigilance and attentiveness



Comments on feedback

- What did the staff do well?
- Are there other things you would have done or changed?



Explore and Report: Debriefing techniques

- What issues would you choose to focus on?
- How would you open the discussion?
- What techniques need to be used?



Debrief Elements

- Resident perspective
- Review key events
- Responses, frames should factor
- Review advice for future success



Advanced Feedback

- For Experienced Faculty or Program Director
- Focus on behavior patterns
- Seek to understand stressors



Advanced Feedback



Comments on Debriefing or Advanced Feedback?



Question 6

- Expressing concern as part of the feedback process is beneficial because it
- A. Is the only thing you need to do to provide high quality feedback
- B. Allows you to avoid talking about any of the performance issues
- C. Helps build long- term trust with the resident
- D. Lets you stick with safe topics during the feedback session
- E. Sets up a hierarchy that maintains distance

Question 7

- Citing specific examples as part of feedback
- A. Is not necessary
- B. Will make the situation more emotional
- C. Detracts from the assessment of attitudes
- D. Detracts from the assessment of behaviors
- E. Helps provide a context for the feedback

Question 8

- Soliciting data from other individuals helps to
- A. Increase subjectivity
- B. Provide further criticism
- C. Obscure patterns of behavior
- D. Enhance observer bias
- E. Facilitate insight

Question 9

- Appropriate follow up after a significant issue would include all of the following EXCEPT:
- A. Notifying the program director
- B. Arranging a follow- up meeting with the resident
- C. Setting clear expectations for improvement
- D. Avoid putting anything in writing to protect confidentiality
- E. Avoid gossip or sharing information widely

Question 10

- Professionalism issues can be remediated
- A. True
- B. False

Summary

- 1. Diffuse, Observe, Help
- 2. Show concern
- 3. Intervene briefly
- 4. Move on together
- 5. Explore and Report



Thank You!
References Available

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