

## Difficult Feedback Workshop

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On Behalf of the Difficult Feedback Group



## No Financial Disclosures



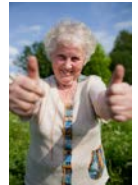
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## Our Team



- University of Kentucky: Randy Schell, Amy DiLorenzo
- University of Rochester: Suzanne Karan, Carol Diachun
- University of San Diego: Dan Lee
- University of California San Francisco: Marek Brzezinski
- BIDMC: Cindy Ku, Vanessa Wong

## 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 ([jdmitche@bidmc.harvard.edu](mailto:jdmitche@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](mailto: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

- 1. Apply approaches to feedback on difficult topics based on participant experiences
- 2. Evaluate different feedback comments in relation to published guidelines
- 3. Formulate responses to observed lapses in professionalism and communication
- 4. Compose workable approaches to advanced feedback on difficult issues

## Session Format



- Review of Feedback Approach
- Open to your issues
- Review some written comments
- Video facilitated discussion
- Closing discussion

## Tool Kit

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



## Your Experiences?



## Elements of Useful Feedback

- Set an appropriate time and place
- Provide feedback regarding specific behaviors
- Give feedback on decisions and actions, not one's interpretation of motives or intentions
- Give feedback in small digestible quantities
- Use language that is non-judgmental

## Dissecting Some Comments

You already identified ways to optimize your glidescope intubations more easily in the future, we can practice those more. Keep pushing yourself to explore more technical skills and new topics since you are great with all the basics already!

## Dissecting Some Comments

poor skill set for level of training. Passive aggressive. overthinks things. focuses on small, unimportant details which limit his efficiency significantly. inflexible. will have a difficult time in private practice or academic practice.

## Dissecting Some Comments

Keep it up. Great job.

More complex cases.

## Dissecting Some Comments

is very pleasant to work with. We had a busy call day and x tackled the cases appropriately and safely. Additionally, I think x has great professionalism skills as though the barrage of cases was constant from the early hours of the call until the early hours of the morning, he continued to act very respectfully to all of the OR team members.

## Dissecting Some Comments

Did not recognize that the tracheal balloon was underinflated in one instance, with a period of low tidal volumes delivered.

## Dissecting Some Comments

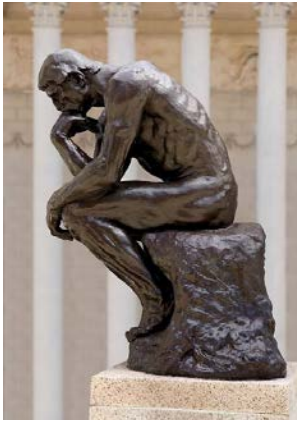
Excellent case preparation and independent clinical performance/judgement with anesthetic management

## Some Practice



Preparing for the case

## What would you do?



## What would you do?



## Final Discussion

- What can you do to make feedback work in your daily practice?
- Do you have any remaining concerns?
- Have you identified a good location and time to provide feedback?

## Topics for Feedback

- Informed Consent
- Closed Loop Communication
- Timeliness
- Rapport with patient and staff
- Preparation for case
- Vigilance
- Management of stressful situations

## Thanks!

- Let me know what I can do to help!
- Please focus on professionalism and communication
- Feel free to contact me!
  - [jdmitch@bidmc.harvard.edu](mailto:jdmitch@bidmc.harvard.edu)
  - [jdm051@gmail.com](mailto:jdm051@gmail.com)

