

Take 3 – Practical Practice Pointers[©] January 6, 2020 CME Edition

The Winter 2020 Teaching Edition: Giving Feedback, Seeking Feedback, Your Office Staff as Educators

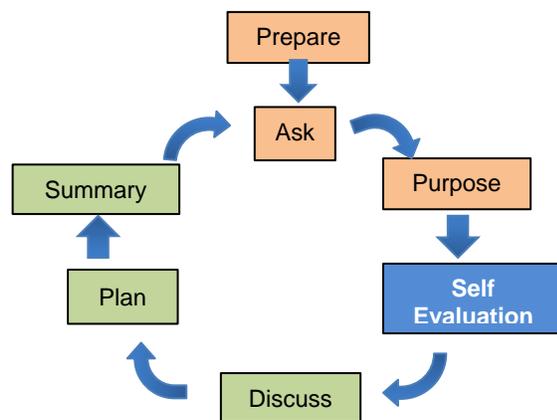
A Question From a Colleague

1) Providing Feedback: The Feedback Dialogue

Question: I know the importance of providing feedback to the students rotating in our office, but I often feel uncomfortable giving them “negative” feedback, and so often avoid providing this information to them. Any suggestions?

Answer: Feedback is actionable information given to stimulate a response (improved performance). When done effectively, feedback is a gift to help others grow; it promotes desired behaviors and outcomes and keeps people on target.

Therefore, feedback should be personal, and is best given as a dialogue.



Keys to the dialogue:

- Seek first to understand
- Use “I” statements
- Separate behaviors from person
- Develop collaborative goals
- Ensure follow up

Meaningful and effective feedback;

- Is timely, but takes place in a private and safe environment
- Is direct, but encouraging and non-judgmental
- Is clear and tied to specific behaviors, focusing on what can be changed
- Is balanced with strengths
- Provides the opportunity for the recipient to respond
- Offers alternatives
- Includes follow-up

My Comment:

We would do ourselves a great service by eliminating the qualifiers “positive” and “negative” around feedback, and instead think of “effective/ineffective” feedback. Effective feedback is honest and caring. To provide caring feedback, one must provide it in context. Part of that context is understanding the recipient’s viewpoint and goals. Additionally, part of that context is providing the feedback in a way it can best be heard. The best way to determine that is to ask, “How do you best like to receive feedback?”

The only unacceptable answer is “I don’t!” and even that answer provides the opportunity for wonderful dialogue!

Reference:

Potts S and Greenawald M. “Feedback is a Gift.” AAFP Chief Resident Leadership Development Program. May 2019. Kansas City, MO.

From the Mind of Greenawald

2) Seeking Feedback: Taking “I ACTION”

Feedback can also be actionable information *sought* to stimulate a response. If another person had information about you which would make you a better leader, physician, colleague, teammate, or friend, would you want that information? While our initial instincts might say “of course!,” experience might indicate otherwise. Indeed, when more deeply examined, it can be an intimidating question - we’re often quick to protect ourselves, even though we have an inherent desire to grow. But it’s that exact information where the true gems are. Since truly seeking feedback might feel a bit “unnatural” at first, it is important to plan ahead, both for your sake and for the benefit of the person/s you are seeking feedback from.

Why will you ask?

- Feedback works best when you are clear on your vision and goals, and are specific as to what you are seeking. Growth should be one of those goals!

Who will you ask?

- Colleagues? Staff? Students? It may also be a good idea to name two trusted people who you will actively recruit to become your “feedback network.”
- Consider who may have a unique insight into your role and the way you approach it.

When and where will you ask?

- It may be appropriate to ask in real-time as a situation occurs, or schedule time later to sit down and discuss.

What and how will you ask?

- Consider specific areas for growth that you have identified or which you’ve received feedback about previously, but I would also consider asking them about any other areas for growth.
- Consider asking proactively so they can be observing in advance.

After I plan, I ACT!

I	Inquire/Invite	Ask. It takes courage to open yourself up to this information (and for them to give it), but it’s essential!
A	Attend	Listen beyond the words. Mine for gems!
C	Clarify	Seek first to understand. Don’t kill the messenger!
T	Thank	You can appreciate the gesture without agreeing with it!

And once you have received the feedback, put the “3 R’s” into action ...

Reflect – You are responsible for what you do with your feedback. What from the feedback resonated with you?

Respond – What will you do differently based on the feedback you’ve received. Positive change, starting with self, is Leadership in Action. Consider following up with the person who provided the feedback and indicate how it was impactful for you. This will increase the likelihood they will give even more useful feedback in the future.

And...

Repeat – Start at the top and start the cycle again!

My Comment:

Most people live in a “feedback vacuum,” either because they don’t receive regular feedback or because what they receive is not really feedback. Indeed, the most common answer to the question, “Do you any feedback for me?” is “You’re doing fine” (which, by the way, is not really feedback). And remember, since most people have had a negative experience when giving feedback (“killed the messenger”), you will likely not be receiving the most effective feedback the first time around the “I ACT” cycle.

I encourage you to take this beyond your career - set aside regular time to ask your spouse/partner, parents, kids, and friends for feedback on what you can do to be more effective. Consider the modeling you are exhibiting by doing so. And don’t be surprised if at some point they start asking you for feedback as well!

Reference:

Greenawald, M. “Take ‘I ACTion’ to Accelerate Your Professional Growth.” AAFP Chief Resident Leadership Development Program workshop. Last presented May, 2019.

From Family Practice Management & Teaching Physician

3) Your Staff As Educators

You’re not the only educator in the practice! Remember that your staff members have an important role to play in educating, too. Consider appropriate times for the learner to engage with staff and understand their roles. A clinician couldn’t do their job without the work of everyone on the team, so it’s vital for the learners to know how to utilize the team wisely.

In preparing your staff to teach...

- Meet with staff and clinicians before the learner arrives to explain the role of the learner and his or her previous experience.
- Assign specific responsibilities for the learner’s orientation. You may want to assign one staff member to ensure that the learner gets a good tour of the clinic and understands the expectations and office policies for scheduling, staff responsibilities, and patient care.
- Discuss with staff and colleagues anticipated areas where they can contribute to the learner’s education. For example, your front-desk staff can give your student an understanding of the complexities of scheduling, while the nurses and medical

assistants can teach students to administer injections, perform lab tests, or complete blood draws.

- As the learner shares goals for the rotation with you, inform staff of how they can contribute to those goals (with the learner's permission).

My Comment:

Remember that the learner will be an educator as a resident and potentially as faculty in the future, so their ability to gain the skills needed to be a good educator starts now. However, the learner is also already an educator - to patients! Explain how you educate patients and share teaching techniques. Tips on how to avoid medical jargon, counsel patients, and navigate questions are all helpful. Utilizing evidence-based teaching methods such as "teach back" and motivational interviewing will serve the learner and their future patients and learners as well. That's "paying it forward" to the second power!

References:

- Iagioli FE, Chappelle K. How to be an efficient and effective preceptor. *Fam Pract Manag* 2010; 17(3):18-21. [Link](#)
- Teaching Physician. Teach others to teach. Society of Teachers of Family Medicine. Retrieved from: [Link \(Password required\)](#)

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

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Take 3: Practical Practice Pointers by Mark Greenawald, M.D.

Carilion Clinic and Virginia Tech School of Medicine-Family and Community Medicine

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Target Audience: General Internal Medicine, Family and Community Medicine and Urgent Care Physicians. Other healthcare professionals, nurses, residents, and/or medical students may benefit from this educational offering as well.

Objectives:

- Participants will recognize how newly released guidelines apply to their clinical practice and translate this to the care of their individual patients.
- Participants will appraise the conclusions of current medical literature in the context of their clinical practice.
- Participants will synthesize new medical knowledge in the context of their current understanding.

CME Designation Statement: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of Virginia through the Joint providership of Carilion Clinic's CME Program and Carilion Clinic/ VTCSOM Family and Community Medicine. Carilion Clinic's CME Program is accredited by the Medical Society of Virginia to provide continuing medical education for physicians. Carilion Clinic's CME Program designates this enduring material activity for a maximum of **6.0 AMA PRA CATEGORY 1 Credits™**, (based on **0.5 AMA PRA Category 1 Credits™** per weekly session). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure(s)/Relevant Relationship(s)/Affiliation(s)/Resolution(s): Author of content, Mark Greenawald, M.D., reported no relevant financial relationships.

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