Changing Behavior via Direct Observation and Skillful Feedback

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Objectives

- Identify different forms of training used to improve raters' effectiveness
- Describe desired characteristics of items used to rate behaviors in clinical training
- List steps to follow in providing feedback to learners

Workshop Outline

- Professionalism
- Overview of types of Rater Training
  - Performance Dimension Training (PDT)
  - Frame of Reference Training (FOR)
  - Behavioral Observation Training (BOT)
- Common rater errors
- Review of behavioral items
- Feedback principles and practice
- Debrief and summary

Professionalism

1. Professional status, methods, character, or standards.

2. The use of professional performers, as in athletics or in the arts.

The American Heritage® Dictionary of the English Language, Fourth Edition. Houghton Mifflin Company, 2004.

So, is Professionalism:

- A dichotomous state of being?

- A collection of innate values?

- A series of behaviors?

- An approach used in addressing work challenges?

- Dependent upon one's stage of medical training?

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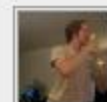| Share	Favorite	Playlists	Flag
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First year medical school class takes some time...

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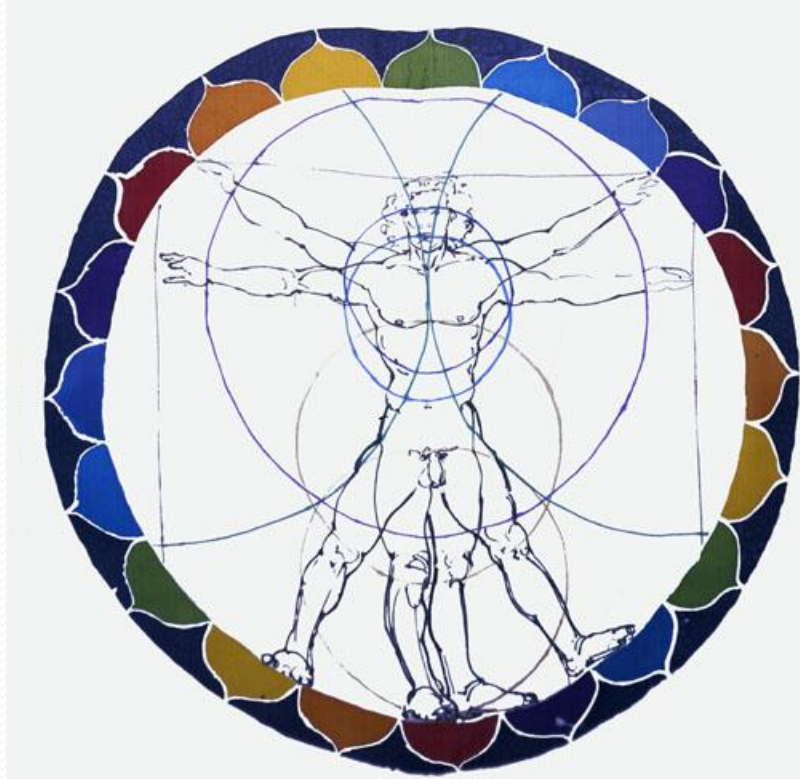04:09 From: jkherson
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Internet

Elements of Professionalism

http://www.nbme.org/schools/apb/

The NBME Assessment of Professional Behaviors (APB) Multisource Feedback program

- A systematically developed instrument to assess observable behaviors
- A web-based system to collect, track and collate responses
- A source of quantitative and narrative feedback to learners
- An educational program to enhance:
  - Skill as observers
  - Skill as feedback providers

Rater Training

What is the Purpose of an Assessment Program?

Individualized quality improvement plan[2]

ID High Potentials[3] (e.g. future chief residents)

Promotion or Termination[3,4]

Formative/ Development Only

Summative/ High Stakes

Self Improvement[1]

Training Decisions[2] (e.g. CME)

Performance Assessment[3,4]
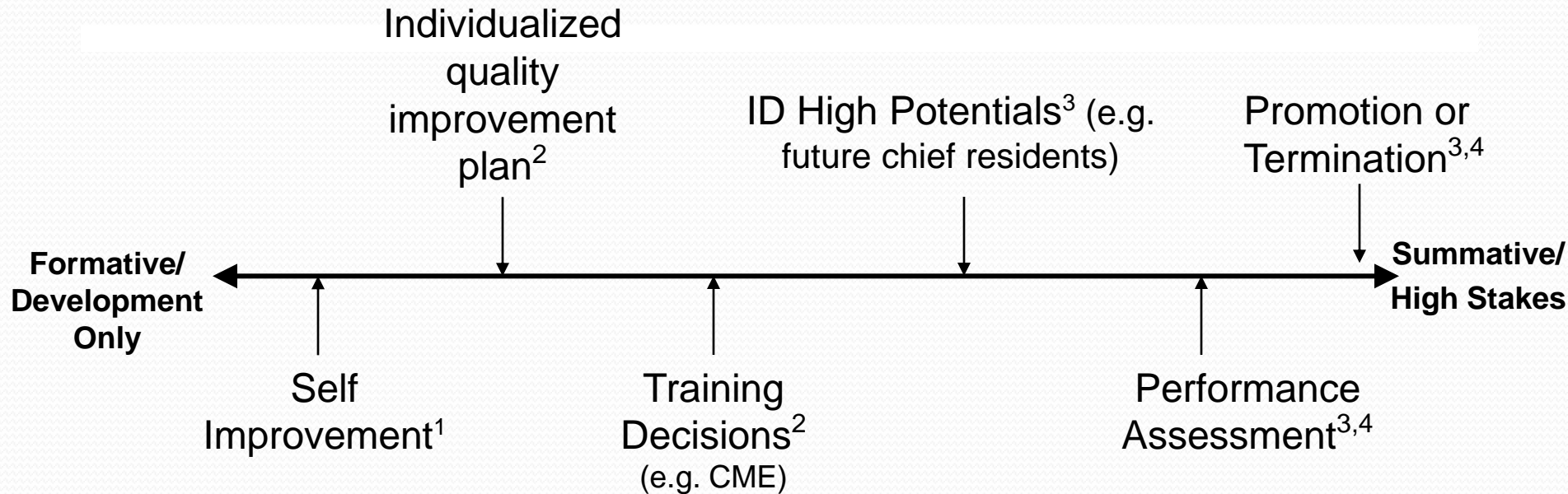
[1]Only ratee sees results

[2]Usually requires supervisor participation (sees feedback)

[3]Organization has access to data

[4]Little or no development use

Factors
- Degree of impact on Individual
- Importance to Organization
- Resource Implications

What is the Context for Behavior Assessment?

Clinical Performance Review or Multisource Feedback

Case Presentation

O.S.C.E.

Naturalistic/ *In vivo* ←→ **Structured/ Standardized**

Critical Incident Report

Reflective Narrative (e.g., educational portfolio)

Focused Observation of Patient Encounter
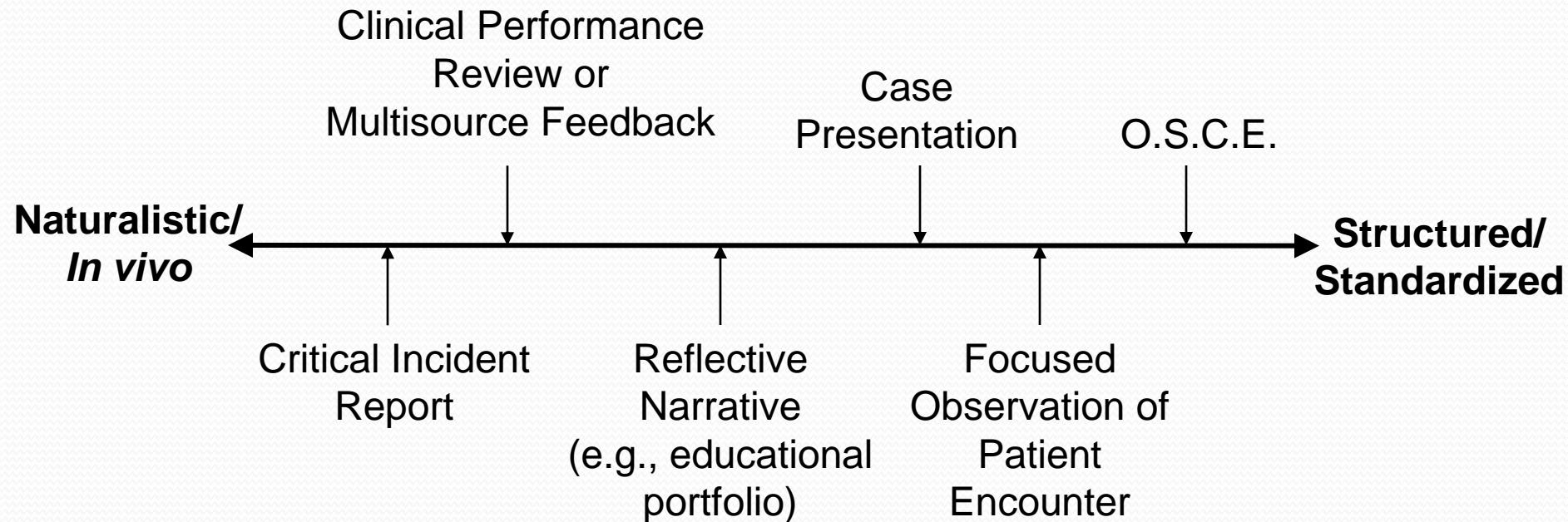
○ Variable degrees of spontaneity/control for:
- Stimulus
- Measurement

Rationale for Rater Training

- Enhance ability to use rating instrument
- Enhance willingness to provide ratings
  - Willingness is a function of both rater training AND program design

Selecting Type of Rater Training

- Depends upon:
  - Domains being rated
    - Example: diagnostic reasoning skills vs. professionalism
  - Context in which rating occurs
    - Example: direct observation vs. case based discussion
  - Type of rating scale
    - Example: frequency vs. agreement scale

Forms of Rater Training

- Performance dimension training (PDT)
- Frame of reference training (FOR)
- Behavior observation training (BOT)
- Rater error training (RET)

Performance Dimension Training (PDT)

- Involves familiarizing faculty with the specific dimensions of competence

- Should involve discussion of the "qualifications" required for each dimension

- Use specific definitions of competencies to "calibrate" faculty

Forms of Rater Training

PDT
Agreement on essential dimensions within a competency

Discrete behaviors on frequency scale

Constructs or broader domains on agreement or quality scale

Observation, identification and recall of specific behaviors
BOT

Application of a common standard or criteria in rating domains
FOR

Example: Professionalism

- PDT – What are the essential dimensions?
- BOT – What are the specific behaviors, and how will we measure?
- FOR – Common agreement about "thoroughness"
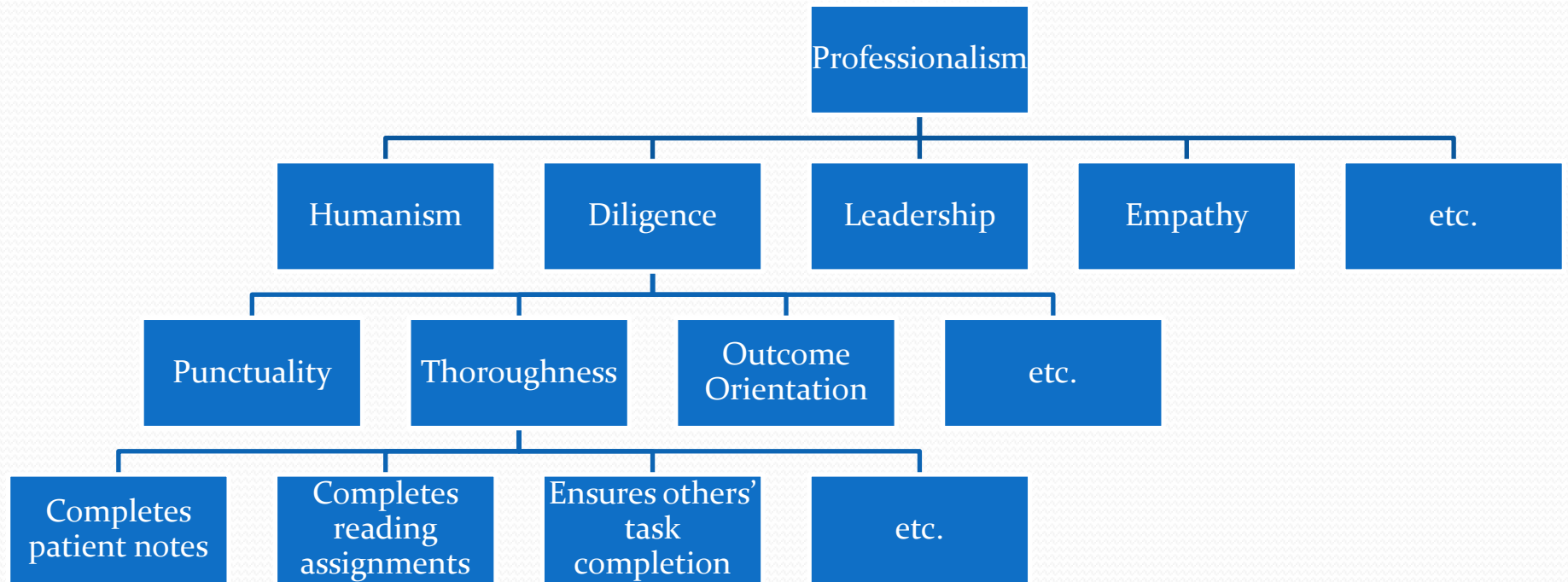
Domain-specific Rater Training Issues

- Diagnostic reasoning skills
  - Minimal level of case-based knowledge
  - Questioning skills:
    - Specific vs. generic
    - Forward vs. backward
- Professionalism
  - Agreement regarding desired behaviors
  - Identification and recall of specific behaviors

Rater Error Training (RET)

- Increase rater awareness of common errors
  - Halo effect
  - Leniency error
  - Contrast error
  - Friendship bias
  - First impression error
- Efforts to force rating adjustments may decrease accuracy

"True" Ratings

History taking	1	2	③	4	5
Physical exam	1	2	3	④	5
Communication	1	2	③	4	5
Documentation	1	②	3	4	5
Differential diagnosis	1	2	3	④	5
Patient management	1	2	③	4	5
Procedural skills	1	2	3	④	5
Professionalism	1	2	3	4	⑤

Halo Effect

History taking	1	2	3	(4)	5
Physical exam	1	2	3	(4)	5
Communication	1	2	3	(4)	5
Documentation	1	2	3	(4)	5
Differential diagnosis	1	2	3	(4)	5
Patient management	1	2	3	(4)	5
Procedural skills	1	2	3	(4)	5
Professionalism	1	2	3	(4)	5

Leniency Error

History taking	1	2	3	(4)	5
Physical exam	1	2	3	4	(5)
Communication	1	2	3	(4)	5
Documentation	1	2	3	(4)	5
Differential diagnosis	1	2	3	4	(5)
Patient management	1	2	3	(4)	5
Procedural skills	1	2	3	4	(5)
Professionalism	1	2	3	4	(5)

Rater Training: Summary

- Essential for effective rating
  - Doesn't exist in isolation: supportive environment and monitoring necessary
- Elements of rater training will vary by:
  - Domains being rating
  - Context in which rating occurs
  - Type of scale used for rating

Behavioral Items to Assess Professionalism

Typical Professionalism Assessment?

COMPETENCY	1	2	3	4	5
Medical Knowledge					
Patient Care					
Interpersonal and Communication skills					
Professionalism					
Practice-based Learning					
System-based Practice and Improvement					

Sources of Behavioral Items

- The Assessment of Professional Behaviors (APB) Program (NBME)

- The Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education Collaborative*)

* American Association of Colleges of **Nursing**, American Association of Colleges of **Osteopathic Medicine**, American Association of Colleges of **Pharmacy**, American **Dental** Education Association, Association of American **Medical** Colleges, and Association of Schools of **Public Health**

Interprofessional Collaborative Practice Competency Domains

- Competency Domain 1: Values/Ethics for Interprofessional Practice

- Competency Domain 2: Roles/Responsibilities

- Competency Domain 3: Interprofessional Communication

- Competency Domain 4: Teams and Teamwork

Feedback Principles and Practice

Feedback:

Is:

neutral

a punishment

a gift

?

Definition: knowledge of the results of any behavior, considered as influencing or modifying further performance

Transtheoretical Model (TTM) of Behavior Change

- Five-stage process or continuum related to a person's readiness to change:
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - (Termination)

Task-level Feedback

- Focuses on how to perform the job better
- Examples
    - "Review the current literature for the chief complaint of each admission"
    - "Respond to each page within 5 minutes"
    - "Solicit information from other members of the health care team"

This can be effective feedback

Motivational Feedback

- Focuses on amount and direction of effort expended to perform a job
- Examples
  - "Spend 10 minutes at the beginning of each day identifying tasks to be completed by day's end"
  - "Set specific work goals, and reward yourself when a goal is attained"

This can be effective feedback

Self-level Feedback

- Deals with abstract, general statements about personal characteristics and work-related tendencies
- Examples
  - "Amara is too shy"
  - "Adam puts his personal life before his work"

This should be <u>avoided</u>

Handout

- General Sequence for a Feedback Session
- Formative Feedback Guidelines
- Pitfalls of Multisource Feedback

Action Plan

- 1-3 insights from feedback
- 1-2 change goals
- Action step(s) to address goal(s)
- Timeline for action steps
- Date for next reassessment/review

Sequence for a Difficult Session

- Observation
  - Allow learner to criticize the MSF process
  - Review how process works; feedback v. grading
- Reflection
  - Encourage learner to verbalize feelings and recall incidents
  - Ask learner if they recognize anything in MSF
  - Ask learner to recall goals of the program
- Action
  - Ask learner what feedback they would like to receive in subsequent MSF surveys

Feedback Checklist/Scorecard

- Feedback is specific
- Feedback is based on program's goals
- Feedback is timed appropriately
- Feedback is balanced
- Learner is allowed to react to feedback
- Feedback is supported by learning climate
- Feedback includes a plan for action

Summary

- Feedback is enhanced by preparation, and by including key elements in each feedback session

- Faculty training increases the quality of information collected about learners

- Agreement about what is important and how it is measured enhances the quality of assessments, and of educational outcomes