**STARCH Your Feedback**

**An Evidence Based Addition to Standard Feedback Models**

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### Introduction/Background

**Current Approaches to Giving Learners Feedback**
- Feedback (FB) is an essential element in supporting the growth and entrustment of learners to care for patients.
- Numerous FB models abound—from the "Feedback Sandwich" to ARCH—and ART—with common features with the teacher.
  - Asking the learner to self-assess their performance
  - Reinforcing what was done well
  - Confirming/correcting what needs to improve
  - Helping the learner identify next steps to improve

**Problem: Feedback Provided/Received**
- Feedback remains amongst the lowest rated item on any educational evaluation independent of trainee level or specialty independent of feedback.

**Objectives:**
- To redefine 1st step in FB process informed by recent evidence on factors influencing trainee perceptions of FB & accuracy of learner self-assessment
- To highlight the tension between core trainee needs: confidence, experience, fear of not appearing knowledgeable vs. the need to be accepted for who they are relative to that focus, reinforce, correct, help steps in ARCH

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### Results: Literature

**Tension & Recognition of Receiving Feedback**
- Interpretation and uptake of feedback is influenced by trainee’s:
  - Confidence, experience, fear of not appearing knowledgeable
  - Receiving FB is difficult and often doesn’t register with trainees as it strikes at the tension between core trainee needs:
    - Desire to learn/grow to be competent physicians
    - Need to be accepted for who they are
    - Obtaining an optimal final grade
  - Example highlighting this tension:
    - When teachers open a FB interaction by "asking" learners: "How did it go?"
    - Learners want to appear competent— but know they need to learn = "Pretty well... need a few more details on frequency of falls..."

**Self-Assessment**
- Humans are poor at producing self-generated summative assessments of their own performance or ability
- Why? Generating "accurate" summative self-assessments of one’s own level of performance or ability is particularly challenging due to:
  - Cognitive Reasons: Information neglect and memory biases
  - Sociological Reasons: It is adaptive to maintain an optimistic outlook
  - Social Reasons: Not always receiving adequate feedback from peers and supervisors
- Difficulty of self-assessment increases when the "ask" is vague ("How do you think it went...?")

**Indirect Nature of Feedback to Sustain Learner**
- Indirect nature of feedback:
  - Opportunity Spaces: Allow learner "time" to change answer and affirm correct response (2nd chance)
  - Provide Clues in Follow-Up Questions: Reframe and ask more specific questions to lead learner to "answer"
  - Reframe the question so that the wrong answer becomes correct
  - Treat Wrong Answers as Possible: but in need for further consideration
- Approach preserves learners self-confidence and esteem and preceptor’s relationship with the learner
- Learners do not perceive they have received feedback as they “discovered” the answers

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### STARCH Feedback Model

**1st State Focus of the Feedback**
- Literature review highlighted the need to reform feedback model to support:
  - Clarity of "ask"—making the focus on the self-assessment explicit
  - Direct—unambiguous, recognizable feedback
- Explicit discussion of trainee and teacher tensions/needs
- Updated the standard ARCH FB model to include "ate" → STARCH
- Teacher begins by 5Stating the FB focus (e.g., Hx omits key fall risk elements; Dif Dx for dementia)
- Next teacher proceeds with the Ask - to self-assess strengths/weaknesses relative to that focus, reinforce, correct, help steps in ARCH

**Test Model in Faculty Development Workshops**
- FB workshops have been updated to reflect STARCH with deliberate practice:
  - How to orient learners by reviewing purpose of FB [to promote learner’s growth] and teacher’s role in 5Stating FB prior to learner self-assessment
  - Teachers then practice STaining an identified FB focus to simulated learners

**Results**
- FB Workshop Ratings: Mean 3.7-4.0 (1=least favorable to 4=most favorable).
- Learners’ Ratings on Item “teacher provided helpful and timely FB” increased significantly (.40; 5-point scale) 6 months pre/post workshops
- Learners and Faculty Report being “relieved” that the “what I am thinking” game is replaced by providing specific FB to promote learner growth

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### Discussion & Future Work

**Adding “Step” to begin the FB interaction is an evidence-based addition to established FB models that is valued by teachers and learners**

**Next steps: Expand model use, develop on-line training materials and infographics, and evaluate its impact using Kirkpatrick levels**

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### References

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**Presented at:** 2016 American Geriatrics Society Annual Meeting – Long Beach, CA Teachers’ Methods and Materials Swap for Geriatrics Education Session & Poster IDP: CB9

**Poster Available for Download via QR Code:** Aurora Health Care Select Health Care

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