Feedback Narratives

The goal of a supervising teacher is to coach a learner through the steps needed to have a permanent change in behavior. A process for change, as adapted from Albert Bandura's Social Cognitive Theory and Anders Ericsson's concepts on deliberate practice, are outlined below:

1. Awareness: Help the learner see her or his positive attributes and gaps through self-reflection and feedback. Through critical reflection, teaching and coaching, we can help a learner know how current behaviors could evolve into new behaviors that would fill the gaps and enhance what they are already doing very well.

2. Motivation: Elicit from the learner what they want to change. Educe from and develop with them an order of priority that best fits their needs. Discuss with them any additional areas you feel they need to change. Evince from them how these changes will benefit their patients, those with whom they work, themselves and their careers.

3. Self-Efficacy: Work with the learner to break down the tasks into feasible components needed to achieve their learning objectives. Help the learner categorize the actions to be taken until the learner feels confident in their ability to accomplish the next steps with the prerequisite knowledge, skills, attitudes and behaviors (KSABs) they already have.

4. Positive Outcome Expectations: Help the learner see how actions they will take will close the gaps they hope to fill and allow the outcome they hope to accomplish be achieved.

5. Deliberate Practice: Help the learner create a plan, focus her/his efforts on performing the tasks with high attentiveness, practice the next steps over and over and use available supervisors/peers and self-reflection to refine and repeat the needed changes until competency is evident in what they consistently do.

The tables below list for each of the common gaps our learners have and a menu of choices for feedback to help a supervising teacher coach someone toward actionable next steps that are behaviorally based and targeted toward an expected outcome. Consider the following when you author feedback for the learner:

- Do the comments you author provide feedback on a learner's *demonstrated actions*, both those that should be continued and those that should be changed?
- Do your comments describe a *learner's next steps* for continued growth as a learner, both for their positive and negative attributes?
- Do your comments provide *expected outcomes* for recommended next steps?
- Is your feedback specifically instructive, descriptive, timely, selective and behaviorally based as opposed to general, inferential, delayed, overwhelming and judgmental?

**Potential narrative scripts from which a supervising teacher can select when they want a learner to "Read More"**

| Level of Learner | What the teacher can tell the learner to read | What the teacher can tell the learner about applying what they read | Specific behaviors the teacher can recommend for the learner to demonstrate that they have read, i.e., outcomes expected |
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| M3., M4 | Specify a text to read with the goal of understanding the key features in the natural history of the disease, its risk factors, associated illnesses, and diagnostic, therapeutic and preventive aspects<br><br>Use the active problem list to determine the reading topics<br><br>Read after evaluating each patient to learn more about the illness, its clinical features, the natural history, tests used to diagnose, and to learn about potential treatments<br><br>Read about the basic pharmacology (delivery method, approximate dose, clearance, mechanism of action and common side effects) of the medications your patient is taking | Use the reading to:<br>Collect more relevant data from the patient and the record based on the problems the patient has<br><br>Learn the definitions/criteria for the diagnoses being considered<br><br>Determine discriminating features in the HPI, PE and labs to distinguish between potential diagnoses for your patient's problems<br><br>Find tests for the diagnosis being considered<br><br>Find treatments for the diagnoses being considered<br><br>Learn something to help your patient understand more about her/his illness | Show your team that you have a complete data base, can report it accurately and can interpret the information<br><br>Show how you have considered a diagnosis and plausible alternatives for all the problems<br><br>Interpretation skills are evident when you include the pertinent positives and negatives in your oral presentation and written note so that your line of thinking is evident to the listener/reader before you divulge your diagnosis<br><br>Show which clinical findings and tests helped you discriminate among the potential diagnoses and which ones are specific and define the diagnosis<br><br>Show how the treatments and patient education you have selected align well with <u>your</u> diagnosis (right or wrong)<br><br>Be able explain things to a patient successfully under direct observation |
| Resident | Read general texts and review articles to understand the common features and natural history of the disease, risk factors, associated illnesses, and diagnostic, therapeutic and preventive measures<br><br>Read national guidelines to learn the areas in which the highest level of evidence is substantiated | For <u>diagnosed</u> patients use reading to:<br><br>Compare the presenting features of your patient to the typical symptoms, signs and test results in the texts<br><br>Go back to a patient's prior key diagnoses or the original presentation of the current illness to ensure that the diagnoses in the record are well–founded | Showing in your presentations and notes how well you have confirmed the current and prior diagnoses of your patient<br><br>Finding errors in prior diagnoses carried forward in the medical record |

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| | Read pharmacology resources for dosing based on route used and clearance issues, drug interactions, black box warnings, and common side effects<br><br>Read primary papers for senior residents trying to problem solve undiagnosed and non-responding patients | Be able to explain each abnormality the patient has<br><br>Align the best treatment with your diagnosis<br><br>Help the patient understand the expected sequelae of the illness and expected outcomes and possible toxicities of the treatment<br><br>To propose treatments and apply relevant pharmacology<br><br>For <u>undiagnosed</u> patients use reading to:<br>Learn the differential diagnosis of each active problem by matching the presenting features of your patient to the typical symptoms, signs and test results in the texts for each item in your differential diagnosis<br><br>Generate and support hypotheses to narrow down the differential diagnosis by applying discriminating features among the possible diagnostic choices<br><br>Order the next best test(s) to define the diagnosis by choosing tests with great specificity and high likelihood ratios and eliminating diagnoses using negative tests and ones with low likelihood ratios<br><br>Be able to offer a most likely cause | Accounting for each of the patient's abnormalities in presentations and notes<br><br>Writing an order set that more experienced physicians accept<br><br>Explaining the natural history of disease and expected results of treatment in front of more experienced physicians and noting that the seniors have to add little<br><br>Being able to accurately author treatments requiring limited correction<br><br>Be able to offer a differential diagnosis that includes common and potentially dangerous causes<br><br>Be able to distinguish likely and unlikely causes for the patient's problems<br><br>Be able define how you would make/confirm a diagnosis<br><br>Commit verbally and in writing to a likely diagnosis with each case and start empiric therapy |

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| Fellow | Subspecialty texts and reviews to understand the complete natural history of the disease, risk factors, associated illnesses, and diagnostic, therapeutic and preventive measures<br><br>National Guidelines to learn level of evidence for interventions<br><br>Primary papers with the highest level of evidence available.<br><br>FDA indications<br><br>Drug toxicities >1%<br><br>Drug interactions<br><br>Use an electronic reference manager to organize references (e.g., EndNote) | Apply your reading to substantiate the diagnosis to which you commit<br><br>Apply the best level of evidence available for diagnostic tests and treatments<br><br>Be able to apply articles you read to your patient based on inclusion and exclusion criteria, demography, severity of illness and comorbidities of the patients in the studies<br><br>Apply information that has been published since the latest guideline and reviews | Show that you consistently commit to a diagnosis and an aligned therapeutic and patient education plan that you can substantiate with your citations<br><br>Show consistently that your diagnostic and therapeutic conclusions regarding a case were based on the highest level of evidence available and that your patient would have been included in the citation<br>Show that you consistently judge magnitude of effect and strength of evidence against potential toxicity and cost issues<br><br>Show consistently how the ROC of the test you chose translates into likelihood ratios that bring you above or below your action threshold<br><br>Show that you are consistently aware of and have consistently educated/consented patients on FDA-labeled and off-label uses<br><br>Show consistently how you will anticipate and monitor for common co-morbidities associated with the illness, the sequelae of the illness based on its natural history and therapeutic and toxic effects of the treatment used<br><br>Show during directly observed conversations with the patient/family how you use your readings to help them understand, be reassured and consent to a plan |

**Potential narrative scripts from which a supervising teacher can select when they want a learner to "improve presentation skills"**

| What the teacher can recommend for the learner to do to present a new H&P well | What the teacher can recommend for the learner to do to present an update of ongoing care well | What the teacher can recommend for the learner to do to request a consult or transfer to a higher level care well |
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| Be sure to review the primary data yourself, so that you can state the facts that were the key basis for making prior diagnoses. Obtain records as needed.<br><br>Start with the chief complaint and if a consult start with consult question. Mention some key comorbidities and their stage of illness and offer a patient profile so the listener can picture the relative health and walk of life of the person. (Teacher can re-present this part of the case back to the learner to clarify what s/he desires. )<br><br>Decide whether you want to take a chronological approach to the entire story or offer separate paragraphs for a problem based approach each with its own chronology.<br><br>Include pertinent positive and negative risk factors (HPI, SH, FH), symptoms (HPI) and signs (exam and labs), and known associated diseases (HPI, PMH) with the goal of leading the listener to your diagnosis. Do not begin your assessment until you have reviewed all the data.<br><br>Always state the current vital signs and do them yourself if not recent<br><br>Let the listener know how sick the patient is by stating key symptoms and vitals and exam and labs findings<br><br>If you are using the same order of presentation each time you have developed a good system, if not then practice until you use the same format each and every time.<br><br>Begin your assessment with a declarative sentence stating your most likely diagnosis.<br>During the assessment. do not rehash the story, do not bring in new subjective or objective patient data.<br>Offer potentially dangerous diagnoses that you have or are ruling out.<br>You may offer an alternative diagnosis(es) should your primary choice be wrong. | Be brief, under two minutes, by focusing only on the key issues<br><br>Decide what subjective and objective parameters are being followed to assess outcome and harm<br><br>Start with the main problem or diagnosis and a brief statement about improvement or not.<br><br>Offer an update of symptoms and interim events relevant to that issue including potential therapy side effects.<br><br>State a <u>fresh</u> set of vitals (take your own prn) and relevant exam and lab/test features, i.e. the objective metrics being followed<br><br>Update your diagnosis for each problem and state whether there is improvement or not. Mention any harms or lack thereof. Adjust your plan accordingly.<br><br>Discuss disposition and next diagnostic, therapeutic, or patient education/ shared decision-making steps | Author a question you wish to pose to the consultant or a proposal for a higher level of care.<br><br>The question needs to be clear and inform the consultant how their help will make a difference in patient care.<br><br>The proposal for a higher level of care needs to be clear, defining what you really want to see happen.<br><br>Write down and practice what you plan on saying. Refine the syntax for clarity and good action verbs.<br><br>Start with the question or proposal.<br><br>Offer a brief background story summarizing the case in 1-3 sentences.<br><br>Tell the listener how their input or acceptance to a higher level of care will make a difference<br><br>Restate the question or proposal and offer contact information as needed. |

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| Judge likelihood among the choices in your differential diagnosis based on your data base.<br><br>Align your plan well with your diagnosis and include diagnostic, therapeutic and patient education/shared decision making components<br><br>Include what you have read and cite it. Substantiate how your diagnosis and plan is supported by what you read and the authority and validity of the source (text, guideline, level of evidence, RCT, etc.)<br><br>Practice until you can do this in less than 5 minutes and be able to look at the listener(s).<br><br>Minimize words and avoid all repetition by writing it out and stating only the key conclusions for prior history and how the prior conclusion was supported.<br><br>Create a script and learn it by oral practice before rounds. Avoid being extemporaneous until you have a clear system for presentation and comfort in doing them.<br><br>Show the listener how well you know this patient.<br><br>Picture yourself doing the exam as you are relating it. Avoid being rote and using the same exact phraseology for every case, otherwise you will miss the individual characteristics of this case. | | |

**Potential narrative scripts from which a supervising teacher can select when they want a learner to "improve synthesis, differential diagnosis, hypothesis-driven thinking, medical decision making and RIME skills (i.e. moving a student/intern from reporter to interpreter and then manager and seniors/fellows from a manager to an expert)**

| | Advice on how to prepare | Advice on how to show this skill is achieved |
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| M3/M4/intern | List the problems the patient has<br><br>Read about each problem and its potential causes<br>Write down the findings in the H&P relevant to the problem<br><br>Compare the presenting features that your patient has and the textbook features of the illnesses being considered to find best matches. Learn a set of historical, exam and test results typical of each diagnosis you are considering<br><br>Go back to the patient's room and record to find the data you are missing based on your reading and practice until you can group your questions for each hypothesized diagnosis and target your exam accordingly.<br><br>Write out all the abnormal data you need to explain and revamp your problem list<br><br>Group abnormalities into each problem and combine problems that are likely of the same origin<br><br>Look carefully at pertinent positive and negative data to help rule in/out or increase/reduce the likelihood of diagnoses<br><br>Make choices and judge based on above process what your most likely diagnosis is and the best alternative if you are wrong<br><br>Consider any diagnosis that could be life threatening<br><br>Organize your thoughts in writing and learn your script for presentation | Present the patient so that the listener hears the key positive and negative information so that by the time you get to your assessment the diagnosis you will suggest and the relative acuity of the patient is readily apparent to them. This shows the listener how well you know the features of the illnesses and how well you can organize your thoughts into a cogent presentation.<br><br>Start your assessment by listing your problem(s). Be sure that you account for each abnormality in the H&P and labs. Be sure you have grouped sets of symptoms and signs into a least common denominator set of problems. Try to translate presenting features into findings and combine groups of findings into syndromes. For each syndrome make a diagnosis.<br><br>Make a clear first choice diagnosis for each problem and offer a brief reason why<br><br>State the potential dangerous diagnoses and alternatives to your first choice.<br><br>Explain how you will discriminate among your differential diagnosis choices and propose tests to find features that define the diagnosis.<br><br>State how you will use diagnostic tests, therapies and patient education to put forth a management plan<br><br>Be sure to align your therapies with your diagnosis<br><br>Cite your sources of information |

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| Resident/Fellow | When evaluating the patient have a hypothesis-driven approach.<br><br>As soon as the presenting problem is evident create a quick differential diagnosis in your head while speaking with the patient<br><br>While inquiring about a problem ask a set of discriminating questions about one potential diagnosis at a time and based on the answers decide whether the likelihood of that diagnosis is high or low. Repeat the process until you have prioritized the likelihood of the differential diagnosis<br><br>Focus your more meticulous aspects of your general exam on findings that will further discriminate between the most likely diagnoses.<br><br>Use reading in real time to learn about the likely diseases and return to the patient and record as needed to fill in any missing data.<br><br>Ask WHY, so that you understand why a patient is on a therapy and HOW, to know how prior diagnoses were confirmed by finding and personally reviewing primary data.<br><br>Prioritize diagnoses based on best matches to illness scripts, case rate for the patient's demography, risk factors, and potential irreversible harm to the patient.<br><br>Take extra quiet time to think when:<br>• The patient has life threatening illness, after physiologic stabilization.<br>• The patient is not getting better.<br>• The patient remains undiagnosed.<br>• Confirmation of prior diagnoses is not available.<br>• Type I thinking predominated in making the diagnosis, making bias more likely.<br><br>Use cognitive forcing strategies to reduce error<br>• Did you have a recent case that was similar (availability bias)?<br>• Did you search for confirmation of your initial impression (confirmation bias)?<br>• Did you account for commonly known errors in managing the disease at hand?<br>• Does the presentation fit with the natural history of the disease? | Show clear emphasis in your oral and written case summaries on the key positive and negative discriminating and defining features that predict your diagnosis, offer a weighted prioritization of the possibilities and account for possible dangerous diagnoses<br><br>State your best choice for the diagnosis. Verbally and in writing commit to that diagnosis (not a symptom, finding or syndrome).<br><br>State dangerous diagnoses and alternative diagnoses (especially treatable ones), account for all active problems and findings and be prepared to offer explanations for each of them. Apply informatics and EBM skills as needed.<br><br>Align your diagnostic and treatment with 1) your diagnosis, 2) any alternatives or dangerous diagnoses that have not yet been ruled out (and require treatment pending further tests) and 3) with the patient's and family's wishes.<br><br>Establish a set of measurable and evaluable parameters using the electronic record to follow the natural history of the disease, response to therapy and treatment toxicity.<br><br>By working with the patient, health care team and community and anticipating the natural history of her/his disease, establish a care program to prevent sequelae of the disease and monitor quality of life and progress. |

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| | Use structured reanalysis or reflective reasoning, i.e., ask yourself: what if I am wrong? (to undo availability bias)<br>• Was my H&P comprehensive?<br>• What aspects of the case support my diagnosis?<br>• What aspects refute my diagnosis or don't quite fit? (to undo confirmatory bias)<br>• What findings would I expect to be present for the diagnosis made, but are unavailable or not described at this point in time? (to undo premature closure)<br>• If my diagnosis is incorrect what would my best alternative be?<br>• Did I ignore the tenet that common things are common?<br>• What worst case scenarios am I missing?<br>• Am I accepting other's opinions too freely and going along with the diagnostic momentum?<br>• Am I listening to my patient?<br><br>Re-prioritize your diagnoses and define your diagnosis with maximum specificity and consultation if needed, while accounting for and treating life-threatening conditions until your ultimate diagnosis is confirmed and finalized and patient is improving and satisfied with your efforts. | Demonstrate curiosity and metacognition to:<br>• Show awareness of the complexity of what we do and that we are bound to make errors and need to be poised to learn from them<br>• Recognize your own limits<br>• Take perspective from a higher vantage point<br>• Be able to criticize your own work<br>• Show that you have a method to make decisions and reduce bias and heuristic errors<br>• Be very sure you have taken into account the patient's wishes<br><br>Demonstrate that you have taken into account any level I evidence relevant to the case |

**Potential narrative scripts from which a supervising teacher can select when they want a learner to demonstrate junior attending skills**

| Preparation for Attending Rounds | Actions during Attending Rounds |
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| Write out for learners what your expectations are.<br><br>Plan how you will approach teaching and patient care both individually and in combination<br><br>Be sure you know the patients and their data well prior to attending rounds, read about them as needed and decide how you would manage them. See the sicker ones before rounds as needed. In that matter you can now focus on what the learners present and how to best help them rather than trying to do two things at once (learn about the patient from the learner and listen to learners and surmise how to help them).<br><br>Select something to teach the day prior. Try to either demonstrate something at the bedside or teach in the team room something relevant to an active case. Plan to build on the context that they are experiencing. Consider a succinct handout for take home messages<br><br>Decide how you will divide the time to achieve both learning and patient care goals<br><br>Decide what you can macro-manage and which patients you want to hear in detail<br><br>Plan on what you hope to observe in advance and have something easily available to record your observations. Try to codify in your mind or in a hand-held note what steps you would like to observe for learner success in each activity you will witness (e.g., bedside patient encounters, new case presentation, follow up case presentation)<br><br>Develop a daily schedule for seeing patients, being with learners, meeting with the interdisciplinary team, charting and reading relevant literature<br><br>If the service is busy cancel conflicting items on your calendar so you can devote time to this role | Orient your learners with regard to how you would like your time with them to go. Ask them what they want to learn. Ask about their schedules and when the best time for learning would be for them. Ask about their work schedule and how you might most efficiently help them achieve patient care goals, learning, duty-hour goals and off site responsibilities they have to attend. Offer any written expectations you might have.<br><br>If patients are stable consider starting with teaching<br><br>Use a method that requires as much learner interaction as possible. Teach at their level of need (and what they want) and build on prior experience of the learner. A set of questions might offer you a real time learner needs assessment and inform you what level of understanding exists. Be sure to relate what you are teaching to the case(s) they are seeing.<br><br>Be sure to have them stop other activities while teaching. If they are distracted ask if they prefer to complete service rounds and return to teaching.<br><br>While seeing patients take a good vantage point, write down your observations and areas you think need improvement and those for which the learner already shows competence. If you wish to reinforce something well done or show a better way wait until the learner is done with that segment and then do so. Return leadership of the patient engagement to the learner afterwards.<br><br>Let each learner have at least one chance to perform what they prepared. Let the learner fully express themselves prior to interruption. Give immediate feedback, be specific and offer or model behavioral changes that would demonstrate improvement. Once each learner has had a chance and has been offered something to work on over the next day then go through the service needs quickly for the remaining patients<br><br>If there are complex improvements needed then either schedule one-on-one time later with the learner or assign a follow up teaching or coaching exercise to a senior learner on the team to work with the learner in need.<br><br>Do not embarrass or stress the learner, normalize any feedback they might need, appreciate what is done well and use one-on-one feedback at a later time for more sensitive issues |

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| | Be sure to ask other team learners for insights on the skills of their peers and other health-care team members to help inform your feedback more completely.<br>Do your more detailed rounds in the afternoon and summarize the day for patients and families showing them you care and are in charge by:<br>• Sitting and using active listening<br>• Affirming their feelings<br>• Being sure any mixed messages from multiple providers are clarified,<br>• Asking them about their experience and how their illness is affecting their lives/jobs/family,<br>• Clarifying difficult points using multiple patient education modalities (oral, written, pictorial, family communication, a teach back method,<br>• Talking about what is needed to get them home,<br>• Addressing their agenda,<br>• Summarizing the plan,<br>• Using motivational interviewing as needed,<br>• Learning the patient's perspective for shared decision-making,<br>• Alleviating fear and anxiety and offering hope.<br>Consider role modeling during this time communication and professional skills for students or the senior on the team. After seeing the patient, verbalize to learners what happened in their room and what you purposely did to help.<br><br>Ask learners how they might prefer to have things done the next day.<br><br>Review each team members written work and consider a brief message to any learner for whom you have ideas for improvement the next day based on your observations that day<br><br>Meet with the interdisciplinary team and work with them to appreciate their efforts and to confirm the team's plan, shared vision and roles for each member. Get to know the ward team members and role model this for your learners.<br><br>Speak personally with consultants when there is lack of clarity or progress in care despite your team's best efforts. Introduce you team to radiologists, pathologists, consultants, etc., and show them the value of the relationships you have built with these colleagues. |

Other potential future topics for narrative boilerplates: Professionalism, communication, team, interpersonal, leadership, organization and efficiency, research, SBP/QI, PBLI, career development, personal-professional life integration skills.