



University of California  
San Francisco

# Beyond "Good job!": Feedback with a Growth Mindset

*Developing Medical Educators of the 21<sup>st</sup> Century  
February 2023*

Erica Brode  
Duncan Henry

<https://meded21.ucsf.edu>  
@ucsfmeded21 | #ucsfmeded21

# Objectives

1. Distinguish between assessment **for** learning and assessment **of** learning
2. Describe how feedback focused on learner development can encourage a growth mindset
3. Deliver short, actionable feedback in the clinical setting

# Introductions

- On the chat: your institution and role, and to whom you typically provide feedback

# OUTLINE

- Definitions and concepts
- Reflections on feedback
- Approaches to feedback:
  - Keep-Stop-Start
  - Ask-Tell-Ask
- Practice
- Discussion and Q&A

# Assessment vs Evaluation vs Feedback



- Assessment = a measure of someone's performance, either quantitative (scores) or qualitative
  - *ALWAYS subjective and contextual*
- Evaluation = a way to record this assessment
- Feedback = providing information about assessment to the person assessed

# Assessment: Purpose

## For the learner

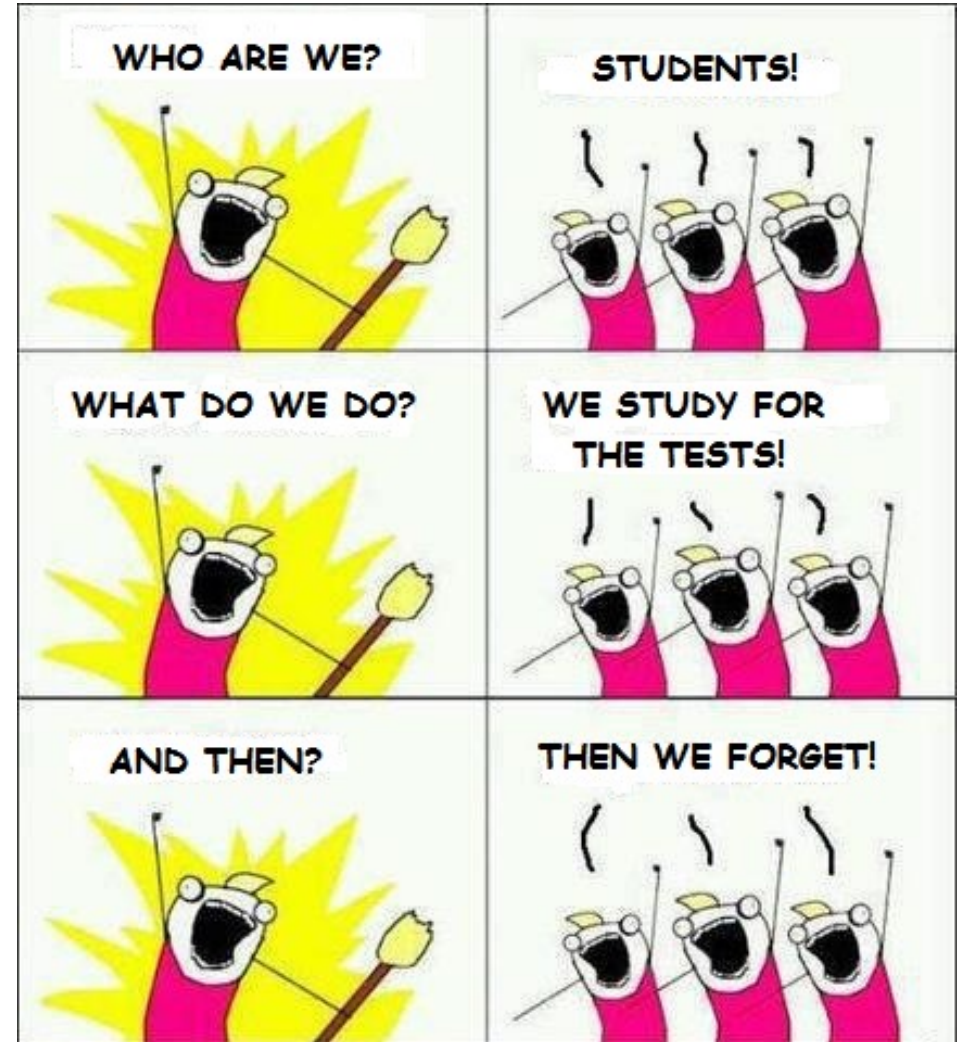
- Reinforce learning
- Guide future learning
- Determine readiness for advancement or practice
- Earn a grade or a standing

## For the program

- Ensure high quality patient care
- Inform decisions about advancement and selection
- Improve the program

# Assessment in medical education

- Heavily relies on scores/grades
- Can create a comparative/competitive culture
- Susceptible to bias – perpetuating inequity



# Assessment and Bias

## Racial/Ethnic Disparities in Clinical Grading in Medical School

Daniel Low, Samantha W. Pollack, Zachary C. Liao, Ramoncita Maestas, Larry E. Kirven, Anne M. Eacker & Leo S. Morales

Teaching and Learning in Medicine

JAMA Internal Medicine | [Original Investigation](#)

## Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society

Dowin Boatright, MD, MBA; David Ross, MD, PhD; Patrick O'Connor, MD, MPH; Edward Moore, PhD; Marcella Nunez-Smith, MD, MHS

JAMA Internal Medicine May 2017 Volume 177, Number 5

Perspective

## How Small Differences in Assessed Clinical Performance Amplify to Large Differences in Grades and Awards: A Cascade With Serious Consequences for Students Underrepresented in Medicine

Arianne Teherani, PhD, Karen E. Hauer, MD, PhD, Alicia Fernandez, MD, Talmadge E. King Jr, MD, and Catherine Lucey, MD

Academic Medicine, Vol. 93, No. 9 / September 2018



# Assessment: Amplification Cascade

	Average clerkship scores (0.5-4)	Average clerkship honors (8 max)	AOA Honor society (n)
UIM (n=177, 26%)	3.5	1.3	11 (6%)
Not-UIM (n=493, 74%)	3.6	2.4	91 (19%)

Odds ratio 3.4

Teherani et al, Acad Med 2018

# Purpose of Assessment

## *Of learning*

After learning (e.g. end of rotation):

- How well did the learner do?
- Is the learner ready for advancement or independent practice?

Grades, ratings,  
judgments

## *For learning*

While learning occurs:

- How is the learner doing?
- How can the learner get to the next level of competency/independence?

Recommendations for further  
learning and growth

# Assessment and Mindset



Fixed Mindset	Growth Mindset
I'm either good at it, or I'm not.	I can learn anything , I want to.
When I'm frustrated, I give up.	When I'm frustrated, I persevere.
I don't like to be challenged.	
When I fail, I'm no good.	I want to challenge myself.
Tell me I'm smart.	When I fail, I learn.
If you succeed, I feel threatened.	Tell me I try hard.
My abilities determine everything.	If you succeed, I'm inspired.
	My effort and attitude determine everything.

“Growth and Fixed Mindset” by Reid Wilson, used under  / Desaturated from original

# Feedback and the Growth Mindset

## Collect Evidence

**OBSERVE:** Learner conducting a history, physical exam, or procedure; communicating with a family member.

**LISTEN:** Learner delivering an oral presentation.

**READ:** Learner's notes for a chart.

**ASK:** Learner for details, background or thought process.

## Watch for Improvement

Provide opportunities to try again.

## Discuss Feedback

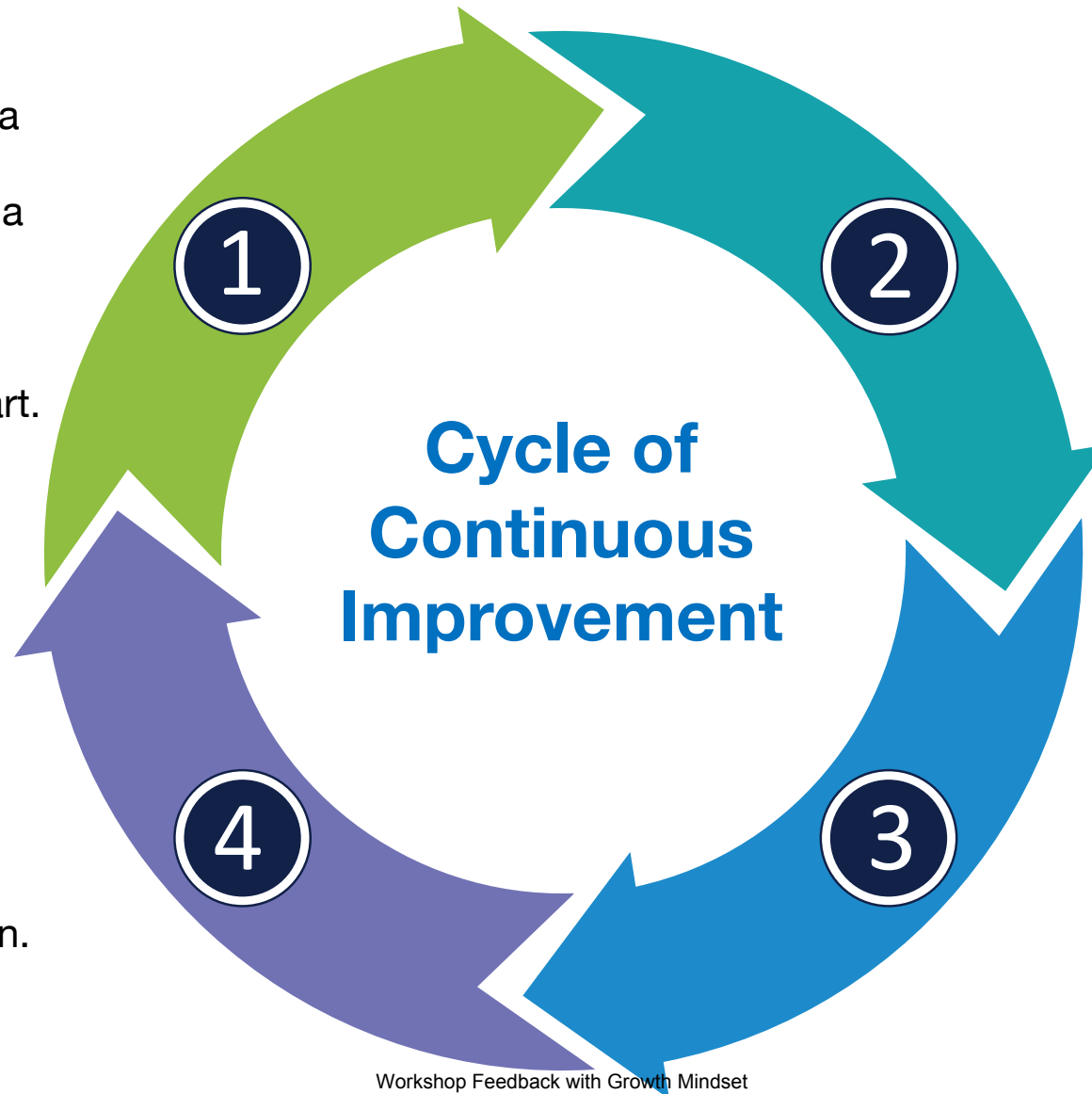
**KEEP:** Tell learner what they are doing well.

**STOP:** Communicate areas for improvement.

**START:** Discuss action steps moving forward.

## Document

Complete the Bridges Brief Observation Tool for students. For other learners check with program leadership about available tools.



# Challenges with feedback in medical education

- Learners often complain that they
  - Don't get enough feedback
  - Don't get enough constructive feedback
  - Feedback is done *to* rather than *with* them
- Faculty complain about
  - Lack of time to give feedback
  - Lack of exposure to learner to give meaningful feedback
- Discrepancy between amount of (useful) feedback faculty report they give, and learner report

Van de Ridder *et al*, Med Educ 2008  
Ajawi and Regehr Med Educ 2018

# Feedback: your experience

At your tables (10 minutes):

1. When was the last time you **received** feedback in the moment? (work or personal)
2. What made that feedback effective (or ineffective)?



# Reflection questions: Large Group

- How does your experience receiving feedback inform how you give feedback?
- How does it help you understand how learners respond to feedback?

# What is feedback?

“Providing [discussing] information about assessment to [with] the person assessed”

*But also:*

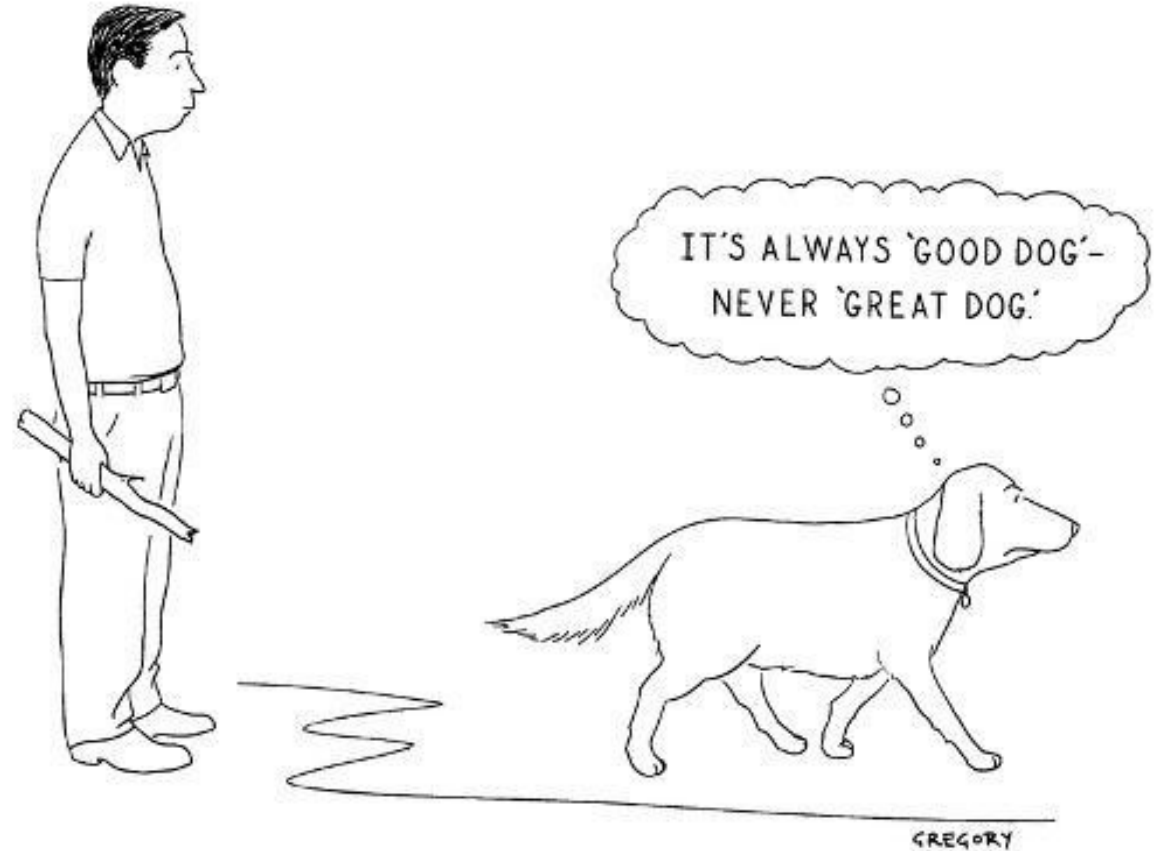
- Quick comments
  - Deliberate or thoughtless
- Non-verbal
- Silence





# What makes effective feedback?

- Feedback is ideally:
  - Specific
  - Nonjudgmental
  - About behaviors, not traits



Van de Ridder *et al*, Med Educ 2008

# The infamous sandwich...



# Feedback as coaching conversation

- Instead of a one-way street...
- A mutual conversation to collaboratively achieve goals, which requires:
  - A sense of alliance
  - Shared goals
  - Collaborative problem solving

Telio et al, Acad Med 2015

Ajjawi and Regehr, Med Educ 2018



*“I want to help you get better”*  
*“I would love to see you be more independent”*  
*“I want you to be successful”*

# ART-full feedback

- Set-up
- Observation
- **A**sk
- **R**espond
- **T**ell/**T**each

Chou et al Remediation in Medical Education 2013

# R2C2

- **R**elationship building
- Exploring **R**eactions to the feedback
- Exploring understanding of feedback **C**ontent
- **C**oaching for performance change

Sargeant et al Acad Med 2015

# Ask-Tell-Ask

**ASK:** How did you think this went?

**TELL:** I thought....., I suggest.... (Keep/Start/Stop)

**ASK:** What do you think of that?

# Asking as part of feedback

Start with a question:

- To avoid incorrect assumptions
- To get the learner's perspective/insights
- To increase acceptability of corrective feedback

*"I really appreciate the initiative you took in attending to this patient's overnight needs, can we take a moment to chat about the decision to start antibiotics?"*

*"I didn't quite see what happened there, but it seemed that the nurse was quite upset. Can you tell me what happened from your perspective?"*

*"I saw you come in late this morning, and I'm wondering if everything is OK and how I might help?"*

# A better sandwich

But on the whole  
things are fine

But you suck at this...

This was really good...

I want to help you grow.  
How did you think it went?

**So I suggest you keep/stop/start.....**

Does this feedback help you  
understand how to improve?

# Keep/Stop/Start

- **Keep: reinforcing** – recognize areas of strength
  - *I liked how you ..., it worked well when you.....*
- **Stop: correcting** – errors and unhelpful behaviors
  - *What didn't work so well...., what I wouldn't do next time*
- **Start: suggesting** – identify areas for further development
  - *As a next step, focus on..., to become more independent, try to...*



# Beyond good job: Keep

- What are specific things you noted the learner should continue to do?
- Not just a compliment – focus on effective actions and behaviors in any of the competency domains



# Beyond good job: Stop

- Constructive feedback – things that did not work so well
- Best discussed *after* asking learner for their perspectives
- Make sure to offer alternatives (Start)



# Beyond good job: Start

- Can be linked to stop: “Instead... Try this...” or “You can push yourself to try ...”
- But any learner has room to grow!
- Anchor in expected milestones for training:
  - What is the next step in the learner’s development?
  - What would you need to see to allow for more independence?
  - What is needed for mastery?



# Check your bias!

When discussing feedback with a learner, consider whether you would say the same thing to a learner with different gender, race or ethnicity.



# Feedback in everyday clinical practice: Large Group

- What are some of the barriers for engaging in feedback in-the-moment?
  
- And any solutions?

# Feedback in everyday clinical practice



VectorStock®

VectorStock.com/21658339

# Feedback in everyday clinical practice

- Even brief observations can lead to meaningful feedback
- Labeling it as feedback can help with recognition

*“I noticed that you did X, which is likely why you had some difficulty. If instead you did Y, I think you may have greater success. Is that helpful feedback?”*

# Practice

- Applying to examples....





# Practice

- Groups of three to four at the table (supervisor, learner, observer or two)
  - Think of a real scenario, or use one of the ones provided
- Use Ask-Tell-Ask to provide Keep/Stop/Start suggestions (don't have to have one for each!)
  - No more than 3 minutes for each try
- Switch roles and repeat
  - Round 2 – Challenging - think of the last time you wanted to discuss feedback, but felt challenged by the content/recipient (now's the time to try)

Without feedback, mistakes go uncorrected,  
good performance is not reinforced and clinical  
competence is achieved incidentally or not at all.

Ende, JAMA 1983

# Acknowledgements

- Karen Hauer, MD PhD
- Brian Gin, MD PhD
- Cees van der Vleuten, PhD
- Calvin Chou MD
- Josette Rivera, MD
- Denise Davis MD
- Ryan Laponis MD
- Sandriijn van Schaik, MD, PhD
- Kara Myers CNM, MS

*UCSF Center for Faculty Educators / LACE initiative  
Kern Institute/Transformation Network*

# Questions



# References

- Ajjawi, R. and Regehr, G. (2019), When I say ... feedback. *Med Educ.* 53: 652-654.
- Bienstock et al, J. (2007) To the point: medical education reviews—providing feedback, *Am Journal of Ob Gyn.* 196(6): 508-513.
- Ende, J. (1983) Feedback in Clinical Medical Education. *JAMA.* 250(6):777–781.
- Ramani, S et al. (2019) Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships, *Medical Teacher*, 41(6): 625-631
- Sargeant, J et al. (2017) R2C2 in Action: Testing an Evidence-Based Model to Facilitate Feedback and Coaching in Residency. *JGME* 2017 9(2): 165-170
- Schuwirth, L and van der Vleuten C. (2011) Programmatic assessment: From assessment of learning to assessment for learning, *Medical Teacher*, 33:6, 478-485
- Shephard, L. (2009) The Role of Assessment in a Learning Culture. *Journal of Education*, 189(1–2), 95–106.
- Telio, S et al. (2015) The “Educational Alliance” as a Framework for Reconceptualizing Feedback in Medical Education. *Acad Med* 90: 609–614.
- Van de Ridder, J et al. (2008), What is feedback in clinical education?. *Medical Education*, 42: 189-197

# Creative Commons License



## You are free:

- to Share — to copy, distribute and transmit the work
- to Remix — to adapt the work

## Under the following conditions:

- **Attribution.** You must give the original authors credit (but not in any way that suggests that they endorse you or your use of the work).
- **Noncommercial.** You may not use this work for commercial purposes.
- **Share Alike.** If you alter, transform, or build upon this work, you may distribute the resulting work only under a license identical to this one.

See <http://creativecommons.org/licenses/by-nc-sa/3.0/> for full license.