“Feedback in Clinical Medical Education”
- 25 Years Later -

Jack Ende, MD
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What Else Happened in 1983?

- Dr. Barney Clark receives first artificial heart pump, survives for 100 days
- French scientist, Dr. Luc Montagnier discovers HIV
- The musical *Annie* closes on Broadway, raising concern about whether the sun will come out, tomorrow
- Bjorn Borg retires after winning 5 consecutive Wimbledon championships
Microsoft *Word* is released

Michael Jackson’s “*Thriller*” broadcast for first time

the Denver Nuggets and Detroit Pistons combine for an NBA record 370 points, with Detroit winning in triple overtime 186-184

McDonald’s introduces the McNugget

and...
Feedback in Clinical Medical Education

Jack Ende, MD

The Nature of Feedback

The concept of feedback—informatio
...
How This Paper Came About

- motivation: clueless in Boston
- method: “try aisle 5”
- mining other fields: “face” validity
- manuscript: a stacked deck
Our Agenda

- components of this now 25 year-old paper
  - definition of feedback
  - utility in clinical teaching
  - barriers
  - guidelines
- critique
- ideas for Feedback 1.1
“If they wanted to name a clinical sign after me, why couldn’t they have picked a good one?”

John Homans, MD
1954
Definition of Feedback - 1983

information highlighting the discrepancy between the intended (ideal) and actual performance; designed to influence future performance
Towards a More Nuanced Definition of Feedback

- observations in “the clinic” (1995)
  - opportunity spaces
  - hinting with questions
  - ratify and re-ask
- not just a mirror, but a map
  - displaying the big picture
  - “you are here”
Rationale for Feedback - 1983

Integral to learning a clinical skill, especially when the learner “goes first”
Towards a More Instrumental Form of Feedback

- learning a culture
  - Situated Learning – J. Lave et al., 1992

- understanding principles
  - Double-loop Learning – C. Argyris et al., 1994
Learning from Experience, Alone

- Action
- Strategy
- Consequences

Single-loop learning
Learning from Experience, with a Mentor

- governing principles
- action strategy
- consequences

- single-loop learning
- double-loop learning

feedback from faculty/mentor

Adapted from Argyris, et al, 1994
Barriers to Feedback - 1983

- requires direct observation
- goals not shared
- nature of clinical performance
- egos, theirs and yours
...And, It May Be Even More Difficult Now

- contemporary systems of care
- culture of support
Well, you've been a pretty good hoss, I guess. Hardworkin'. Not the fastest critter I ever come across, but...

No, stupid, not feedback. I said I wanted a feedbag.
Guidelines for Feedback - 1983

- develop from shared goals
- utilize first hand observations
- be specific
- focus on performance, not performer
- identify subjective information
- focus on actions, not intentions
- separate feedback from evaluation
Towards a More Contextual Model for Feedback

- based on sophisticated model of clinical expertise, i.e. connoisseurship
- used to explore assumptions, intentions
- improvement oriented (and, not but)
- seek situations for real and collaborative problem solving
“The conversations between coach and trainee flow gracefully, almost effortlessly, their attention focused on the problem at hand. They seem absorbed. They speak in half sentences, often completing each other’s thoughts. Time passes quickly; the energy level is high.”

Schon, D.. 1988
“Well young Nigel, you’re looking quite sharp there; and it’s very nice to have you with us. Now, get yourself a proper coat and tie and you’ll no longer have to walk behind us.”