Providing Unbiased Written Feedback to Learners

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Learning objectives

By the end of today’s session, each educator will be able to:

1. Identify 2-3 examples of types of bias that can infiltrate written assessments
2. Identify elements of effective (unbiased) written assessments
3. Generate strategies for mitigating bias in written assessments
Written assessments present a moral dilemma

- **Necessary**
  - Identifying learners with performance concerns
  - Choosing individuals for promotion, advanced training
  - Holding learners to a high professional standard

- **Inevitably flawed**
  - Educators are not immune to implicit (unconscious) bias \( \rightarrow \) brains evolved to make positive/negative associations about people
  - When assessment is biased against learners \( \rightarrow \) erodes trust, respect, equity

How can we make assessments unbiased?

Assessments: necessary, but inevitably flawed

Deep understanding systematic biases in learner assessment + honest disclosure

Inclusive, equitable, psychologically safe learning environment

Framework for mitigating bias in assessments

Name

Reframe

Check-in

Learner ("X") Assessment:

“It was a pleasure to work with X. X was articulate and well-spoken during rounds. Nurses commented that X was always warm and compassionate. X should work on speaking up more and being more confident.”

POLL 1: My gut reaction when reading this feedback is:

A) This is very positive feedback
B) I can spot one or more instances of bias
C) I know this is a talk about bias, but I’m having a hard time identifying bias in this feedback
Learner (“X”) Assessment:

“It was a pleasure to work with Marcella. Marcella was articulate and well-spoken during rounds. Nurses commented that she was always warm and compassionate. Marcella should work on speaking up more and being more confident.”

POLL 2: My gut reaction now when reading this feedback is:

A) This is very positive feedback

B) I can spot one or more instances of bias

C) I’m still having a hard time identifying bias in this feedback
Bias in assessment present in multiple disciplines

- Rojek et al (2019)
- Kiekkas et al (2016)
- Vinton et al (2009)
- Mauloff et al (2013)

Categories:
- Racial/ethnic Bias
- Gender Bias
- Leniency Bias
- Halo Effect

Fig: https://www.beapplied.com
Female students more often described by personality vs. competency-based attributes

Rojek et al (2019)
Underrepresented in medicine (URiM) students more often described by personality vs. competency-based attributes
Bias in assessments disadvantages key groups

Population group differences in assessments of learners based on gender and race/ethnicity that *virtually always* disadvantage women, URiM learners
Consequences of bias in learner assessments

- Small differences in assessed clinical performance $\rightarrow$ large differences in grades and awards ("amplification cascade")\(^1\)

- Lower ratings in performance for female emergency medicine residents = several months of catch-up training\(^2\)

- Black students less likely to be members of honor society (alpha-omega-alpha) even after controlling for other measures of achievement\(^3\)

Take home point

• Bias is pervasive in learner assessments

• We must recognize this and commit to uncovering and mitigating bias

• One strategy -> focus on elements of effective assessments
Elements of effective written assessments

1. Assess and evaluate alongside a set of standards
Examples of standards

<table>
<thead>
<tr>
<th>BCH Core Values</th>
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<tr>
<td><em>Excellence, respect, communication, accountability, innovation and teamwork are our core values.</em></td>
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<tr>
<th>A strength this employee has:</th>
<th>An opportunity for growth this employee has:</th>
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<tr>
<th>Clinical Competencies</th>
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<tr>
<td><em>Using nursing knowledge, critical thinking, and a questioning attitude to assess, plan, implement and evaluate care.</em></td>
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<th>Caring Competencies</th>
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<td><em>Respecting the many facets of diversity and incorporating them into acts of caring during difficult situations (including maintaining safety and managing pain). Advocating on behalf of the pt/family.</em></td>
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<th>Systems Competencies</th>
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<td><em>Working with others to facilitate care with respect to the complex inter-relationships that exist in any patient care situation. Embedding teaching and learning in patient and family care.</em></td>
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## Examples of standards

**Evaluators:** Please read the statement below.

In order to make these evaluations most helpful to the resident and to avoid bias that can be unknowingly introduced into assessments (including, but not limited to, bias based on one’s race/ethnicity, gender, sexual orientation, gender identity, or disability), please provide comments on **OBSERVABLE BEHAVIORS** (rather than personality traits) and use **SPECIFIC EXAMPLES** to support these behaviors. If you would like to discuss...

---more---

### Potential topic areas for your evaluation:

- ability to gather information about a patient
- organization and prioritization of responsibilities
- transfer of care/hand-offs of patients
- clinical judgment, diagnostic/therapeutic decision-making
- development of management plans
- application of evidence-based medicine
- coordination of patient care within a complex health system
- work in inter-professional teams
- identification of own strengths, limits
- seeking out learning resources to guide development
- incorporation of feedback
- humanism, respect for others
- professionalism
- self-awareness of own skill & help-seeking behaviors
- trustworthiness
- ability to deal with uncertainty
- communication with patients and families
- management of own emotions

---less---
Elements of effective written assessments

1. Assess and evaluate alongside a set of standards
2. Be specific (behaviors, not labels)
# Behaviors versus Labels

- **Behaviors**: specific knowledge or skills based on observations
  - Inaccuracies
  - Lateness
  - Absenteeism
  - Incomplete actions
  - Yelling/ interpersonal issues

- **Absence of Behavior**
  - Lack of follow through
  - Not communicating changes
  - Not getting patient input
  - Not informing leadership
  - Not achieving tasks/outcomes

- **Label**
  - Careless
  - Poor communicator
  - Uninformed
  - Impatient
  - Reactionary
  - Nice
  - Pleasant
  - Attentive
  - Lazy
  - Angry
Elements of effective written assessments

1. Assess and evaluate alongside a set of standards
2. Be specific (behaviors, not labels)
3. Identify the performance gap
4. Provide a learning plan
5. Do I get to say anything positive?!?!

Do this in S²IPS

https://www.freepik.com/free-vector/illustration-huge-water-glass_3133032.htm#page=1&query=people%20drinking%20water&position=10
Applying $S^2$IPS framework exercise (breakout rooms)

“It was a pleasure to work with X. X was articulate and well-spoken during rounds. Nurses commented that X was always warm and compassionate. X should work on speaking up more and being more confident.”

Work in groups to deconstruct and re-write above ($S^2$IPS framework):

1. State what is problematic about assessment (eg, perpetuates__ [type] bias)
2. Practice rewriting the assessment (use creative liberty to make up examples of behaviors)
<table>
<thead>
<tr>
<th>Feedback</th>
<th>Why is it problematic?</th>
<th>How to fix it: principle(s) Example of ineffective -&gt; effective feedback</th>
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<tbody>
<tr>
<td>X was articulate and well-spoken.</td>
<td>Describing someone as articulate or well-spoken could perpetuate stereotypes (racial bias)</td>
<td><strong>Focus on BEHAVIORS, not labels</strong>&lt;br&gt;“X communicated clearly using family-friendly language (with little to none medical jargon, eg ‘elevated heart rate’) that was easily understood by patients and families, as evidence by their ability to ‘read-back’ and restate an accurate summary of the assessment and plan.”</td>
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<td>From an anonymous learner (a Black man): “When people comment on how articulate or well-spoken I am, like it is a surprise”</td>
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<tr>
<td>Nurses commented that X was always warm, compassionate.</td>
<td>Using these personality-based labels can perpetuate gender-based, race-based stereotypes and disadvantage women, URiM learners</td>
<td><strong>Focus on BEHAVIORS that map to the established standards</strong>&lt;br&gt;“Nurses commented on X’s ability to develop rapport with patients and their families through empathetic language and listening, for instance, squatting down or sitting to ensure that X was at eye level (and thus minimizing the power hierarchy), as well as offering supporting statements like ‘I hear your concerns’”.</td>
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<tr>
<td>X should work on speaking up more and being more confident.</td>
<td>Potential to again perpetuate gender-based or cultural-based stereotypes; not helpful or actionable</td>
<td><strong>Focus on BEHAVIORS, performance gap and follow with actionable plan</strong>&lt;br&gt;“I noticed X would look to the charge nurse on rounds whenever there was a question from the family, which led to the charge nurse jumping in and answering the questions. I would encourage X to try and answer questions that they feel comfortable with, knowing that the charge nurse will step in for support when needed.”</td>
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<tr>
<td>From an anonymous learner (an Asian woman): “As an Asian person I always feel annoyed when ‘quiet’ ‘meek’ or ‘timid’ show up in my evals. Especially because I don’t think it’s particularly true!”</td>
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Real examples of feedback received learners:

• As a woman: "spoke to a consultant in a way that was too ‘assertive’"
• As a Black woman: "‘too defensive’ when asking questions/making statements”
• From a physician: “Because I have an accent, people have considered me ‘less smart’ than other faculty”
• From LGBTQ+: “needed to ‘tone it down’ and not let on that I was gay or else I wouldn’t get promoted and my career would suffer because people wouldn’t take me seriously”
Name
Reframe
Check-in
Check-in with stakeholders

- **SELF**
  - Have I followed the systematic framework to write my assessment?
  - If peer were to read my assessment, could they tell it was written about [a female]?

- **LEARNER**
  "How did my assessment land with you? I want to make sure I didn't miss something or misinterpret anything. My judgement is coming through a particular lens and represents only one perspective."

- **PEERS**
  Ask peers to read your assessment, provide feedback

- **SUPERVISORS/LEADERS**
  Advocate for systemic changes to help mitigate bias in assessment (eg, diversifying workforce, optimizing learning environment)

Challenges to writing effective assessments or mitigating bias? (Brainstorming)

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<thead>
<tr>
<th>Challenges</th>
<th>Possible solutions</th>
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<tr>
<td>Short amount of time with learner</td>
<td>Focus on specific competencies to give feedback on (ask learner for 1-2 goals); write down specifics in notecard</td>
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<td>Difficult to give interprofessional feedback</td>
<td>Focus on direct observations and the professional standards</td>
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Commitment to change

• Write down one change you will commit to making when providing written assessments to learners based on this presentation
Acknowledgements

Lori Newman, Ariel Winn, Eva Gomez, Alan Leitchner, BCH Academy

Learners – who teach us, and inspire us every day
Additional thoughts? Questions?

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References


• Stone, A. (2013). How to give written feedback. Education for Primary Care, 24, 473-475.

