**Providing Unbiased Feedback/Assessment Challenges Posed by Audience with Responses by Lauren and Marcella**

**Here are the challenges posted in the chat at the end of the seminar. Let’s make this a “dynamic” document – Please add your own suggestions and return to the** [**BCHAcademy@childrens.harvard.edu**](mailto:BCHAcademy@childrens.harvard.edu) **Together we can create our own set of best practices!**

* **Finding the right words!**
  + Yes, it is challenging! One strategy is to focus on what you directly observed (behaviors) and to use “I” statements “I noticed…” to make it clear that these are your observations, seen through your own lens. Also ask a peer to read over your assessment and give feedback (we are available by email if you have questions about specific words).
* **Not having specific examples to share**
  + This is often due to us educators being so busy, we forget to jot down specific examples. Sometimes writing down quick hits, “stay after signout” [to ensure a safe discharge for a complicated patient] can be helpful. Sometimes it’s ok to ask the learner, “I really liked the way you say that to the parent in the room earlier in the day. I am trying to remember the phrasing you used, because it was so good.” The learner can often prompt your memory.
* **If I forget to take notes, it’s harder to call up specific examples/behaviors when I go to write an assessment**
  + Start taking notes now! If you are going to write that assessment, you must have something in mind, and if it is a label, think back to why you have that perception; what is it that the person did that made you feel a certain way? Take that situation and write about it.
* **Celebrating someone’s strength without making the assessment biased (for example, when someone has really phenomenal interpersonal skills and also identifies as female)**
  + If you focus on the behaviors, citing the specifics of what the person does, then you can emphasize their strengths. Reinforcing the behavior we want the learner to keep doing is important so they continue the behavior, but being specific is important. Using your example above, let’s say you write “resident has phenomenal interpersonal skills.” What is the behavior you want to continue to reinforce that will move them forward in their career? (It may be that they develop great rapport with patients by frequent check-ins with family and explaining scary medical things in detail, so much so that several families wanted to keep the learner as their clinician).
* **Having short interactions with learners where you may not have a big picture view of their strengths and gaps**
  + For short interactions, it may be helpful to ask the learner 1-2 goals they have for the short time. Take notes. Write it on an index card, keep notes (or audio memos) on your phone, send an email to yourself with notes.
* **Points out how important it is to write evaluations right away so I don't forget the specific behaviors**
  + Yes!
  + Over time, we are often left with the label and vague feedback, making the behavior harder to tease out. If you take some notes in the moment, it will help during the written assessment and by guiding your gap analysis.
* **Eliminating labeling language from assessments**
  + Ask yourself “why am I placing this label on my learner?” “What are they doing (behaviors!) that leads me to make a conclusion with labels?”
* **Confidence comes up a great deal - but very rarely do evaluators describe the behaviors that made them interpret a lack of confidence.**
  + We agree.
  + What is it about confidence that seems so important to comment on? What behaviors do we want our learners to exhibit?
  + Do we recognize that our perception of confidence is influenced by our backgrounds or that some learners just learn differently? For instance, if lack of confidence is perceived because a learner does not answer a question in a group setting, try taking this learner aside to ask questions individual. It may be they learn best in smaller groups or one-on-one. We learn a lot by asking the learner about THEMSELVES, how they learn best, and how we can support them in a learning environment that sometimes can feel inflexible.
  + Example from Marcella – I had a learner that appeared *not at all confident* during rounds, I took the learner aside and asked about their perception on how they felt about their patient presentation. They admitted to being extremely *nervous*, and that English was not their first language. The next day I had the learner present outside the patient’s room to feel more comfortable, then inside the room again, and the learner shined! The learner could have been labeled as “not confident,” but just needed a different educational strategy to be able to shine. In their assessment, I commented on the growth made during the rotation in regards to oral presentations.
* **Often students will notice a real discrepancy between the feedback they received orally and then the narrative feedback they read later. That is confusing and unhelpful.**
  + We totally agree. It helps to give the feedback verbally, then write the assessment right away to minimize discrepancies.
  + Another strategy is to write down feedback on notecards, discuss it verbally with learner, then give the notecard to learner (after you take a picture of it for your own records to use in written assessment).
  + If there is still a discrepancy, we hope that educational leaders (rotation directors, nurse supervisors, etc) feel empowered to discuss the discrepancies with the evaluators on behalf of the learners to figure out “which one is accurate?”
* **In the exercise, it was challenging to come up with a description of a behavior that would describe a person being “shy” or “not speaking up”… identifying and describing the behaviors in writing can be difficult**
  + We have a tendency to group behaviors and create a label
  + Instead, focus on individualized, demonstrable behaviors (think actions, knowledge gaps, skills) and write about those
  + Is “shy” important to the goals of the learning experience? What does the learner do that causes the evaluator to label them as shy?
* **Operationalizing concepts and making sure there is agreement on standards**
  + Operationalizing concepts takes time, deliberate practice, and possibly Plan-Act-Study-Do cycles
  + There needs to be agreement on standards; if your field does not have pre-specified standards (like ACGME milestones, nursing standards), you need to establish the expectations with the learner at the onset, “I will be giving you feedback on… A, B, C”
  + Think of someone taking a test, but having no idea what the test content would consist of – our learners have the right to know what criteria we are using for their evaluation. Standards help guide their learning experience and set achievable goals.
* **Agreed upon standards especially with multiple attendings working with a resident over the course of a rotation**
  + Yes, all attendings must have a clear understanding about agreed-upon (often required) standards. Consistency between attendings is important.
  + It is helpful to discuss in meetings among educators within a department or division what these standards are.
  + It is also helpful to discuss expectations of clinician educators to maintain consistency.
* **Offering an example that the learner doesn’t feel was representative or was misinterpreted**
  + Please remember to check-in with your learner. Saying the words that “This feedback is my own judgment, as seen through my own lens and prior experiences; therefore, let’s chat so I can make sure I get this right” can be very powerful.
  + Approach feedback with curiosity into why the learner did what they did, rather than making immediate assumptions.