The Center for Medical Simulation

FEEDBACK ASSESSMENT

FOR

CLINICAL EDUCATION (FACE)©

Rater's Handbook

INTRODUCTION

A crucial step in facilitating learning from clinical experience in healthcare is to engage in a feedback dialogue with the learner—that is, to methodically reflect on what happened and why. Leading a feedback conversation is a learnable skill and can be improved with practice. The Feedback Assessment for Clinical Education (FACE)© Handbook and Rating Form are designed to assist in assessing and developing skills essential for high quality, effective formative feedback conversations. The FACE focuses on feedback conversations *for* learning, not summative assessments *of* learning. It is based on and adapted from the reliable and valid Debriefing Assessment for Simulation in Healthcare (DASH)©, which measures effective debriefing skills. Additional information related to the DASH, rating forms, and contact information can be found at the DASH website: http://www.harvardmedsim.org/dash.html.

Background on the Feedback Process

The purpose of feedback conversations. The purpose of feedback conversations is to help learners reflect on their performance and facilitate improvements in future performance. Most feedback conversations aim to improve deficits in performance, but feedback conversations can also explore good performance. When instructors foster high learner engagement through specific, accurate feedback on actions and reflection on thoughts and feelings, learners can improve their skills and experience deeper learning and enhanced retention. There is also an increased likelihood of learners transferring and applying new or reinforced knowledge, skills, and attitudes to future clinical situations.

What is a feedback conversation? In the context of clinical education in healthcare, a feedback conversation is a dialogue among two or more people, typically the clinical instructor and one or more learners, to review a clinical event or learning activity. Clinical instructors function as facilitators of learning and learners function as active participants. Instructors and learners identify the desired level of performance and describe the level of performance observed during the clinical experience. This feedback helps learners perceive the performance gap, or difference between the desired performance and the actual performance. This can be a negative gap in the event of poor performance and positive for good or excellent performance. An effective feedback conversation includes the instructor describing his or her perception of this gap and inquiring into its origins so effective teaching can be provided.

Instructors can help improve poor performance or reinforce good performance by critiquing, discussing, and suggesting improvements in learners' actions. Additionally, instructors can take steps to understand what drove the learner to engage in the observed behavior. People process, apply meaning to, and act upon external stimuli, guided by 'frames of reference', 'schemata', or 'mental models'. These play a role in the way individuals filter, create, and apply meaning to their environment. Almost all complex actions are driven by this underlying process, to which the FACE refers to as 'frames'. Effective feedback often encompasses the instructor exploring such frames with the learner. Examining the learner's internal understanding and assumptions of external reality comprises cognitive and affective components including thoughts, feelings, beliefs, and values.

Learner and Instructor roles in feedback. While it is common to see the instructor as the active giver and the learner as a passive recipient of feedback, in effective feedback conversations, it is a reciprocal conversation. The instructor and learner both analyze actions and thought processes, emotional states, and other

information. Both have valuable perspective and insights that can shape the learning in the conversation. Skilled instructors share their perspective and seek to leverage learners' insights, effort, and input through facilitation of a reflective and reciprocal dialogue to improve future performance. Since there is an innate power structure in the instructor-learner relationship, it is essential to minimize its hindrance on collaborative discourse and harness its positive attributes for effective coaching and mentorship. Instructors, through their own frames and actions, must be open to mutual reflection and learning, valuing the importance of the shared learning endeavor. Contracting with learners to be partners in the dialogue and working together to arrive at new ways of thinking is an explicit acknowledgement of the value of learners as counterparts in the reflective learning process.

Psychological safety in feedback conversations. Learners take psychological risks when they allow their performance to be discussed and analyzed by others. Identifying and exploring frames that drive actions can also be emotionally uncomfortable for learners. Thus, developing and maintaining a psychologically safe learning environment is essential for effective learning. To do this, skilled instructors assume the best intentions of learners and regard mistakes and good performance as a mystery to be analyzed rather than as a crime to be punished or success to be lauded. Skilled instructors are neither overly harsh and negative nor falsely kind and non-judgmental. Rather, they provide direct, respectful feedback and explore the underlying drivers of a learner's performance.

What is the FACE?

The FACE assesses instructor behaviors that facilitate learning during formative feedback conversations regarding experiential healthcare learning contexts. The behaviors described in the FACE were derived from theory, research evidence, and the experience of experts in clinical teaching and feedback.

The FACE is designed to guide assessment of feedback conversations in a variety of healthcare disciplines involving a wide range of educational clinical experiences. It is intended for formative feedback between one instructor and one learner at any level of adult learning. The FACE can be used to assess the process by which expectations regarding learning and feedback are established (Element 1), the psychological safety of the feedback conversation (Element 2), and the process and content of the feedback conversation (Elements 3-6).

The FACE tracks and rates six key Elements of a feedback conversation. These include whether and how the instructor:

(1) Establishes an engaging learning environment;
(2) Maintains an engaging learning environment;
(3) Structures the feedback conversation in an organized way;
(4) Provokes an engaging discussion;
(5) Identifies and explores performance gaps; and
(6) Helps the learner achieve or sustain good future performance.

The FACE is a behaviorally anchored rating scale, which means it is based on the behaviors needed to execute an effective feedback conversation as well as those characteristics of poor feedback conversations. An "Element" in the FACE is a high-level concept that describes a whole area of a feedback conversation. Each Element comprises "Dimensions" that reflect parts of the high-level competency. The bulleted "Behaviors" within each Dimension are concrete examples of carrying out this Element. The listed behaviors are examples that a rater might observe and should be used as guideposts for rating along a continuum; possible behaviors are not limited to those listed.

Directions for Scoring

Raters score each Element using the Dimension descriptions and example behaviors as guides. A complete FACE score includes six Element ratings. Ratings are based on a seven-point effectiveness scale.

Rating Scale

Rating	Descriptor
7	Extremely Effective / Outstanding
6	Very Effective / Very Good
5	Mostly Effective / Good
4	Somewhat Effective / Average
3	Mostly Ineffective / Poor
2	Very Ineffective / Very Poor
1	Extremely Ineffective / Detrimental

Developing skills as a rater. As a rater, you must study the Elements and be completely familiar with them. Summarize your impression of the *overall effectiveness* **for the whole Element,** guided by your observation of the individual Dimensions and behaviors that define it. Think holistically and not arithmetically to consider the cumulative impact of the Dimensions. It is important to acknowledge that unique learner attributes and the learning context will influence the instructor's approach to the feedback conversation. As such, raters should not view the behaviors as a checklist, but rather exemplars of what effective and ineffective feedback might "look like". Specific instructor behaviors and the degree of effectiveness of each may look different based on contextual factors as the instructor tailors their approach to meet the needs of the learner and situation. Taking this into consideration, you will provide a rating based on your holistic view of the Element.

The FACE focuses primarily on the actions and words of the instructor. However, it is likely that the rater will be partly informed by noticing the reactions of the learner. While raters should focus on the instructor's performance, it is understood that reactions of the learners will likely influence the rating.

There is overlap between the Elements. For example, behaviors that exemplify establishing an engaging learning environment (Element 1) may also be very similar to effective behaviors for cultivating a psychologically safe learning environment (Element 2). In all cases and for every Element, raters should ignore the overlap and *rate each Element independently* of the others.

The impact of context on feedback conversations. The FACE is a framework for facilitating reflective, reciprocal feedback conversations. Although the concepts will remain constant across different feedback conversations, the specific instructor behaviors can and should be tailored to meet the unique needs of time, setting, content, learner attributes, and situation. It is important to acknowledge that different contexts necessitate different types of feedback conversations. For example, there are times when brief action-oriented coaching is more appropriate than a reflective, reciprocal feedback dialogue. The FACE framework is useful in contexts amenable to formative, reflective dialogues between an instructor and learner where time can be devoted to the collaboration of inquiry and learning.

Rating Form

The rating form contains both the Elements and Dimensions, allowing the rater to score the effectiveness of the feedback conversation by each Element. However, the specific behaviors to guide rating are provided in the Rater Handbook. *In order to accurately assess and score the feedback conversation, the FACE Rater Handbook and rating form must be used concomitantly.*

ELEMENT 1
Establishes an engaging learning environment

How well the instructor introduces a learning experience can set the tone for all that follows. Before the learner commences a new rotation, a clerkship, a session at the clinic, or a new workshop, the instructor addresses the logistics and expectations of the learning experience for both the instructor and the learner. Typically, these are addressed prior to the start of the clinical experience and can take the form of a learning contract between the instructor and learner. When possible, the instructor and learner collaboratively identify learning goals and objectives that are both appropriate and relevant to the learner. They also decide on how and when reflective feedback conversations about the upcoming learning experience will occur. The instructor: clarifies the purpose, focus, and expectations; verifies that both the learner and instructor are committed to a reciprocal learning conversation; and ensures the physical environment is conducive to reflective dialogue.

Element 1 Dimensions

Establishes roles and expectations for the learning process.

Educational encounters flow better and the learner can engage more when he or she has a sense of control and predictability. It helps if the learner knows details ahead of time, including: the setting; learner and instructor roles; and expectations.

Effective behaviors include:

- Introducing oneself and inviting the learner to introduce themself
- Presenting an overview of the learning experience (e.g., "You will be spending the month at our walk-in clinic downtown, working side-by-side with our nurse practitioners. The typical patient population is ambulatory patients from underserved communities with chronic co-morbidities.")
- Addressing confidentiality explicitly (e.g., "Other preceptors will not be getting a report of your performance here"; "What you say and do here stays here—can we agree to this?")
- Orienting the learner to the unit, the clinic, the community placement, and the people with whom they will be interacting
- Addressing the learner's role in the experience (e.g., "You will be assisting me in caring for patients on this med-surg unit; wherever possible I will allow you to take the lead in talking to and assessing patients. I will be right behind you to help when you ask or I see a need.")
- Describing the instructor's role (e.g., to guide care decisions, to familiarize the learner with the standards of care, to facilitate discussion, to comment on performance based on expertise, to act as a resource, to ensure the training objectives are met)
- Stating etiquette rules for interacting with patients, families, and other providers (e.g., to be respectful, caring, and open about others' thoughts and actions.)
- Setting the expectation that feedback from the learner is welcomed and essential for a rich learning dialogue to occur (e.g., "Throughout the learning experience, I will be providing you feedback on your performance from my point of view. I want and expect you to share your feedback and point of view as well. I am very interested in your opinion on things I can change to help your learning.")
- Beginning the process as part of an expected course of events (e.g., the learner is aware that there will be a clinical learning opportunity followed by a reflective feedback dialogue)
- Explaining frequent feedback conversations based on experiential learning are a standard and repeated part of the learning process

Ineffective behaviors include:

- Starting without introductions when necessary
- Not explicitly addressing matters of confidentiality such as who will be informed of the learner's performance while in the clerkship or rotation
- Not explaining whether the goal of feedback is to improve performance (formative assessment) or if evaluation has consequences for the learner's advancement (summative assessment). For example, Learner: "Does this matter for our grades?" Instructor: "Maybe, you never know."
- Being vague or misleading in describing the course, rotation, roles, expectations, orientation process, etc.
- Not explicitly welcoming or encouraging feedback from the learner during the learning process
- Taking the learner by surprise with the feedback conversation

Collaboratively establishes goals and objectives for learning.

Learning occurs best when goals guide the teaching and when learners are involved in establishing goals that are important and relevant to them. A common perception among learners and instructors is that the instructor is the sole authority on the learning process. Traditionally the instructor was viewed as having all the right answers and the learner's knowledge or insight was not valued. However, learning processes can be accelerated and deepened when the learner's experience, interests, needs, and insights are blended with instructor expertise to guide goals and objectives. In collaborative goal and objective setting, both the instructor and learner's contributions are important and respected.

Effective behaviors include:

- Collaboratively establishing goals and objectives for the clinical experience that are mutually agreed upon by the learner and instructor (e.g., sharing what the instructor wants to get out of

the encounter and inquiring as to what the learner wants, creating some overlap between instructor and learner goals)

- Identifying goals that are relevant, meaningful to the learner, and attainable (e.g., "I am very interested to hear what you hope to achieve during this month in the clinic.")
- Scaffolding goals to enable 'small wins'
- Framing goals based on the level of the learner. Goals established for novice learners are learning-oriented and focus on development of knowledge, skills, and competence to attain a desired outcome (e.g. learn three strategies to successfully place an IV in an edematous patient). Goals established for learners with the requisite knowledge and skills are performance-oriented and focus on the end result of an action, the outcome itself, or specific measures of ability or performance (e.g. successfully place an IV in an edematous patient)

Ineffective behaviors include:

- Stating goals and objectives unilaterally without seeking input or gauging commitment from the learner
- Identifying goals that are not relevant/individualized to the learner (e.g., saying to a learner with extensive knowledge of HIV "we will spend today's session reviewing HIV so you can describe the pathophysiology by the end of the session.")
- Not setting any goals or objectives for learning or referring to goals in general terms (e.g., "Okay you know why your are here. Let's get started! Just do your best.")
- Inappropriately matching learning goals or performance goals with the level of the learner (e.g., a performance goal for the novice learner without requisite knowledge or skills to attain the outcome; a learning goal for the learner who already has requisite skills and knowledge to attain the outcome)

Optimizes the physical environment for reflective dialogue.

Sharing learning goals, thought processes, and personal viewpoints requires a high level of involvement from the learner. Providing a physically comfortable learning environment helps the learner to fully engage in reflective dialogue and focus on learning.

Effective behaviors include:
- Providing seating arrangements that allow for a collegial and relaxed atmosphere where the learner and instructor are eye-to-eye and facing one another
- Providing a feedback setting that is private and quiet with minimal interruptions and distractions (e.g., away from patient care areas, closed door)

Ineffective behaviors include:
- Providing seating arrangements that amplify power distance or minimize rapport (e.g., the instructor is standing while the learner is sitting looking up; the learner and instructor cannot both sit, are at different eye levels, and/or are not facing one another)
- Providing seating arrangements that do not support a collegial or relaxed environment (e.g., hurriedly walking to another location)
- Using a setting in a public area, within hearing range of other individuals, and/or subject to interruptions and distractions
- Using or allowing the learner to use distracting technology that is not necessary for the conversation

ELEMENT 2
Maintains an engaging learning environment

At the beginning of a feedback conversation, the instructor and learner briefly revisit the learning goals and objectives that are both appropriate and relevant to the learner. While clarity about objectives is important, sharing viewpoints and exploring thought processes in the service of achieving learning goals often feels personal to learners and can stimulate feelings of vulnerability. To engage in meaningful reflection and dialogue, the learner must feel the psychological environment is reasonably safe for sharing thoughts and feelings without fear of shame or humiliation. It is the instructor's responsibility to ensure the environment is psychologically safe throughout the conversation. Building rapport with learners and consistently respecting their unique understanding and perspective is fundamental to maintaining an engaging learning environment. Prior to the feedback conversation, the instructor revisits the learning contract developed at the beginning of the clinical experience and explicitly reviews roles, expectations, and objectives specific for the conversation. The instructor seeks to minimize the negative impact of the power differential between themself and the learner by stating a commitment to collaborative learning and reciprocal dialogue. The instructor builds a foundation of mutual respect and trust while promoting a supportive and encouraging atmosphere for learning. In order to be effective, the instructor must be able to explore and manage emotionally charged issues with learners that may arise during the course of the conversation. The hallmark of maintaining an engaging learning environment is holding learners in high regard while holding them to high standards.

Element 2 Dimensions

Revisits the learning contract prior to the feedback conversation.

Prior to a feedback conversation, it is important for the instructor to renew key elements of the learning contract that are specific for engaging in reflective and reciprocal dialogue. This includes clarifying roles, expectations, and objectives of both the learner and the instructor in the feedback conversation.

Effective behaviors include:

- Explicitly stating the purpose of the feedback conversation is to learn and improve, not evaluate (e.g., "There is no formal evaluation associated with this feedback. This conversation provides an opportunity to reflect on what occurred during the clinical experience in order to learn and improve for future practice.")
- Setting an expectation that the learner engages in feedback conversations actively and attempts to be self-reflective (e.g., "One of the hard things about this clerkship is reflecting on the thought processes behind what you do. I can help you with this reflective process. I can see what you do, but not what you are thinking. Understanding the relationship between your thinking and performance is one of the most interesting things about this learning experience. I hope you will engage with me in that process.")
- Explicitly encouraging people to speak up and allowing for respectful disagreement (e.g., "I may say something with which you disagree. I welcome hearing different perspectives, so please speak up.")
- Stating a commitment to 'learning oriented behaviors' such as candor with questions, thoughts, feelings and mistakes (e.g., "An important feature of clinical feedback is that it allows us to reflect on the thought processes that drive our practice. Though I

can see what you do, I cannot know what you are thinking or feeling and vice versa. I will do my best to share my thinking and I am also very interested in yours.")

- Discussing instructor and learner objectives that are specific for the conversation. (e.g., "Based on the goals we set prior to your clinical experience, I would like to share with you the objectives I have for this conversation. I am keen on hearing your objectives for the conversation as well.")
- Reminding the learner that both positive and negative aspects of performance are part of the conversation; as such, negative feedback is not a reflection of self-worth or future potential

Ineffective behaviors include:

- Not explicitly stating the expectation of mutual and collective learning between the learner and instructor
- Inadequately addressing objectives for the feedback conversation
- Not addressing that the roles of the learner and instructor both involve reflection, openness to feedback, and honesty of thought
- Not previewing the discussion topics for the conversation

Builds and maintains an empathic connection and rapport.

In order for learners to engage in a reflective dialogue for learning, learners need to feel that the instructor is credible, trustworthy, and genuine so that a mutually respected and collaborative relationship can be established. Throughout the feedback process, the instructor engages in behaviors that continually build rapport and nurture the feedback relationship. As the feedback conversation progresses, it is important that the instructor continues to foster a feedback environment where learners feel safe to share thoughts and feelings that will contribute to enhanced learning.

Effective behaviors include:

- Using a considerate, respectful tone
- Employing strategies that encourage and demonstrate confidence in the learner's ability to reflect and improve on future performance
- Normalizing the learner's concerns when appropriate
- Role modeling positive behaviors expected during conversation (e.g., reflective practice; receptivity to feedback)
- Displaying behaviors that demonstrate credibility, trustworthiness, and expertise
- Conveying a demeanor of approachability and enthusiasm (e.g., smiling, using learner name, maintaining eye contact)
- Making it clear that feedback is well intentioned with a motivation for helping the learner improve performance
- Stating a commitment to explicitly support the learner's learning (e.g., "I am committed to helping you learn as much as possible about pain management while we are together.")
- Explicitly valuing mutual and collective learning (e.g., "I recognize we both have expertise to bring to the conversation and I look forward to us learning from one another.")

Ineffective behaviors include:

- Providing feedback in a way that threatens self-esteem or self-worth
- Making statements that appear to belittle the learner's goals, questions or concerns about the learning experience or process
- Using body language that promotes intimidation (e.g., finger pointing, hovering, encroaching on personal space)
- Demonstrating a lack of familiarity with the area in which performance feedback is provided

- Using an inconsiderate or disrespectful tone (e.g., domineering, adversarial, humiliating, condescending, arrogant, sarcastic, patronizing, hostile, condemnatory)
- Not appearing authentic, respectful, supportive, or responsive to the learner through tone, body language, facial expressions, direct statements, etc.
- Displaying behavior that is apathetic, critical, uncaring, or induces guilt, shame, conditional regard, or threatens punishment

Conveys a consistent commitment to respecting the learner's understanding and perspective.

Conveying respect and positive regard for learners' viewpoints, opinions, and understanding helps create a context conducive to the conversational probing needed for effective feedback. The instructor generates and maintains a favorable environment when conveying that he or she assumes the learner has good intentions and is trying to do his or her best but will likely make mistakes along the way. Communicating respect for a learner's understanding and perspective can go hand-in-hand with pointed critiques of a learner's performance. It does not require hiding one's judgments. It *does* require asking curious questions and respectfully listening to the answers.

Effective behaviors include:
- Listening to the learner without interrupting
- Using reflective statements, clarifying learner comments, and summarizing what is heard
- Conveying a genuine stance of curiosity about the learner's thoughts, feelings, and opinions
- Treating the learner as if he or she has good intentions to do well, is intelligent, and is committed to improving
- Minimizing the power-based teacher-student relationship by supporting, counseling, and informing the learner without censuring

- Explicitly committing to understand the learner's perspective and viewpoint (e.g., "It is important to me that I understand your perspective of the situation and the thought processes involved in arriving at your decision for action.")
- Provides feedback when the learner is receptive to receiving the feedback and voluntarily engages in feedback conversation (e.g., the instructor directly asks the learner for assent to conversation)
- Individualizing the conversation's content, approach and style to the unique needs and attributes of the learner

Ineffective behaviors include:
- Displaying behaviors that demonstrate the instructor is not trying to understand the learner as an individual (e.g., sighing, huffing, asking and answering one's own questions, talking over the learner, making assumptions)
- Displaying an attitude of being superior, all-knowing, or authoritarian (e.g., exerting complete control over the discussion, displaying a lack of flexibility, not listening, interrupting, failing to take the learner's concerns and perspective seriously)
- Providing feedback when the learner is not receptive; feedback is imposed on the learner
- Making attributions as to the causes of performance prior to jointly identifying the causes

Acknowledges and explores emotionally charged issues with the learner.

Engaging in feedback can be very personal and emotional for a learner, especially when the feedback received is in contradiction to his or her own self-appraisal or perception of performance. Whether the learner is disappointed and frustrated with the performance or whether the feedback is perceived as unfair, felt to be a threat to 'self', or seen as a personal attack, the impact on learning can be significant. Intense emotional reactions can impair the learner's ability to process the feedback, accept it, integrate it with previously acquired knowledge, and apply it to the future. Providing an opportunity for the learner to respond to the feedback by expressing his or her thoughts and feelings is an important first step. Next, it is important for the instructor to acknowledge these reactions and emotions. Reflecting upon and exploring the learner's emotional response is essential. The instructor can then help the learner process the emotions and reconcile the self-appraisal with external feedback from the instructor so that the feedback can be processed to promote learning.

Effective behaviors include:
- Inviting the learner to express thoughts and feelings after receiving feedback, especially when negative or incongruent with self-perceptions (e.g., giving permission to the learner to share emotional reactions, such as: "In my experience, learners sometimes have specific thoughts or feelings in response to feedback received from the instructor. I welcome your reaction to the feedback, to the extent that you are comfortable sharing.")
- Acknowledging emotions expressed by the learner (e.g., "I hear you saying that no one informed you about the pre-clinical work that needed to be completed before this clinical experience. It sounds like you are frustrated with the communication of what the expectations were." Or, Learner: "I'm really upset that it appears I can't calculate correct medication dosages when that is

something I can routinely do in class without a problem." Instructor: "I can sense your disappointment with the situation.")
- Encouraging discussion of emotion through exploring questions (e.g., "Tell me what is frustrating you the most.")
- Naming the emotion being expressed without guessing or assuming
- Normalizing emotional responses to feedback (e.g., "It's common to have an immediate emotional reaction to feedback. Emotion is hot and automatic. Sometimes it takes time for that emotion to be digested before one can cognitively make sense of the feedback.")
- Facilitating deliberate reflection and processing of feedback, especially when negative and/or incongruent with self-perceptions (e.g., reconciling emotions; putting feedback into perspective; assisting the learner with interpreting feedback at task level; reframing thinking)

Ineffective behaviors include:
- Deflecting, denigrating, or ignoring emotional responses from the learner
- Not providing an opportunity for the learner to reflect on his or her thoughts and feelings related to the feedback received
- Not helping the learner process or reconcile the emotions related to negative and/or incongruent feedback

ELEMENT 3
Structures the feedback conversation in an organized way

While there are different models for providing feedback, the conversation should be structured to help the discussion flow logically and facilitate systematic exploration of ideas and generation of new learning. Feedback should begin by allowing the learner to 'blow off steam' and vent their immediate reactions. The midpoint should include analysis of the performance gap and generalizations to other settings. The conversation should conclude with a summary of learning and application to future practice. Throughout the conversation, the instructor should actively guide the analysis of performance to promote focus and organization of thought.

Element 3 Dimensions

Advances the discussion logically with a beginning, middle, and end.

The feedback conversation should have an introduction that outlines how the conversation will progress, which is collaboratively established with the learner. During the middle and end of the conversation, reflection, learning, and summary should flow and build upon one another as the conversation progresses.

Effective behaviors include:
- Collaboratively establishing clear process expectations for the feedback conversation (road mapping; overviewing; outlining)
- Ensuring the feedback conversation follows a structure and flows in a coherent sequence, scaffolding the discussion and learning
- Following or explicitly recrafting the established process for the conversation (flexibility with the approach and plan for the feedback conversation)

- Using direct statements that signal transitions and closure of the conversation (e.g., previewing, indicating a change in topic)

Ineffective behaviors include:
- Providing feedback that is rushed or abbreviated (e.g. not enough time was allowed for the feedback conversation; content and topics do not flow)
- Moving through the conversation in a disjointed or disorganized way (e.g., jumping between topics, omitting transitions)

Encourages the learner to express feelings and reactions to the clinical event at the beginning of conversation.

Allowing the learner to express their initial reactions to the clinical event is an important step in the feedback process. Beginning with reactions prioritizes emotions and encourages active reflection and participation. It also informs the instructor of what stands out as important to the learner from his or her perspective and can be used to help guide the discussion.

Effective behaviors include:
- Providing an opportunity for the learner to think about and express thoughts and feelings prior to providing feedback
- Asking questions that prompt the learner to discuss and reflect on what they thought, felt and experienced during the clinical event
- Accepting and encouraging reactions by nodding or paraphrasing

Ineffective behaviors include:
- Not asking questions that prompt the learner to discuss and reflect on what they felt
- Not providing the learner an opportunity to express feelings prior to providing feedback
- Beginning to teach concepts as the learner brings up reactions to the event

Guides analysis of the learner's performance.

Analyzing performance requires organization, focus, and a coherent flow. The instructor should function to expertly guide the learner's reflection and analysis of ideas and behavior so that learning goals are met and future performance is improved. It is important that there is a logical structure and organization to the way in which the instructor integrates his or her observations and point of view while attempting to elicit the thought processes and feelings that drove a learner's actions.

Effective behaviors include:
- Reviewing the events of the clinical encounter if necessary
- Using statements that direct, redirect, reorient, and/or reframe the conversation to address the learner's performance
- Using inquiry to elicit the learner's thought processes, attitudes, and beliefs [frames] that drove actions
- Using open-ended questions
- Describing observed behavior and personal thoughts prior to eliciting the learner's thoughts and mental models that drove the actions (e.g., "I noticed you touched the sterile field after contaminating your sterile glove with the trashcan. I was surprised when you didn't discard the sterile field before the procedure to prevent infecting the patient. I'm curious as to what you were thinking at the time?")
- Framing questions and discussion in terms of learning and mastery
- Balancing 'the what' (actions) with 'the why' (frames) based on time and situation

Ineffective behaviors include:
- Providing suggestions for improvement before the learner has time to thoughtfully reflect and think
- Presenting own opinions and perspective as the single truth without exploring the learner's perspective
- Framing questions and discussion in terms of performance and results
- Focusing on 'the what' (actions) and 'the why' (frames) in a way that is inappropriate for the context of the feedback conversation (e.g., exploring frames that drove actions when there is not enough time or it is not pertinent to the learner's performance)

ELEMENT 4
Provokes an engaging discussion

How well does the instructor engage the learner in an interesting dialogue based on observed performance, reveal own reasoning and judgments, and help him or her to be a reflective practitioner? Effective feedback should get the learner to focus on important topics and generate in-depth discussion. Feedback conversations should not focus on simple elicitation of knowledge and facts alone. Rather, high quality feedback conversations require the learner to apply, analyze, synthesize, and evaluate information. The ultimate goal is to encourage the learner to personally reflect on his or her approach to clinical practice and to inspire improvement.

Element 4 Dimensions

Uses observed performance as basis for discussion.

Examining the visible clinical, social, or teamwork actions taken by the learner and the associated outcomes allows the instructor and learner to work with verifiable, public data as the starting point for discussion. From that starting point, the learner and instructor can explore the learner's personal 'frames' that drove his or her actions. The instructor may directly observe these actions or reliable accounts of preceptors, staff, and patients may relay the objective data.

Effective behaviors include:
- Using concrete examples from observed performance (e.g., specific, objective, consistent, descriptive)
- Engaging a discussion in close proximity to observed performance (timely)

Ineffective behaviors include:
- Using references to performance that are general, abstract, and lacking specific, observable examples or include inferences/interpretations from observed behaviors
- Engaging in a discussion that is not based on directly observed behaviors and may incorporate hearsay, assumptions, and/or generalizations from prior performance
- Including inaccurate or unconfirmed data in the discussion
- Engaging in discussion that occurs after a delay and is not in close proximity to observed performance

Reveals own reasoning and judgments.

There is a long tradition of Socratic dialogue and questioning in healthcare education. Too often this process is implemented in a way that violates the intent of reciprocal discourse, a process in which both the instructor and learner's thought processes are meant to be open to question. Instructors often ask questions without revealing their own thinking for a variety of reasons, including fear of the content being misinterpreted or concern over hurting the feelings of the learner. Sometimes instructors do not realize they are withholding their own judgments and opinions. The result of hiding one's own thinking is that learners are often confused about why a question is being asked; worse, they may feel manipulated or unfairly trapped. Instructors facilitating feedback conversations can avoid these problems by revealing their own reasoning or rationale for pursuing a line of questioning, and doing so with curiosity and respect. Ideally, instructors make their assumptions or conclusions about the learner's performance transparent so that they are open for testing and exploration with learners. In other words, instructors should view their own conclusions with healthy skepticism and remain open to confirmation or adjustment by the learner.

Effective behaviors include:
- Providing personal reasoning and judgments, clearly labeled as subjective data
- Providing feedback in first person, using "I" statements rather than "you" statements
- Ensuring that instructor thoughts, concerns, questions, and opinions are transparent and straightforward

Ineffective behaviors include:
- Using leading questions to elicit thought process of the learner without revealing judgment or concerns of the instructor
- Using 'guess what I'm thinking' questions, hinting, asking dirty questions, disguising own point of view in vague inquiries
- Predominately using "you" statements rather than "I" statements
- Not making instructor thoughts, concerns, questions, and opinions transparent or straightforward

Facilitates discussion through a dialogue of reciprocal reflection.

A dialogue of reciprocal reflection where both the instructor and learner engage in reflection, inquiry, and exploration into ideas, attitudes, and behaviors is at the core of effective feedback. Essential to this is the active engagement of the learner with the instructor and the open sharing of the learner's ideas and unique perspective.

Effective behaviors include:
- Engaging in a two-way dialogue with active engagement of the learner
- Allowing for conversation that includes learner views, opinions, and feelings (e.g., using silence, providing pauses to allow the learner to think and contribute ideas, not filling empty space)

- Explicitly asking the learner for his or her perception of performance or self-appraisal (e.g., what went well? What did not go well? What is the learner's perception of his or her performance?)
- Providing opportunity to collaboratively explore the learner's self-appraisal
- Integrating the learner's self-appraisal with the content of the feedback (e.g., addressing discrepancies between the learner's and instructor's perspectives, highlighting consistencies)

Ineffective behaviors include:
- Engaging in a dialogue that is teacher-centered without engagement of the learner; one-way communication
- Not providing sufficient pauses or inviting opportunities for the learner to contribute to discussion
- Disregarding the importance of the learner's self appraisal (e.g., not inviting self-assessment, not incorporating the learner's self-assessment into the context of the feedback conversation)

ELEMENT 5
Identifies and explores performance gaps

Learners need concrete feedback about performance. The instructor should clearly identify the desired performance and directly compare it to the actual performance. Beyond identification, the instructor should explore the causes, linking frames to the performance gap. When performance is sub-optimal, the instructor works with the learner to analyze how the learner's frames (including knowledge and attitudes) and skills led to the performance gap. In the event that performance was good or excellent, the instructor assists the learner in identifying the knowledge, skills, and attitudes that contributed to the good performance so that it can be reinforced and continued in the future.

Element 5 Dimensions

Provides feedback on performance.

When learning a complex skill, learners often lack a clear sense of how they are progressing and often times misjudge, overestimate, or underestimate their ability, knowledge, or level of performance. Learners need feedback that not only addresses the areas in need of improvement, but also highlights what they are doing well. Ensuring this feedback is related to behavior rather than personal attributes and is presented in a straightforward, upfront way helps to set the stage for effective learning.

Effective behaviors include:
- Providing balanced feedback, including positive and negative behaviors
- Maintaining the focus of feedback on objective behaviors and performance; avoids relating feedback to personal characteristics
- Providing feedback that is clear, understandable and constructive
- Focusing and limiting feedback to important concepts, consistent with goals for the feedback conversation
- Providing feedback that focuses on areas amenable to improvement (e.g., actionable)
- Providing feedback that describes and focuses learner attention on individual progress

Ineffective behaviors include:
- Providing feedback that is skewed toward predominantly positive, superficial or neutral comments (e.g., mostly generic praise or compliments)
- Providing feedback that is all negative without addressing correct behaviors for positive reinforcement
- Attributing poor performance to internal causes or personal characteristics of the learner
- Talking around the problem, using statements that minimize exposing the learner's errors, or using vague comments that obscure the problem and/or message (e.g., sugar-coating)
- Including every behavior in need of improvement above and beyond the objectives for the feedback conversation with too much complexity and/or quantity
- Providing positive, reinforcing statements followed by the word "but" or other qualifiers, before introducing the negative or corrective statement (i.e. "the sandwich approach")
- Using strong or extreme adjectives (e.g., never, always, continuously)
- Using norm-referenced language that evaluates and/or compares the learner's performance to the performance of other learners

Identifies the performance gap.

It is not enough to simply discuss with learners what they are doing well and what needs improvement. Feedback needs to take a step further and relate observed performance to desired performance. This means highlighting the gap between where the learner is now and where they want to be or should be based on standards of practice and learning goals. Clear critiques about how learner performance falls short of, meets, or exceeds the desired performance are crucial for learning.

Effective behaviors include:
- Explicitly identifying the desired/standard of performance
- Confirming the learner's understanding of desired performance
- Explicitly comparing or relating observed performance to the desired/standard of performance

Ineffective behaviors include:
- Avoiding clear identification of the standard of performance
- Discussing the learner's performance without relating it back to the desired performance

Explores the source of the performance gap.

Exploring the reasons for learners being where they are instead of where they were expected to be is a distinct feature of high quality feedback conversations. It is useful to help learners understand how their frames (such as knowledge, assumptions, or beliefs) contributed to their performance. Instructors should help learners explore these foundations of their actions. This requires taking the information obtained through Element 3 and 4 (where frames that drive actions are uncovered and identified) and building upon it by connecting how those frames impact the identified performance gap. In the event that the performance was good or excellent, the instructor should identify the good behaviors that made it successful and elicit the underlying thought processes that enabled it. Occasionally, it is necessary because of time constraints or sufficient because of learning objectives, to focus only on <u>actions</u> rather than helping learners explore their <u>frames</u>. It should be understood that a feedback conversation that focuses exclusively on actions would affect ratings on this Element.

Effective behaviors include:
- Going beyond the 'what' to the 'why'; exploring why the learner took the actions he or she did
- When appropriate to the learning goals, helping the learner explore and understand behavioral issues that contributed to the performance gap (e.g., communication style; planning; organization; workload management)
- When appropriate to the learning goals, helping the learner understand the kinesthetic or psychomotor issues that contributed to the performance gap, such as breaks in sterile technique or incomplete physical assessment
- Helping the learner understand how his or her clinical knowledge and assumptions contributed to the performance gap

Ineffective behaviors include:
- Not using the uncovered frames to inform learning
- Linking frames to a performance gap when the two are unrelated
- Disregarding the link between frames and the performance gap when performance was above the standard

ELEMENT 6
Helps the learner achieve or sustain good future performance

Feedback conversations must be meaningful in order to impact future performance. Feedback conversations should assist learners in developing the knowledge, skills, and attitudes that will improve future practice. In the case of excellent performance, reinforcing actions or frames helps sustain good performance. By providing tailored teaching to meet the needs of the learner, the instructor can work with learner to rethink or augment the underlying drivers of performance to ensure better patient care in similar situations in the future. Element 6 is not about measuring the impact of the feedback conversation as improved performance resulting from feedback cannot be seen at this time. It is, however, about measuring the behaviors that theory and literature suggest lead to improved performance in the future.

Element 6 Dimensions

Addresses the performance gap through effective teaching.

Once the basis of a performance gap is understood, it is time to help the learner understand how to perform more effectively next time. The approach to helping close the performance gap can be done by discussing changes in <u>frames and actions</u> or just changes in <u>actions</u>. This is dictated by the learning goals, purpose and scope of the feedback conversation, and/or time constraints. Regardless of the content, sound adult learning principles must be applied to the teaching.

Effective behaviors include:
- Actively seeking the learner's ideas for improvement
- Focusing teaching on improving the learner's thinking and/or behavior in order to impact performance
- Teaching that is tailored to the needs of the learner (e.g., tailored to internal frames) and is appropriate for his or her level of learning
- Relating the feedback and teaching to previously learned information, experiences, or feedback
- Linking the teaching to why the content is important for the learner (e.g., applicable to future practice, essential for success, immediate relevance)
- Empowering the learner to engage in necessary changes for improvement (e.g., motivates by linking negative feedback to positive outcomes, highlights the learner's ability to change)

Ineffective behaviors include:
- Providing teaching that is not individualized to the learner (e.g., not tailored to learner needs; inappropriate for the learner's knowledge/experience level; does not address the underlying thought processes and frames)
- Teaching that is not related to the learner's performance

Encourages reflection on the feedback.
Reflection helps to solidify knowledge, generate meaning, and integrate learning into a system that is retrievable for future use. By having the learner reflect on the discussion and teaching that has occurred during the feedback conversation, the instructor is assisting in the process of reinforcing more meaningful learning. It also provides an opportunity for the instructor to verify that the learner received the feedback, understood the message, and recognized its application to future practice.

Effective behaviors include:

- Encouraging the learner to critically reflect on his or her own performance and the feedback provided (e.g. "Did anything about the feedback surprise you?")
- Providing an opportunity for the learner to seek clarification
- Assessing the learner's perception and interpretation of feedback to ensure feedback was received, understood, and can be applied to practice (e.g., have the learner reflect, paraphrase, summarize)
- Acknowledging the element of time when processing feedback (e.g., "Although it is starting to make sense now, what we talked about today will probably take on greater meaning as you continue to reflect and process it over time.")

Ineffective behaviors include:

- Using statements that minimize the importance of reflecting on feedback
- Discounting or omitting verification from the learner regarding reception and understanding of the feedback

Meets the important objectives that were collaboratively established with the learner.

The rater must know the objectives to rate this dimension.

For feedback to be effective, it needs to meet the goals and objectives that were established at the onset of the feedback conversation. If objectives other than those intended are discussed, the instructor appears to have made judicious choices.

Effective behaviors include:

- Discussing the important educational objectives
- Collaboratively developing an action plan for improvement (e.g., identifying resources and barriers, outlining next steps, identifying desired outcomes, determining how success will be measured)

- Contracting with the learner to follow-up and re-assess progress (e.g., timeline or target date)
- Deviating from the goals/objectives when there is high educational benefit or backtracking to more fundamental building blocks when necessary

Ineffective behaviors include:

- Allowing key learning points to be missed
- Not allowing learner involvement in developing the content or timeline of the action plan/next steps for improvement
- Not developing a plan for improving performance or establishing a feedback loop for follow-up
- Not facilitating a clear discussion for next steps to narrow performance gap

Collaborates with the learner to summarize learning from the conversation.

In concluding the feedback conversation, the instructor should assist the learner in reviewing salient points and translating lessons learned from the conversation into memorable principles that the learner can take with him or her to improve future practice.

Effective behaviors include:

- Explicitly discussing application and transfer of learning to new situations or different contexts in future practice
- Posing questions that ask the learner to think about the 'take aways' or 'lessons learned' from the experience

Ineffective behaviors include:

- Discounting or minimizing the importance of extrapolating salient concepts to different or similar contexts