



Developing a Culture of Feedback

Direct Observation Feedback of Residents and Faculty in Rural Residency Programs

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Developing a Culture of Feedback



Link to Full Presentation:

<https://uncsom.webex.com/recordingservice/sites/uncsom/recording/playback/9bb08fd318fa4092a6fd7b830f1ba778>

Password: QvBxHmK8

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Disclaimer



Dr. Cristy Page leads a non-profit organization, Mission 3, which was created to motivate, mentor and matter for educational excellence related to evaluation. The M3App is the original tool (piloted in 2015-2016); the F3App is a newer tool. All studies that may relate in any way to these tools, which are owned by UNC and licensed to Mission3, are reported and managed carefully but the COI and IRB resources within the University.



Direct Observation Feedback



Background



ACGME Milestones require programs to report milestones per resident every 6 months to demonstrate program or specialty specific milestone achievements

This resulted in a challenge of collecting and organizing large amounts of information for Clinical Competency Committee reviews, which are reviews by residency faculty appointed to serve on the CCC within each program

Agenda



We will talk today about:

- Importance of regular feedback
- What defines a culture of feedback
- Some practical advice on how to operationalize a culture of feedback
- Specific relevance to newer rural residencies

Why Direct Observation Feedback?



Narrative descriptions of behavior shown to be effective in organizing large amounts of complex information

Feedback is an important part of the learning process and has been shown to affect the clinical performance of physicians

Feedback to faculty fosters professional development

Must be:

- Situation specific
- Behavior specific
- Timely
- Actionable

Feedback in Rural Residencies



New programs need to design effective feedback processes

- Best time to establish importance of feedback
- Allows transparency
- Improves quality metrics
- Improves quality of care/safety culture
- Creates a culture of learning and growth



What Defines a Culture of Feedback?



Faculty Role Modeling



Faculty serve as role models about how to seek, receive, and use feedback

Universality



***Everyone receives
feedback
(it's not voluntary)***



Supportive and Trusting Culture



Feedback is embedded in a trusting relationship

Feedback provided in context of trusting relationships

Culture emphasis is on support rather than blame



Emphasis on Growth

Feedback is provided to enhance professional growth

The recipient is clear about what the feedback means for his/her continued development and the opportunities for change suggested by the feedback





Creating a Culture of Feedback



Educate



Faculty are explicitly taught how to provide useful feedback

Learners are explicitly taught how to provide useful feedback

Learners receive training on how to respond to both reinforcing and constructive feedback which includes learning to recognize and manage emotions tied to receiving feedback

Givers of feedback routinely use direct observation as a source of their feedback

Promote



Informal or "in the moment" feedback is encouraged

Feedback seeking behavior is encouraged

Regular bi-directional feedback conversations are promoted

Facilitate and Reward



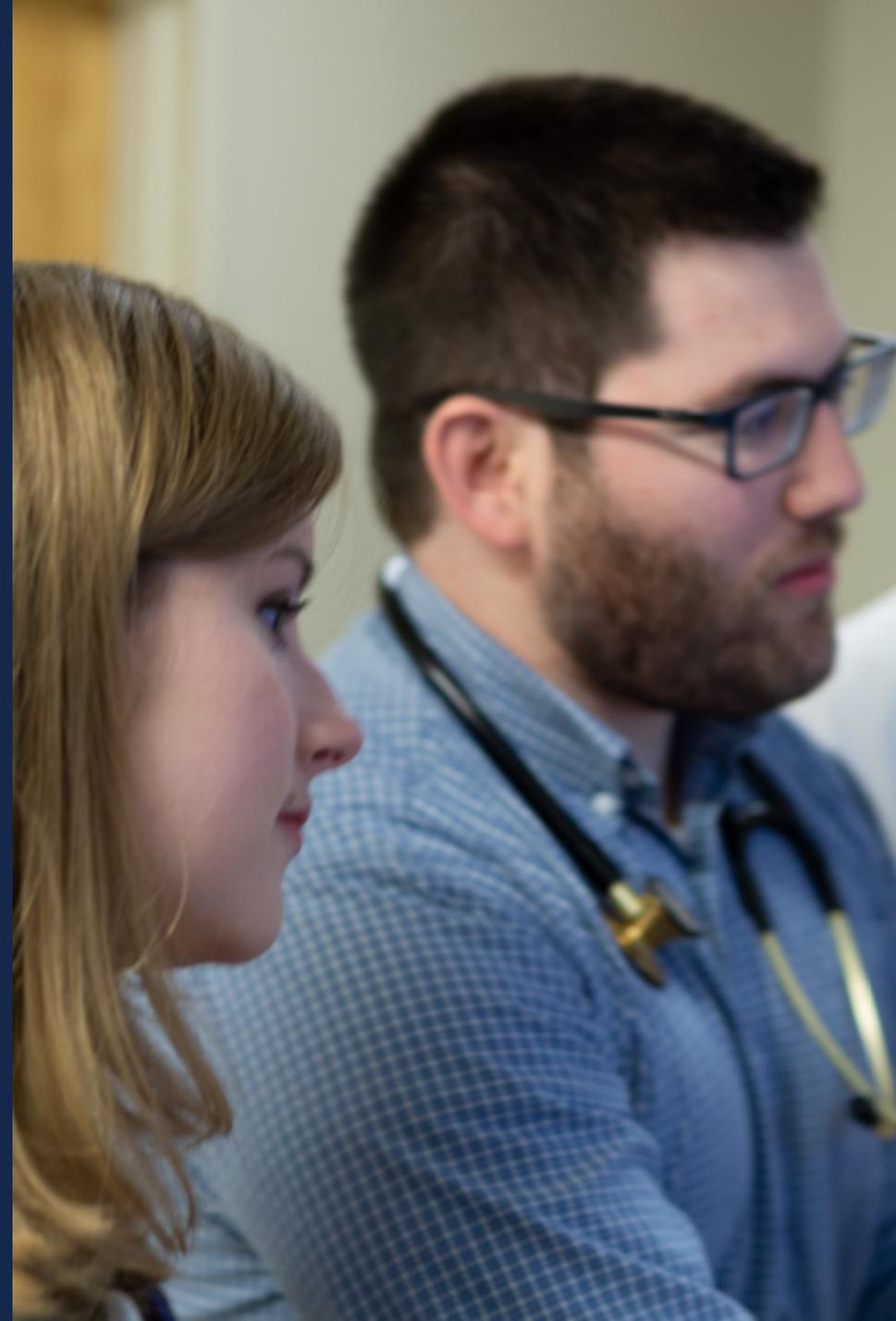
Time is provided to review, clarify, and reflect on feedback

Reflection and informed self-assessment is facilitated

Clinicians are rewarded in a manner that recognizes their commitment to a culture of feedback



Direct Observation Feedback Systems



Mobile Medical Milestones (M3App) and Faculty Feedback Facilitator (F3App)



Web-based application, functions like app on mobile device

Can be accessed from any device

Secure, encrypted data

Individual administrator “site” for each program

Varied access levels (site administrator, app user, etc)



Multiple Reporting Functions

M3App / F3App site administration

Reports

Resident Milestone Review (M3App)

Resident Observation Count (M3App)

Medical Student Competency Review (M3App)

Medical Student Observation Count (M3App)

Faculty Usage (M3App)

Faculty Feedback Review (F3App)

Faculty Observation Count (F3App)

User Observation Review (M3App/F3App)

M3App Mobile Interface



6:17 PM m3app.org

UNC Family Medicine

M3

Mobile Medical Milestones

Email address:

Password:

[Forgot your password?](#)

6:19 PM m3app.org

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M3

Mobile Medical Milestones

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UNC Family Medicine

Make an Observation

Learner:

Begin typing a name to get a list of learners to choose from.

6:20 PM m3app.org

UNC Family Medicine

Make an Observation

Observation:

M3App Mobile Interface



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UNC Family Medicine

Make an Observation

Competencies

- Patient Care
- Medical Knowledge
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement
- Communication

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UNC Family Medicine

Patient Care Milestones

- PC1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings
- PC2. Cares for patients with chronic illnesses
- PC3. Partners with the patient, family, and community to improve health through disease prevention and health promotion
- PC4. Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment in a patient-centered, cost-effective manner
- PC5. Performs specialty appropriate

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UNC Family Medicine

Professionalism Milestones

- PROF 1. Completes a process of professionalization
- PROF 2. Demonstrates professional conduct and accountability
- PROF 3. Demonstrates humanism and cultural proficiency
- PROF 4. Maintains emotional, physical, and mental health and pursues continual personal and professional growth

Back Cancel Done

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UNC Family Medicine

Log out

Mobile Medical Milestones

Thank you! Your observation has been recorded.

Program administration

Make an observation

About | Supported by NC AHEC | Contact

F3 App Mobile Interface



UNC Department of Family Medicine
Anonymous Faculty Teaching
Evaluation

Select a faculty member to evaluate.

Adam Zolotor

Clark Denniston

Don Pathman

Adam Goldstein

Andy Hannapel

Mark Gwynne

Please indicate your degree of exposure to

insufficient exposure to evaluate

sufficient exposure to evaluate

substantial exposure; evaluation based on multiple observations in a variety of settings

Powered by Qualtrics

In what contexts have you had contact with (all that apply)

clinic precepting

conference presentations

inpatient attending

outpatient rotation attending

small group learning activity

video review

other (please describe)

Please assign a level that best describes your learning experience with for each of the 4 competency domains below. Descriptors are listed under each level. Please think of these as you might the resident milestones.

creates a learning climate in which my learning is facilitated.

Level 1 Foundation/Novice	Level 2	Level 3 Expert	Level 4	Level 5 Master
Clearly communicates learning expectations (goals and objectives)	Is comfortable in an open atmosphere that facilitates dialogue about different approaches to clinical issues	Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues		Helps me "stretch" towards new learning goals.
Clearly communicates learning content	Routinely asks about my learning needs (i.e. what is your clinical question)	Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues		
Assesses if my learning need was met	Actively engages me in the learning process			
Provides general feedback on my progress (positives & constructive)	Elicits barriers to learning and helps with me to overcome them.			
	Provides timely, concrete, behavioral, constructive feedback that I am able to turn into action.			

Level 0.5

Resident Milestone Reports



Most Visited | Getting Started | Inbox (75) - tray... | Cactus Projects ... | cactus/Discover... | Marketing | Marketing Plan | Projects | Timepiece: Dash... | Cactus Consulti... | Intranet | Apple >>

Resident: Individual | Resident A | Report Date: 10/16/13 | Timeframe: 6/23/2013-10/16/2013 | [Log out](#)

Competency: Patient Care

Milestone: PC1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings

Date:	Faculty Observer:	Observation:
6/27/13	Jessica Smith	I observed Test Resident care for the most medically and psychiatrically complex patient I've come across at the FMC. He did so with care and compassion, prioritizing his complex illnesses and redirecting his discontent in a way that showed respect for the patient and also allowed them to move forward. Interpersonal skills and patient care.
7/5/13	Cristy Page	Observation text
10/1/13	Martha Carlough	Observation text

Milestone: PC2. Cares for patients with chronic illnesses

Date:	Faculty Observer:	Observation:
6/23/13	Kathy Barnhouse	Resident A precepted a complicated patient with heart failure. She put a lot of thought into the appropriate management of CHF and tailored the plan to factor in the fact that the patient wasn't actually taking her medicines. Tailored her plan to not check labs and add to cost when it wouldn't change management off meds. More noteworthy is the patient compliment to me about her relationship with the resident. The patient stated that she has never felt so listened to by a physician and she felt grateful for her care.
7/20/13	Cristy Page	Observation text

Milestone: PC3. Partners with the patient, family, and community to improve health through disease prevention and health promotion

Date:	Faculty Observer:	Observation:
7/12/13	Narges Farahi	Observation text
7/15/13	Jessica Smith	Observation text
9/20/13	Brian Rayaja	Observation text

Faculty Feedback Report



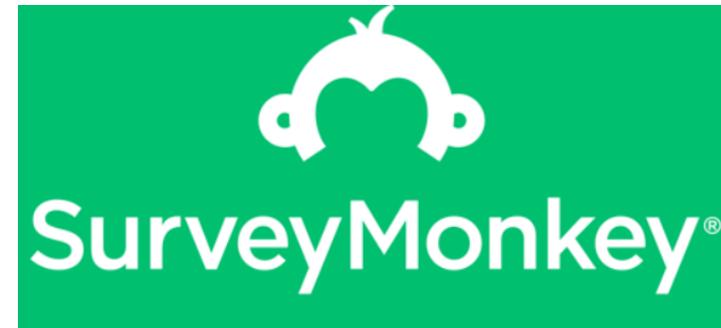
Level 1 Foundation/Novice	Level 2	Level 3 Expert	Level 4	Level 5 Master
<p>Clearly communicates learning expectations (goals and objectives)</p> <p>Clearly communicates learning content</p> <p>Assesses if my learning need was met</p> <p>Provides general feedback on my progress (positives & constructive)</p>		<p>Is comfortable in an open atmosphere that facilitates dialogue about different approaches to clinical issues</p> <p>Routinely asks about my learning needs (i.e. what is your clinical question)</p> <p>Actively engages me in the learning process</p> <p>Elicits barriers to learning and works with me to overcome them.</p> <p>Provides timely, concrete, behavioral, constructive feedback that I am able to turn into action.</p>		<p>Helps me “stretch” towards new learning goals.</p> <p>Creates an open atmosphere which facilitates dialogue about different approaches to clinical issues</p>

Examples

- M3/F3 Apps
- Qualtrics
- Survey Monkey
- New Innovations

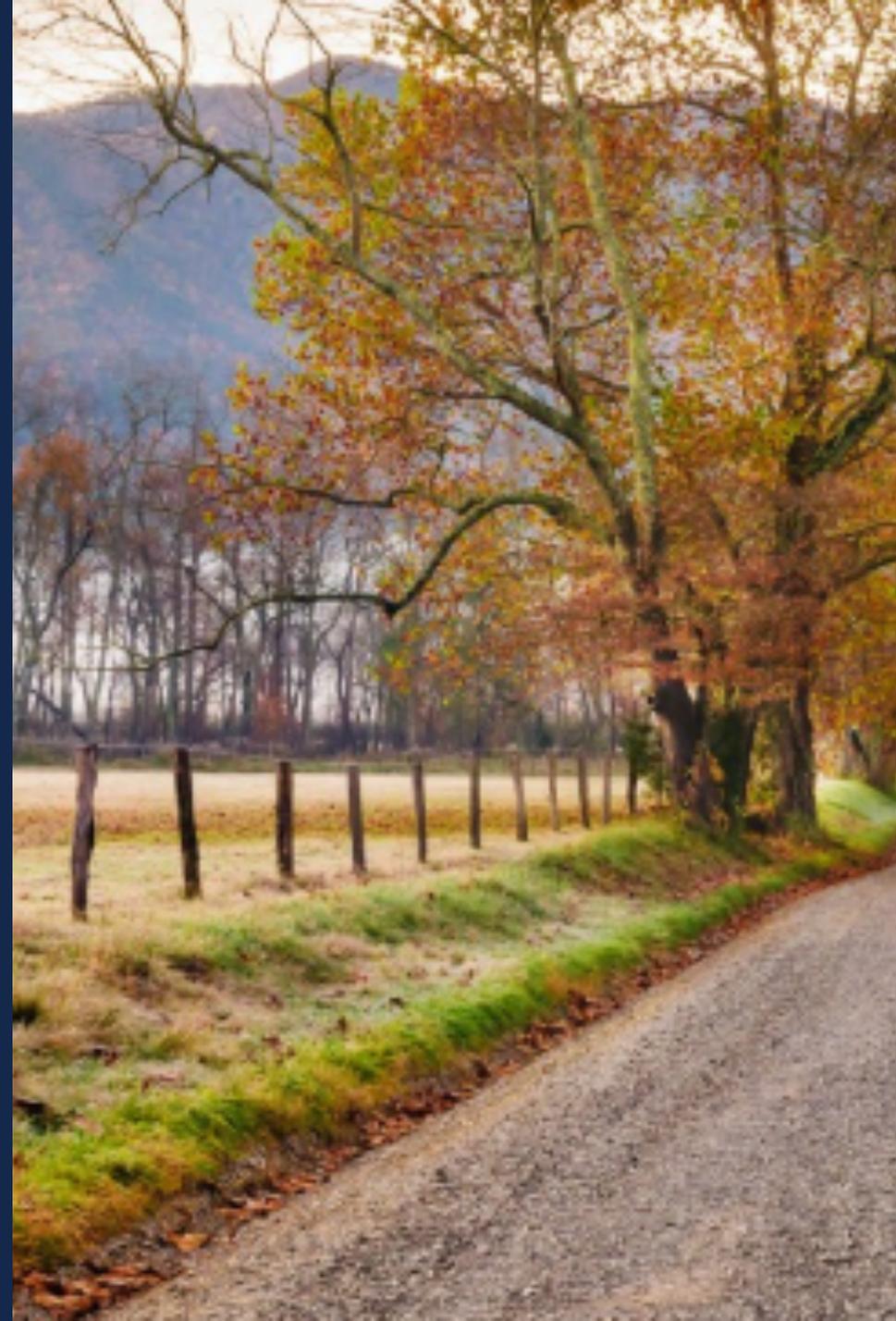


qualtrics^{XM}





Takeaways for Rural Residencies



Feedback for Rural Residencies



This is the time to develop a direct observation feedback system

Helps organize resident evaluation in accordance with ACGME criteria

Enhances learning for residents and professional development for faculty

There are essential elements to a culture of feedback

There are explicit ways to operationalize a culture of feedback in your residency programs

Contact



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