

EFFECTIVE FEEDBACK FOR STANDARDIZED PATIENTS



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Northern Ontario School of Medicine
Standardized Patient Program

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WHAT is Feedback?

- Standardized Patient (SP) feedback is information the SP provides to a learner about what the SP experienced in response to what the learner said or did during the interview and/or physical examination.
- SP feedback focuses on learner behaviours and interpersonal skills ... **not** medical content.

WHY do we use Feedback?

- Standardized Patients are a valuable teaching resource and tool for future healthcare professionals. Feedback provides learners with the opportunity to refine knowledge and skills, while allowing them a “safe” environment where they can ask the SP questions that they may not feel comfortable asking a “real” patient.

WHEN do we give Feedback?

- The bulk of SP feedback happens during undergraduate training. Feedback is mainly given in teaching situations. It is rare to be asked to provide feedback in an examination setting.
- SPs will also provide feedback during sessions with learners from various programs and training levels.
- During case training, time will be spent practicing feedback.
- During the SCS sessions, SPs work with a group of 4 students who are being **taught by a tutor (who is also a medical doctor)**. You usually work with two groups in a session. Each SCS session also has specific learning objectives for the day which are reviewed during training sessions.

WHO receives the Feedback?

- Usually one learner at a time (the learner who conducted the interview / physical exam).

WHO participates in the Feedback session?

- Feedback is given in a variety of settings from small to large group. Most common is the small group setting where SPs provide feedback to the learner who completed the interview. The other learners in the group and tutor listen in and then provide further feedback to that individual.

Characteristics of Feedback

FEEDBACK IS ...

1. SPECIFIC AND CONCRETE

“When you smiled and introduced yourself, I felt comfortable.”
is more effective than...

“You’re so nice and I really like that.”

2. BASED ON OBSERVABLE BEHAVIOURS (*behaviours that can be changed*)

eg. what you saw and/or what you heard

“You looked at the floor and changed the subject when I told you I was a lesbian. It made me feel judged.”

is more effective than...

“You were homophobic when I told you that I was a lesbian”

GIVING CONSTRUCTIVE FEEDBACK

1. DEMONSTRATE EMPATHY

Be aware of both the learner’s verbal and non-verbal response to feedback. If the learner becomes upset over the feedback, the SP should demonstrate empathy by acknowledging the learner’s feeling and reassure them that the purpose of the feedback was to be helpful, not hurtful. ***Recognize the learner’s emotions, state and confirm it and add comforting words.***

2. “I” STATEMENTS

Start with something you ***heard or saw*** and ***link it to an “I” statement*** in terms of how you were impacted, affected, and/ or felt.

“When ***you said*** _____ or ***did*** _____, ***I felt*** _____, and ***it made me feel*** _____.”

I noticed _____

I was _____

I got the impression _____

I experienced _____

For example,

“When you introduced yourself and offered me a seat, I felt welcomed.”
is more effective than...

“You’re a very welcoming person.”

3. CREATE A CLIMATE THAT FOSTERS TRUST.

Tips for Successful Feedback

Focus your feedback on what you “saw and heard” and how you experienced it.

- Always give feedback from your perspective, as the patient.
- Remember to use “I” statements.

Keep it simple and specific – make 1 or 2 points.

- “Sandwich” your feedback. Give “positives” at the beginning and end.
- When providing constructive feedback, if there are multiple points that feedback could be provided on, choose the most significant.
- Helpful for the student to know exactly which behaviour / skill you are describing.
- Too much information can be overwhelming.
- Focus on areas of strength and areas for growth.

Remember to make eye contact with the learner and provide feedback directly to that individual, not the tutor.

- For example, “When you...”, **NOT** “When he/she...”

Avoid commenting on:

- **Medical content**
- **Your personal experiences**
- **Personal matters (eg. hygiene, attire, appearance)**
Focus feedback on your experience during the encounter.
eg. body language, eye contact, being ‘heard’, feeling ‘judged’, etc.

Avoid using judgment terms such as “good” or “bad” / “right” or “wrong”.

- Remember you are providing information, not making judgments.
- Avoid using the word “BUT” as it can negate everything that came before it. Try substituting “AND”.

Do not compare students.

- Everyone has unique areas of strength and areas for growth.

Remember that this is someone’s classroom and the SP is NOT the tutor.

- You are there to offer information from the patient’s perspective. It is not your job to make decisions, educate or change anyone’s behaviour. **Feedback is a discussion, not a lecture.**

Trouble-Shooting Tips

What do you do when the tutor contradicts you?

The tutor facilitates the session! It is fair that everyone has an opportunity to offer their particular perspective. All perspectives should be welcomed. Do not engage in an argument.

What happens when the tutor does not ask you for feedback and then dismisses you from the session?

If you have something very important that you feel needs to be mentioned, feel free to address the tutor and say that you would like to make a comment. Ask if it would be alright to provide the student with some feedback.

What happens when two (2) students work together to interview during the encounter?

Be aware that the feedback might be more general. It is important NOT to compare students.

What if the learner is unclear or confused by the feedback you provided?

Take a moment to think – was the feedback specific enough? You can go back and address some key behaviours during the encounter.

What happens when you are unable to give immediate feedback and need time to collect your thoughts?

Ask the tutor if he/she would mind hearing from the other learners first to give yourself time to formulate your feedback. This allows you to provide specific and effective feedback.

What happens when the tutor asks for your feedback before hearing from the learner who interacted with you?

Ask the tutor if you can hear from the student first to gauge how he/she felt things went. This will help you to be more specific with your feedback and possibly address the student's specific concerns.

Areas for Feedback

Area for Feedback	Examples
Non-verbal behaviour	eye contact nodding attention to space handshake note taking body posture smiling handwashing draping
Listening	summarizing paraphrasing clarifying repeating
Paraverbal behaviour	tone voice volume inflection on words speed of speech
Verbal prompts	"Uh-huh" "I see..." "Tell me more..."
Supportive/empathetic comments	"That must have been difficult for you." "It sounds like this is a stressful time for you." "I can see how you'd feel that way."
Questioning style	use of multiple questions at once use of leading questions use of multiple choice answers to get specifics from patient balance of open and close-ended questions
Genuineness	relaxed absence of stiffness/nervousness in demeanor
Well-placed humour	"Something similar happened to..."
Logically-sequenced questions	
Open-ended questions help to explain illness in your own way	"Where is the pain?" "How has this affected your life?" "What is your living situation right now?"
Close-ended questions are used to determine specific details of your illness (usually answered with "yes" or "no")	"Is the pain sharp or dull?" "Have you taken any medication?" "Has this affected your appetite?"

Descriptive Vocabulary

The following are suggestions of words you can use to describe feelings you may have during an interview:

Positive Feelings		Negative Feelings	
Appreciated	Hopeful	Afraid	Overwhelmed
At ease	Impartial	Alienated	Patronized
Believed	Important	Angry	Pressured
Calm	Involved	Annoyed	Pessimistic
Cared for	Listened to	Anxious	Provoked
Cheered up	Pleased	Confused	Put down
Comfortable	Reassured	Demeaned	Rushed
Comforted	Relaxed	Disconnected	Tentative
Confident	Relieved	Embarrassed	Terrified
Connected	Satisfied	Foolish	Uncomfortable
Directed	Supported	Frustrated	Unsure
Encouraged	Sympathized with	Irritated	Upset
Good	Trustworthy	Judged	Worried
Grateful	Understood	Let down	Worthless
Guided	Valued	Nervous	

Add your own words: