Tips for Standardized Patients on Giving Feedback

How feedback is delivered can make all the difference in learning.

Verbal feedback helps to make the interviewer more aware of what he does and how he does it, thus increasing his ability to modify and change his behavior and to become more effective in interactions with others. The following standard procedures are required by all Standardized Patients for a uniform presentation to health care providers.

1. THE OPENING:
   - Introduce yourself to the interviewer before beginning feedback. This will clearly change your role from the patient to an evaluator. Try to always begin with an open ended question.
   - State the purpose of the encounter.
   - State how much time you have to accomplish the task.
   - Introduce the MIRS and inquire if the interviewer has had prior experience with the process. If not, provide education.
   - Enlist the learner in self-assessment. This will improve understanding and performance. Create a coaching environment by talking less and listening more. Have the students come up with their own ideas for areas of improvement, then you can reinforce. Open-ended questions help to do this:
     - “What do you think you did well on?”
     - “What do you think you could improve on?”
   - Respond to and build upon learner’s self-assessment.

2. THE DIALOGUE: Continue to build on positive behavior and then move on to behavior that can be improved.
   - Review each MIRS item’s criteria with the interviewer. Be sure to encourage comments from the interviewer regarding each item and specific examples from the session.
   - Focus on Specific Behaviors: Make feedback specific to particular things that happened in the interview. Base in data and give specific examples. Resist making global assessments of the students’ abilities - such as “but overall you did well”. Comment only on skills observed.
   - Balance positive and negative: Start and close with positive feedback, and in the middle identify with students one or two target areas to improve upon. These areas should be those that will bring the greatest growth in the student’s skills.
• **Encourage continued effort:** Do in a positive, encouraging, and upbeat way - we want them to leave with the feeling that they can do this.

• **Use Non-Judgmental Language:** Try using “strengths” and “target areas” rather than “good”, “bad”, “weaknesses”.

• **If you have a resistant learner - acknowledge their concerns** and then work to steer the session back to giving feedback.

• **Give feedback in terms of how it made you feel as the patient.** It is harder to argue with how someone felt rather than stating the feedback as fact subject to debate.

  “I felt ____________ when you _______________ because ____________”

• **Just give feedback on Interpersonal Skills and Patient Education and Counseling Skills performance** - not on checklist items. You can remind them that the content of a Medical History Outline will improve with practice.

• Incorporate these points but **do this in your own style** - we are confident in each of your abilities!