

# ANESTHESIOLOGY™ 2014

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Session: L100  
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## **Giving Feedback: How to Support the Defensive Learner**

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**Disclosures:** This presenter has no financial relationships with commercial interests

### **Stem Case and Key Questions Content**

You start your day as attending physician in the ICU. The charge nurse from the overnight shift tells you that she is concerned about the behavior of the resident who was on call. He was very uncooperative and inconsiderate toward overnight nursing members of the care team. For example, it took him two hours to write orders for the newly admitted patient, despite no obvious interfering patient care responsibilities. Since the nurse needed written orders prior to administering medications, appropriate and necessary treatment was delayed for two hours. When the nurse tried to remind the resident to write the orders, he appeared very bothered and at one point told her - "I am busy, stop pestering me".

The charge nurse also noted he was very "messy" when placing a central line, and that the staff is concerned with the fact that he occasionally leaves sharp contaminated objects (used needles and blades) on patient's beds or in other inappropriate places. He appeared irritated when the nurses called him regarding acute changes in the patient's status. He stopped answering his pager at 3 am, and when one of the nurses knocked on the door of the call room, he was rude to her, saying he was tired and needed time to rest.

During rounds you find that one patient who was admitted two days ago with multiple rib fractures is febrile to 38.8°C, has a blood pressure of 85/40 and a heart rate of 110, and has made only 25 ml of dark urine in the past 4 hours. However, the resident neither sent blood cultures nor checked a serum creatinine.

At the bedside you start a group discussion about rib fractures, pneumonia, and sepsis, yet this resident barely participates. However, when you ask him questions directly, he answers correctly most of the time.

### **Key questions**

1. You want to give verbal feedback on this resident's behavior. What is the best time for the feedback?
2. What is the best location for a feedback session?
3. Define main areas of concern in the resident's behavior that you wish to address with the resident.
4. Identify and describe the results that you hope your feedback will produce.
5. You think of this resident's behavior as unprofessional. How will you share this with the resident? What are the possible implications of telling him he acts unprofessionally?

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After rounds finish you call the resident into your office for a feedback session. The resident states that he is extremely tired and cannot discuss important issues at this time.

## ***Key questions***

Do you proceed with feedback anyway or not? If you decide not to proceed immediately, then when will you deliver feedback?

What are the principles of effective feedback?

What feedback models are you familiar with?

You schedule a feedback session for the next morning. You ask the resident to come to your office 20 min before the rounds.

## ***Key questions***

How will you start the conversation?

You ask the resident to self-assess his performance during this rotation. The resident tells you that he is doing very well, even though he is not enjoying rotating in the ICU. He does not plan a career as an intensivist, and thinks this rotation is unnecessary for his future career as a pain physician.

## ***Key questions***

What are your goals for the feedback session, having heard the resident's self-assessment?

You talk to the resident, pointing out that his behavior is unprofessional and unacceptable. The resident disagrees, telling you that you are the only faculty member who is not happy with his performance. He tells you that he was "100% there, present and trying hard" throughout the night. He states that not taking a short break for rest in the middle of the night increases his chances of making a medical error, and that he does not appreciate your criticism. He thinks that he is a good resident, that he strives to excel, and he doesn't deserve your negative feedback.

## ***Key questions***

How could you structure and phrase your feedback without activating defensive behavior?

Will you schedule a follow up session? If yes, then when?

Should you write to the program director/ chairman about this behavior and your subsequent feedback session? If so, what would you document?

## **Model Discussion Content**

Verbal workplace feedback is information we provide residents, students, and other trainees about their performance, in order to help them to meet their educational and professional goals and to meet established criteria in different competency domains.

## ***Principles of giving feedback:***

- Set time and place for your feedback. Give feedback as soon after the action in question as possible. Make it confidential.
- Be prepared. Feedback needs to be well organized and documented.
- Clarify the performance expectations. Expectations should be specific, realistic, and measurable. Assess the expectations - are they fair and reasonable? Is the feedback recipient capable of meeting them? Are there ways to provide help to the feedback recipient if they need help for meeting expectations?

- Provide feedback in a friendly, non-judgmental way. Stay calm; keep your voice even and your emotions in check.
- Be focused on acts, not attitude or personal characteristics. Rather than commenting on lack of professionalism, focus on performance issues such as tardiness or low compliance with guidelines for use sharp objects.
- Good feedback is goal-oriented and future-oriented (helps the recipient to develop effective strategies for the future actions). Realistic goals help the learner to respond to your feedback without taking it personally.
- Effective feedback is specific. Use as much specific information as you can about the action/behavior you want to address. This information should include facts on *what* happened, *where* and *when* it occurred, *who* was involved, and *how* did it affect others.

## ***Reasons for ineffective feedback***

### Giver Issues

Not enough time to give feedback

Not a good place to give feedback

Not enough information to give specific examples

Fear of upsetting the feedback recipient

### Receiver Issues -

Feedback not recognized as feedback when given

Doesn't understand the feedback delivered

Doesn't reflect on the meaning of the feedback

## ***Feedback models***

The most known model of feedback is a **sandwich** model. The traditional “sandwich” consists of praise followed by criticism, and is concluded with another “layer” of praise. The users of this model **think that combining negative and positive feedback reduces discomfort and anxiety.**

Problems of the traditional Feedback Sandwich:

- The best feedback approach to improve performance emphasizes transparent and descriptive communication, rather than layering praise around a critical message. Honest straightforward feedback creates trust, as opposed to contrived attempts to “make things smooth”.
- The advantage of offering the positive feedback first is usually lost with the transition to critical feedback (especially if the transition is made with terms such **and** or **but**).
- The concluding layer of praise distorts the importance of the feedback about the areas to improve. The feedback recipient may be confused about the importance of the constructive feedback.
- The feedback session is dominated by the person giving the feedback, rather than creating an active role for feedback recipient.

The better feedback model utilizes the Ask-Tell-Ask feedback sandwich.

1. Ask: How does the learner rate his/her performance (e.g., successful, areas for improvement)?

2. Tell: The educator shares his/her perspective.

3. Ask: Did the learner understand the problem issues? How will the learner create a plan for improvement?

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## ***The steps of effective feedback***

The steps of effective feedback can be represented with acronym I DISCOVER.

• **I = introspection.** Ask the learner to reflect on their behavior and tell you in their own words why they did what they did. Listen and respond without judgment, restating what you heard in your own words. **Research the facts:**

What happened?

Why did it occur?

How did that occur?

What do you think were the underlying causes of what happened?

Listen carefully and react to the learner's observation (i.e., *opportunity for feedback on the learner's self-assessment*)

• **D = Describe** what you observed using sensory language: what you saw, heard, counted. Use statistical information when you can (how many times, how long). "The nursing staff reported contaminated needles left on the bed twice during the night shift. When you don't dispose of sharp objects properly, it creates risk of injury for other people taking care of the patient"

"I saw this happen ..."

"The reports indicate the following ..."

If giving positive feedback, describe the behavior you want to reinforce. Purpose of positive feedback is not just to make the learner feel good, but to motivate them to repeat desirable performance.

• **I = using "I" language** when you describe the situation. Acknowledge YOUR reaction to what happened. Explain the behavior's impact - positive or negative.

Use 'I' and give your experience of the behavior:

"I feel unsure, frustrated, concerned about ..."

"I disagree with this sequence of actions because ..."

"I think the impact on the team is ..."

Include both positive and corrective elements using "I"-statements.

*Once you have given a detailed description of the situation/behavior you want to change, give the learner a chance to respond. The likely outcomes are:*

1. *The learner is aware of a problem and is ready to discuss it.*

2. *The learner responds with confusion regarding your expectations. In this case, clarify your expectations: "the resident on call is expected to respond when paged"; "the policy in our department is ..."*

3. *The learner admits that the problem exists but refuses to take responsibility for it. "The nurses just don't like me and complain to make my life difficult"; "I am doing my best, and you are the only one who doesn't like what I do". There are two possible ways to deal with defensiveness: a) disregard it and actively listen to what is being said, then investigate the facts. Occasionally, there may be factors within the team that may indeed keep the learner from meeting the expectations. When the feedback recipient realizes that their viewpoint is taken seriously, their responses become less defensive b) thoroughly describe the effect the learner's actions have on the patient/other team members. "Untreated sepsis may cause multi-organ damage and death". "When the contaminated sharp objects are forgotten on the field, it increases needlestick risks both for you and for the nurses. It can result in a infection with HIV, HBV, HCV, and other blood-borne pathogens. The nursing report indicated that during last night there were two near-needlestick injuries. It caused worry and stress in the team members". Objective descriptions often help the defensive learner to admit the impact of their behavior and take the responsibility*

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for improving performance. c) upon disclosing negative impact of the current behavior on patients/team members, inform the individual that he or she will face significant consequences if the behavior continues.

- **S = Suggest** a different behavior. “What I would prefer/expect…” in an action-oriented way. Give two reasons for a change: reason #1 for what is achieved and reason #2 for a problem prevented or solved.

Example: “I would expect you to dispose of sharp objects immediately and properly next time. By doing this you comply with the department policy, and you decrease the personal injury risk”. Develop an action plan.

- **C = Confirm** the learner’s worth and ability to correct their behavior (the overall positive comment). “I have confidence that you can do the job correctly”.

- **OVERview** and summary of the experience.

Ask for the confirmation of learning: “So, what would you do if you would get the same case tomorrow?” When learner repeats the formulated action plan, he or she feels more committed to improvement than they would be in case of passive listening.

Things to remember:

- Document your feedback. If the learner does not respond to redirection of the behavior, you will have the records that the redirection was attempted. This could be significant in case of proposed probation or termination.

- If you are giving corrective feedback to an extremely defensive and/or overreacting learner, don’t let them use this behavior to take control of the situation. Remain calm and continue to focus on the negative impact of the performance.

*Learner says “Nurses are just mean to me. And you are playing their side”*

*Educator says “We are talking about specific behaviors you demonstrate when working, not about whether anybody is out to get you. When you don’t write orders in timely manner, you make it difficult to nurses to take care of your patient. When your patient is not getting timely treatment, he or she may develop significant end-organ damage and die. Do you understand why others perceive you as being uncooperative?”*

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