

# How would you describe a good teacher?



**SLIDO.COM 4230730** 



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## **DISCLOSURES**

- Member of the Teachers' Academy, University of Helsinki, Finland
- Member of the International Collaboration of the Competency-based Medical Educators

- ICBME blog editor
- Member of the AMEE Postgraduate Committee
- Member of the ATAIC Committee, ESAIC
- Programme chair AMEE 2023



## POSTGRADUATE MEDICAL EDUCATION

### In the past



### In future



CANMEDS

## **LEARNING GOALS?**



An excerpt from *Alice's Adventures in Wonderland* (Carroll 1865) illustrates the importance of having a clear target (learning outcome) to determine the best path to take (intervention):

"Would you tell me, please, which way I ought to go from here?" said Alice.

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where," said Alice.

"Then it doesn't matter which way you go," said the Cat.

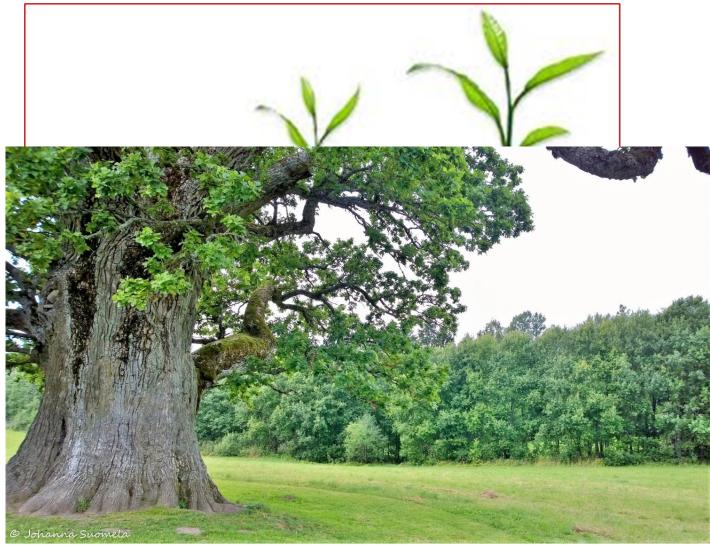


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## **TEACHERS OR SUPERVISORS?**

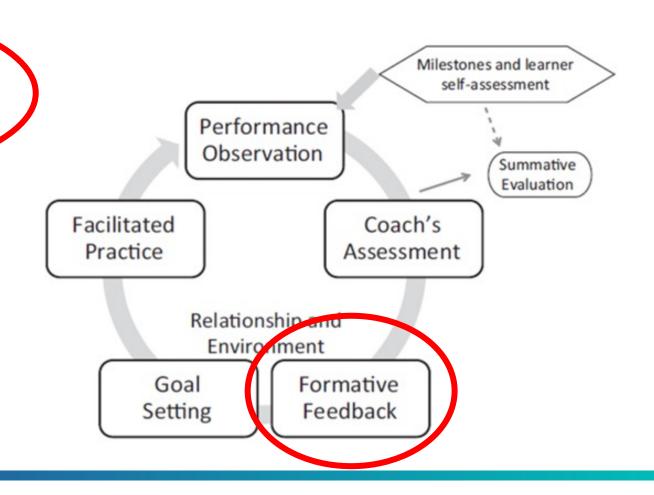




### **DOCTOR COACH**



- Learning goals
  - knowlege, skills, attitudes
  - competencies (CanMEDS)
- Observation
- Feedback discussion
- New learning goal specific
- Facilitated practice
- WE ARE WORKING ON THIS
  - not what you have done





## **QUESTIONS ABOUT LEARNING GOALS**

- Do we have learning goals?
  - where can we find them?
- Who knows about them?
  - are they accessible for everyone?
- Guidelines for observation?
  - what should be observed?
  - how often?
- Documentation?
  - on paper, storage?





## **OBSERVATION – THINGS TO REMEMBER**

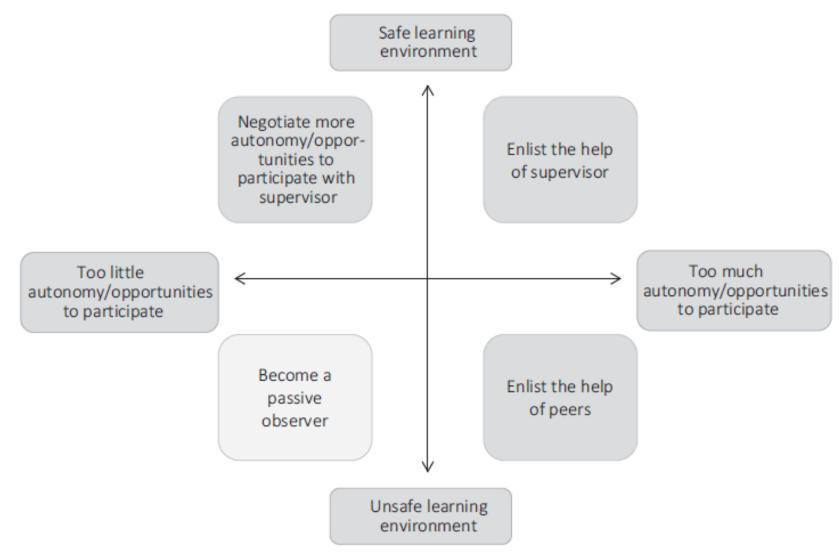
- Observation, formative (low stakes) assessment
  - feels uncomfortable
  - alters performance
  - may compromise relationship with patients
  - is routinely perceived as assessment
- Coaching is meant to promote learner reflection
  - failure is a catalyst for growth
  - "If you are **not** failing, you are not trying hard enough!"
- Safe learning environment?



## Dealing with the tension: how residents seek autonomy and participation in the workplace

Francisco M Olmos-Vega, <sup>1,2</sup> D Diana H J M Dolmans, <sup>2</sup> Nicolas Vargas-Castro <sup>1</sup> & Renée E Stalmeijer <sup>2</sup>







## GIVING FEEDBACK VS. FEEDBACK DISCUSSION

- Ask, don't judge!
  - the resident is practicing the skill of self-reflection to assess on-going learning needs
- Ask the resident about their own thoughts before providing feedback
  - what went well?
  - what did you do, what was the secret of success this time?
  - reinforce good practices
- How would you like to improve, what next?
- Problems with self-assessment







## **Six Common Pitfalls of Feedback Conversations**

Janice C. Palaganas, PhD, APRN, assistant professor of anesthesia, Harvard Medical School, principal faculty, Center for Medical Simulation, and adjunct associate professor, MGH Institute of Health Professions; and Roger A. Edwards, ScD, director of health professions education and associate professor, MGH Institute of Health Professions

Feedback conversations are prone to common pitfalls due to our own behaviors and to the behaviors of feedback recipients. This AM Last Page presents ways to prevent potential unintended negative consequences during feedback conversations.



#### **Emoti-Stunned**

When you encounter an emotional reaction that is not expected and feel paralyzed.



#### **Clear as Mud**

When you give feedback that is jumbled, and the learner looks confused.



### **Data Dump**

When you give too much feedback all at once.



### The Sandwich

When your hardhitting feedback is wrapped in positive generalities.



### Again?!?

When you restate the same feedback after witnessing the same issue repeatedly.



### Authoritarian Royal We

When you shame the learner intentionally or unintentionally by implying "we all know."



## STRUCTURED FEEDBACK DISCUSSION: R2C2

- Build relationship
  - mutual respect and trust
- Explore reactions and reflections
  - address emotions
  - begin to develoo shared understanding of the experience
- Confirm content
  - consensus on one priority
- Coach for change and co-create an action plan







## **SETTING NEW LEARNING GOALS**

- SMART
  - **S**pecific
  - Measurable
  - Achievable
  - Timely
  - Realistic
- Just like a succesful New Year's resolution!



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## HOW TO BECOME A BETTER COACH

- Set explicit learning goals
- Create safe learning environment
  - vulnerability and safety
  - stay respectful
- Direct, frequent observations
  - ask learner what he/she would like you to pay attention to
- Mutual engagement
  - assessment for learning
- Development
  - coaching the resident to reach the intended learning goals





"PEOPLE FORGET WHAT YOU

SAID

AND THEY FORGET WHAT YOU

DID,

BUT THEY NEVER FORGET
HOW YOU MADE THEM FEEL"

**MAYA ANGELOU** 



## **LITERATURE**

- Watling C et al. Learning culture and feedback: an international study of medical athletes and musicians. Medical Education 2014; 48: 713–723.
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- Lockyer J. Application of the R2C2 model to in-the-moment feedback and coaching. Acad Med in press.
- Palaganas JC. Six common pitfalls of feedback conversations. Acad Med 2021: 96: 313.