Sending and receiving feedback

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Introduction

- How we teach and interact with students, what we model and the way we offer guidance via feedback is reflected back by students in their interactions with patients.
Introduction

- Close your eyes. Now imagine a student in the operatory, classroom, or laboratory with whom you recently spent the most time while you were in one of these three settings.
- Write down a few phrases that characterize the nature of your interaction with the student.
Introduction

- Report out.

- Does your description of the interaction mirror the ways in which you intended to provide feedback to the student?

- If so, in what ways?
Introduction

- Close your eyes again and let’s repeat the same activity. Now imagine a student in the operatory, classroom, or laboratory setting with whom you recently spent the least time.
- Write down a few phrases that characterize the nature of your interaction with the student.
Introduction

- Report out.
- Does your description of the interaction mirror the ways in which you intended to provide feedback to the student?
- If so, in what ways?
Introduction – Dialogic communication

- Dialogic communication – A central component in communication
- Critical component that guides giving feedback
- Supports a reciprocal process
- Grounded in empathy, respect and genuiness
Dialogic communication

- Dialogic communication requires constant sensitivity between both sides, to insure that what is being understood is actually what was meant.
Objectives for today’s session

1. Discuss the purpose that feedback plays in interactions with colleagues and students.

2. Describe responses to the role plays that depict faculty-student and faculty-faculty interactions.
Objectives for today’s session

3. Identify ways of providing feedback that you would like to implement, or increase/decrease implementation.

4. Recognize feedback strategies that can be used to diminish workplace hostility.
Think about it!
Sending/Giving Feedback

- What are the purposes of sending and giving feedback to students and faculty?
FACILITATIVE – Aims to Coach

DIRECTIVE/
Aims to Correct

Assess/
Evaluate/
Grade

Promote understanding of reasoning ability/skill level

ELABORATIVE

Foster new awareness
ROLE PLAY
Role Play 1

FACULTY IS AWOL FROM TEAMS CLINIC
Your response to Role Play #1

1. How did you feel while watching this scenario?
2. Describe the nature of the faculty to faculty feedback that is provided.
3. Discuss some alternatives to the interaction that took place.
4. Enact the role play with the suggested change.
Role Play 2
THE PROVISIONAL NEEDS ADJUSTMENT
Your response to Role Play #2

1. How did you feel while watching this scenario?
2. Describe the nature of the faculty to student feedback that is provided.
3. Discuss some alternatives to the interaction that took place.
4. Enact the role play with the suggested change.
Role Play 3

25% OF THE CLASS FAILS FIRST ENDO PSYCHOMOTOR EXAM
Your response to Role Play #3

1. How did feel while watching this scenario?
2. Describe the nature of the faculty to faculty feedback that is provided.
3. Discuss some alternatives to the interaction that took place.
4. Enact the role play with the suggested change.
Extending the utility of feedback

Suggested strategies
Posing Questions to Guide Feedback

1. Probing questions
2. Fact questions
3. Divergent questions
4. Higher order questions
5. Affective questions
6. Structuring questions
<table>
<thead>
<tr>
<th>Question types</th>
<th>Prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Probing questions</td>
<td>What do you mean?</td>
</tr>
<tr>
<td>2. Fact questions</td>
<td>What are the contraindications of nitrous oxide in patients with OI?</td>
</tr>
<tr>
<td>3. Divergent questions</td>
<td>What are you implying? Where did your ideas come from?</td>
</tr>
<tr>
<td>Question types</td>
<td>Prompts</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------</td>
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<tr>
<td>4. Higher order questions</td>
<td>What evidence supports your diagnosis?</td>
</tr>
<tr>
<td>5. Affective questions</td>
<td>How did you feel about his/her response?</td>
</tr>
<tr>
<td>6. Structuring questions</td>
<td>You seem to be approaching this from the perspective of...</td>
</tr>
</tbody>
</table>
Recommendations

Based on a sample observations of teaching in the didactic classrooms and clinical, many students seem timid if not reluctant to respond to instructor–posed questions.
Recommendations

- Reshaping the culture of the dental school
  - Consider ways to encourage greater dialogue,
  - Emphasize less concern about providing incorrect responses,
  - Heighten interest in the power of exploration.
Using critical reflection

- Create teaching/learning environments where individuals feel respected, valued and heard.
- Demonstrate an understanding of how power frames and distorts interactions.
Increase the use of personal self-reflection

- Implement activities that increase an awareness of the assumptions that shape and frame our interactions.
Invite permissive attention

- Begin didactic presentations with a patient-based scenario and ask students questions about what they observe and what they think is the presenting problem and potential complications.
Encourage attentional looking

- Engage students in looking at something outside of dentistry.
- Get them to look at a piece of abstract art to describe what they see and why they think they see what they see.
Taking stock of your feedback strategies

- On the second half of page 2 of the handout under the statement, “Write down any feedback techniques that you would like to implement”, please take a minute or two to do this.
- Volunteers to report out
Create a culture that invites curiosity and problem-solving that addresses incorrectness.

- Promote an atmosphere that continuously probes students when they do not know or prompt them with additional questions.
- If students cannot answer questions because they lack factual information, re-direct or assign them to readings, content, presentations, or websites and ask them to return with the correct information.
- Use whole class or small group time, and weekly TEAM meetings with students to problem-solve together and to re-visit challenging case dilemmas while stressing the importance of getting students to discuss it aloud.
Faculty to Faculty Interactions

What the literature tells us
Speaker remarks
The first step in creating healthy workplace relationships is to point out behaviors that are unacceptable.
Addressing Workplace Hostility Using Feedback Strategies

TIP 1: SAY WHAT YOU SEE
- “Amy, I noticed that you rolled your eyes when you picked up the assignment sheet. Did that mean you are unhappy with the assignment?

TIP 2: ROLE-PLAY
- If a staff member comes to you for help in resolving an issue, offer to role-play the conversation and provide coaching – yet set an expectation that THEY will be solving the problem, not you.
TIP 3 : BRING BEHAVIOR OUT INTO THE OPEN

- When witnessing gossip or backstabbing, the psychological safety of the workplace is in jeopardy. (If they are talking about someone who isn’t present, then they are talking about you when you are not present.)

- A culture of horizontal hostility occurs only when you have secrecy, shame and a silent witness. **Take away the secrecy and shame by openly discussing damaging behaviors, stop the pretense that these behaviors are harmless and can be ignored.**

- Set an expectation that standing by silently is unprofessional and unethical.
Tip 4 - ADMINISTRATIVE intervention

- Hold faculty and staff accountable for their behavior because the damage is exponential and insidious.
Tip 5 - DISCUSS WHAT YOU HAVE WITNESSED BY THE ACTOR

- The smallest of condescending mannerisms can profoundly impact work relationships.
- Research demonstrates that working as a team (or not) directly impacts patient care.
- If staff cannot approach a faculty directly, leaders must stand ready to approach the faculty on their behalf. Most faculty respond very positively to the words: “May I speak to you for a moment in private?”
- State the specific behavior (e.g. raised voice). Then explain the impact on our common goal: quality education, and patient safety and state of the art care.
Conclusions

- The individual is the focus; feedback is the modality.
- The individual and the context of the feedback exchange is central to its effect.
- Written feedback needs to be supported by observation and guidance that is directed toward positive change.
- Facilitative feedback is often better than directive feedback for high achievers.
Conclusions

- Motivated individuals benefit from challenging facilitated feedback.
- Complex feedback should be scaffolded along with the student’s rate of achievement.
- Do not be a silent observer to workplace hostility. Use feedback strategies and lets others know that such behavior is unacceptable.
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