**Feedback-Seeking Video Vignettes**

Based on “Right time, right place, right person” construct:

* picking the right feedback provider
* picking the best time to seek feedback
* picking a good place to seek feedback
* modalities for receiving feedback (i.e., verbal, written)
* techniques for seeking feedback

**Vignette one** (wrong place/wrong time/wrong person)

Busy clinic day. People all around hallway. Noisy. Come out of patient room together. **Attending** (quietly): “Whew… that was a tough one. Let’s take a deep breath. Now we’re a bit behind. Why don’t you go start the interview with next patient while I go back in and finish the exam with Mrs. ….”.

Student interrupts and keeps talking about last interview. Attending looks nervously toward pt door and quietly shushes the student.

**Student:** “I don’t think I did a very good job with the interview. I’m not exactly sure what I said to upset her. Once she started crying, I didn’t know what to do. I feel like I didn’t really know what to say or how to offer help. Should I have tried to dig deeper into the story? Offered her a plan? It felt awkward. Should I have shown more empathy? Tried to console her? How? I wouldn’t feel comfortable hugging her. Recommended counseling? Some of my other interviews have gone better. How do you think I am doing with all my patient interviewing this month?”

**Attending:** “You are doing great. Really. Right where you should be.”

**Student:** “Could I go back in with you and ask her how I did?”

**Attending:** “I don’t think now is a good time.”

**Student:** “Could we talk about this later?”

**Attending:** “Absolutely. Let’s plan to chat at the end of the day.”

Teaching points:

* wrong place: hallway outside patient door
* wrong time: busy clinic day, already behind schedule.
* wrong person: upset patient ("Could I go back in with you and ask her how I did?"). Nuances of feedback from patients--they generally want to please (or their feedback may be colored by feeling ill or waiting times), they also generally don't have experience or training in giving feedback
* wrong technique: interrupting mid-sentence in hallway
* example of indirect feedback-seeking technique: "I don't think I did a very good job with the interview."
* example of broad open-ended question (not specific): "How do you think I am doing with all my patient interviewing this month?" elicits broad answer.
* student is not presenting as confident, emotionally ready to receive constructive feedback
* "Could we talk about this later"--asks to follow-up and schedule a more appropriate time
* "Let's plan to chat at the end of the day"--how does feedback at the end of the day compare to feedback in the moment? Are there times or situations when one is more appropriate or valuable than another?
* Discuss informal, brief, in-the-moment feedback vs formal, expected, scheduled. Students often don't recognize the in-the-moment as feedback. Sometimes in-the-moment can also be in a group setting vs individual.

**Vignette two** (right place, right time, right person, wrong technique)

Sitdown meeting in quiet, private office.

**Student:** “Thanks for agreeing to meet with me. I wanted to ask for some feedback about my patient interviewing skills and I value your opinion. I know you are an adolescent specialist and talk about sensitive topics all the time. I would like to know how to get the patient to open up more about some of the more sensitive topics. I have tried starting with open-ended questions, but that seems to make it too easy to just skirt the issue, but when I try more close-ended questions I get one word answers.…

**Attending:** “I actually have three areas that I would like to make suggestions for improvement. The first would be body language. When you lean back in your chair and cross your arms, the patient might interpret that as a lack of engagement or empathy or a lack of warmth….

**Student (interrupting):** “Well, I often just sit like that. It’s more comfortable for me and I think it keeps me from fidgeting and actually makes me appear more engaged. Plus the room was really chilly and I was just trying to stay warm. I’m really tall so I have to slump down in the chair a little to be at eye level with the patient and that just makes me lean away and have a place to rest my arms. I’m pretty sure I maintained eye contact and smiled….

**Attending** gets frustrated and doesn’t deliver other points, ending discussion.

Teaching points:

* private office--respectful, no patient privacy issues
* "Thanks for agreeing to meet with me"--shows gratitude, appreciation. Likely to get more feedback in future.
* example of indirect feedback-seeking technique: playing to teacher's strengths, flattery. "I know you are an adolescent specialist".
* right person: seeking out someone with expertise and acknowledging why they are being sought
* self-assessment: awareness of techniques that are not working
* specificity: asks specific questions about what to do when open-ended and closed-ended questions are not working
* specific questions elicit specific responses: "I have three areas that I would like to suggest for improvement"
* discuss using "I" statements--"**I** observed...which might be interpreted as..." which is objective, versus "You were disengaged" which is subjective and judgmental. Give student a chance to explain.
* student interrupting--listening is the most important part of asking for feedback
* defensiveness--discuss how a student might better handle constructive feedback in the moment (wait to cool down, self-reflect, acknowledge any elements of truth, recognize personal defense mechanisms)
* discuss "unpacking the label"--seeking clarification and the context of feedback by probing deeper and asking specific questions in a non-defensive way
* discuss the Johari window--what we don't know we don't know
* discuss the possible consequences of being defensive (may not be perceived as emotionally ready, will likely not get more constructive feedback in future, might color overall perceptions of student's openness or ability to self-assess). Lost opportunity--the attending doesn't deliver the other two areas for improvement.

**Vignette 3** (technique--SKS (Stop, Keep, Start)

Exiting patient room.

**Attending**: "Good job. It's nice to have a fairly routine once in a while!".

Student: "Is it ok if I ask you a couple of questions about my physical exam?"

**Attending:** "Sure."

**Student:** "Great! Well, I was wondering if you noticed anything specific during my exam that I was doing wrong or that I should not be doing?" (Stop)

**Attending:** "Hmmm. Well, you did an excellent, very thorough lung exam. But now that we are approaching the end of the year and you have demonstrated that you know how to do a complete lung exam, I think you can begin to do a more focused exam. This was a patient following up for asthma that is pretty well-controlled. There were parts of your lung exam that probably really weren't necessary in this patient. For instance, what are egophony and fremitus testing for?"

**Student (excitedly):**"....Lung consolidation with something like a pneumonia or an effusion!"

**Attending:** "Right! So probably not needed on our patient with asthma. Listening for wheezes, though, would be key."

**Student:** "That makes sense. Thanks! Is there anything that I’m doing particularly well and should keep doing in the future??" (Keep)

**Attending:**"Well, I'm not suggesting you should abandon doing a complete exam entirely. There is nothing like repetition and experience to really solidify your skills. You have to see a lot of normals to know what abnormal is. So when there is time and willing patients, please keep practicing your skills. "

**Student:** "What is something I'm not doing that I should start doing?" (Start)

**Attending:** "I think starting to really think more about what you are testing for with components of the physical exam and focusing on those that give you useful information for the patient you are examining is a great next step. Basically, beginning to coordinate your clinical reasoning and diagnostic skills with your physical exam approach. And recognizing what you are doing by rote and what you are doing with a specific purpose. Let's plan to work on a more focused physical exam with the next few patients and talk about what we did and didn't do afterward."

**Student:** " So what I'm hearing is that I could stop doing every component of the physical exam every time and begin to do a more focused exam related to the presenting complaint. But that still practicing the full exam when there is time and a willing patient would still be a good idea. Sounds great. Thank you for taking the time to help me get better"

Teaching points:

* technique of **STOP/KEEP/START**
* Student asks permission: "Is it ok if I ask you a couple of questions...."
* Asks specific questions: "Anything I should **STOP** doing?"
* Could consider giving the student an option to self-assess.
* **KEEP:** learn strengths, specific, positive.
* **START:** one strategy might be to write these down and use to create an action plan. Could use list to check back in with feedback provider for accuracy and recheck on follow-up.
* Paraphrase--summarize back to provider to check for completeness and understanding.
* Gratitude--always remember to say thank-you