



# STANDARDIZED PATIENTS GUIDE TO GIVING FEEDBACK



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## ***THE HOW'S AND WHY'S OF FEEDBACK***

### ***What is feedback?***

Feedback is given after a teaching/practice encounter with either a student or resident (learners) you will be asked to give the interviewer your opinion on how it felt, as the patient you were portraying. Feedback is information the SP provides to a learner on how they felt as the patient in response to what the learner said or did during the interview and/or physical examination. The feedback focuses on the learner behaviors and interpersonal skills ... **not** medical content.

### ***How does it work?***

After the learner has closed the interview, you will speak directly to the learner as the patient and will explain certain points of what they did and how as the patient, (your personal, biases and personal blocks should not be incorporated in your feedback).

For example, you may say, speaking as the patient, *"I felt respected when you asked my name and used it during throughout the encounter."* Or as the patient *"I was upset and confused when you ended the encounter without saying what would happen next to help me."*

### ***Why is feedback helpful?***

Such plain and direct speaking is unlikely to be heard from a real patient, and, if it were a negative comment on the learner's behavior or nature, it could be very discouraging for them. Immediate feedback allows a sharing of information of honest feelings that is difficult to do in any other situation, and is a very important way in which medical educators use Standardized Patients. As an SP, it is your responsibility to make sure the feedback does just that.

Standardized Patients are a valuable teaching resource and tool for future healthcare professionals. You are to be nonjudgmental, but honest and forthright in your comments. Feedback provides learners with the opportunity to refine knowledge and skills, while allowing them a "safe" environment where they can ask the SP questions that they may not feel comfortable asking a "real" patient.

## ***WHEN IS FEEDBACK GIVEN?***

Feedback is mainly given in teaching and assessing situations. Following an encounter with a learner.

During case training, time will be spent practicing feedback. Often Doctoring sessions will have a specific learning objective for the day which is reviewed during the training session and how to give feedback based on those objections.

### ***How should feedback be given?***

You should always be speaking directly to the learner, addressing her or him in the second person. Your tone should be pleasant and professional. No matter what they have done you should never express annoyance, upset, or any negative judgment in your manner. At the same time, if you are being over positive it can come across as being patronizing.

Always speak to them at the same height as they are:  
If they are sitting you should be sitting. Never stand whilst they are sitting, you want to make them feel comfortable and don't want to appear authoritarian.

### ***What does it mean "speaking as the patient?"***

The learners know that they were interviewing someone portraying a patient, not you personally. You should be able to understand how the patient would feel while she or he was being interviewed e.g. knowing the case materials and patient history; what they have been through and how they think and feel. Understanding your character and having done homework on the case, coming prepared to training and having any questions answered before your encounter with the learner, will enable you to express the honest reactions of that patient.

***What you should do:***

*Start the feedback by explaining that you are giving the feedback from the perspective of the patient they just interviewed, not your personal feelings.*

**Keep these acronyms in mind during the interview to comment on:**

**C.P.R.:** = Was the patient **COMFORTABLE** during the interview.  
Was the **PURPOSE** of the patients visit met?  
Would the patient **RETURN** or was there **REFERABLE** behavior they need to be aware of (why?)

**K.I.S.S.:** = **Keep It Simple and Specific.**

Speak of the learner's behavior.

Speak of the patient's feelings.

Link the behavior to the feelings.

Be specific.

Be honest

Be non-judgmental.

Be non-evaluative.

Remember there is a lot you can talk about, just don't repeat yourself. Use actual quotes the learner said as an example. Say what you need to say and let the learner absorb what you said. Don't be afraid of silence, if they are thinking, let them think. This is called processing.

## ***How SHOULD the feedback be phrased?***

Feedback from an SP shouldn't need to be more than a few minutes (3 at the most). If you are talking more than that, you are likely repeating yourself or going on to Step 5. Feedback should always follow this general structure: There are 5 Steps to giving feedback; otherwise referred to as "The Five Steps for Giving Feedback"

### **STEP 1**

Elicit self-reflection from the learner = Ask them

**"What are your impression from the encounter?"**

### **STEP 2**

Ask them to explain their thoughts positive and negative:

**This can be very revealing. They might tell you they were nervous and should have done something different.**

**"What made you feel that way?"**

You should always acknowledge what they say.

**"Thank you for sharing, I didn't actually notice that, you hid it well."**

Or

**"I felt your nerves but I took that into account, and you seemed to relax at the interview went on."**

### **STEP 3**

Reinforce proper behavior. Explain what you did (using body language)/felt. What did you respond positively to as their patient....

**"Can I tell you how I felt as your patient."**

This is where the **C and P** of CPR come in.....

***Be Specific and concrete....***

***Quote what they say – mention their tone of voice, the body language they used and how you responded to those points. All things they can see/hear on the recordings and can repeat next time.***

***STEP 4***

Offer referable points, things that they can take away with them and think about later, or discuss with their facilitator.

**This is where the **R** of CPR comes in.....**

Address any areas that stand out and you feel need immediate attention. Put any negatives as a statement or question rather than an accusation.

Focus on traits you heard and saw and how you as the patient experienced it. Keep to one or two points. If there are multiple points you think you could comment on, pick the most significant.

Keep a balance of positive and negative observations. Be prepared that the learner will likely only focus on the negative, because these are the areas they will want to improve. If asked about them you will need to be able to back up your statements.

**“When you said (or did) (fill in gap) as your patient, I felt (fill in gap) as a result.”**

These points show specific actions the learner did, and how the patient responded to it. The message will be heard by them, and they will be encouraged to follow such behavior.

If you say something like:

**“When I, as the patient, said I had used drugs, I saw you back away from me, and I felt avoided and hurt, even though you didn't say anything,”**

The learner will hear the message that their body language can make a big difference in how their patient feels. With this type of feedback the learner can be helped to understand how their behavior affects a patient, and they can change that behavior to improve the relationship they build with the patient. There must always be a **“that”**, the thing that they did, and a **“this,”** what the patient felt as a result.

Alternative ways of stating feedback can be:

**“I think (pt. name) would have felt *this way* (state how they would feel e.g. comforted) when you did (name the specific thing they did e.g. offered me a tissue.”)**

“When you (**name the specific thing e.g. pulled a face**) it made the patient feel .....” **E.g. judged**

“When **this (name the specific thing; e.g. drape fell off me)** happened, **I felt (give description; e.g. exposed)** what the patient felt as a result,”

“At **this point (give specifics)** in the interview, **this (give specifics)** is how the patient was feeling.”

I.e. anything that retains this simple linkage: **Specific learner behavior made the patient feel a certain way.**

Always make eye contact with the learner and provide feedback directly to that individual.

If you had asked me about my hobbies/children/job, on-medical related issues, it would have increased the rapport.

## ***STEP 5***

**Smile and shake hands, maintain eye contact and remain confident and friendly. (All the aspects we expect from our learners.)**

Close your feedback with a positive note. Remember, you will likely see this learner again and want to them to feel comfortable when that happens, knowing that you are there to help them, not judge or criticize.

### ***Examples:***

“**Thank you for being here today, it is a privilege to be part of your educational program.**”

“**Thank you for the opportunity to meet with you.**”

“**I hope this encounter has been helpful to you!**”

“**Thank you for letting me be your patient.**”

Turn over to the Facilitators: If applicable.

This is where the Facilitators will excuse the SP and take over the feedback with the learner. They will address medical facts, discuss points that you brought up, as well as their observations.

The learner will be given the opportunity to correct some areas and ask questions.

***What things should **not** be said in feedback?  
And **why** WE shouldn't say them?***

You must not say something like “You should do this/you shouldn't do that.”

It is not for the SP to instruct the learner on what they should or should not do.

You should **never say things like**: “

**“You did a good job (or, a bad job) at interviewing me.”**

**“You were very professional (or unprofessional).”**

These are opinions and can have different meanings for everyone. We call them **“FILLER COMMENTS IN FEEDBACK”** They don't really tell the Learner anything helpful. They also does not tell the learner what they did, or what they should, or should not have done.

Feedback is only helpful if we reinforce positive behavior, or suggest what should be changed.

It is not for the standardized patient to judge if they did a good job or were professional. Leave that to their facilitators. Remember you want the learner to feel comfortable with you and understand exactly what you mean.

Because of this, you should never say something like:

**“You are a good student (or a bad student)” or “You will make a good (or bad) doctor.”**

Only speak of what they did, not who they are.

Never judge the person, never judge the behavior.

Simply describe the behavior and explain honestly about how their patient felt.

**You should not address the content of the interview, such as stating what information was or was not obtained. That is not a good use of the opportunities that an SP presents, and is the role of the Instructors that work with the learner during Doctoring Sessions. There is always a MD and a Behaviorist in the room with the learners, their job is to give feedback and advice on these matters.**



**During Step 5 the facilitators might incorporate your feedback into their teaching format and address some of the points.**

You should never say “

**When you did that, I felt that you were . . . . .”** That does not present the **patient’s feelings**, because it is only an assumption on the part of the SP as to what the learner was doing, or trying to do. It is easy for them to simply negate it by saying

**“Oh, but you (the SP) were wrong, that wasn’t what I was trying to do. You don’t understand.”**

And they may be right. This type of comment by the SP can also easily become judgmental.

Remember that this is about helping them, not about giving the SP a chance to vent their own emotions or attitudes.

A more helpful and beneficial way would be to word it:

**“As your patient (or use your character’s name) when you did .... She felt you were ...”**

Here you are **clarifying that it is from the patient’s perspective and not you the SP.**

***On occasion you might experience a:***

***Defensive/difficult encounter or a bland-mediocre encounter:***

***What to do:***

It has been experienced that a Learner hasn’t taken feedback well: they might become defensive or argumentative. NEVER argue with them, remain calm, listen and acknowledge what they say. If you gave HONEST feedback on how you felt as the patient, this should not be hard. No one can argue with how you felt, if you can back it up with observable traits. Remind them that this feedback is from the patient’s perspective, and leave it at that.

Bland-mediocre encounters are when the Learner didn’t do anything outstanding or obviously negative, but you just didn’t feel “enthusiastic” about the encounter. These can be very challenging not to give “**filler comments in your feedback**”. If you can’t come up with positive observable remarks, we suggest that you talk about balances: Ask them questions, “*Do you think you could have built more rapport or showed more empathy?*” Regardless of their reply, respond by saying you just wanted them to think about areas they could strengthen (**fill in blank**)

You don't need to go into details, unless they ask a question. This is where referable points can be introduced.

Please remember that what is said by the SP during feedback should have a positive effect on the learner, even if you have had to tell them something negative. They should be able to understand the reason behind the statement and how to correct it. You are a valuable tool for them to learn by and have a positive experience with.

### ***What TYPE OF feedback should be given?***

#### ***Honest and helpful,***

Keep in mind that the Learner leads the encounter, the SP leads the Feedback, but allows for a two way conversation.

There are certain aspects of the interview that you **should** look for and comment on in feedback:

- ❖ What did the learner do at the introduction?
- ❖ Was the patient guided through the interview? How?
- ❖ Describe the language used by the learner. Did it help or hinder communication?
- ❖ Did the learner recognize the patient's pain, discomfort, anger, grief, confusion?
- ❖ What happened when the SP delivered the "challenge?"
- ❖ What did you notice about their positioning, body language, eye contact?
- ❖ Did they encourage the patient to talk? How?
- ❖ Was anything done that appeared to be judgmental of the patient, either positive or negative?
- ❖ What did the learner do at closure?
- ❖ Did they do anything that was particularly pleasing or particularly upsetting to the patient? Explain

## ***What sorts of feelings might be expressed?***

Anything that is honest can be both positive and negative feelings.

For most interviews there is likely to be some of both called for that can and should be expressed when the feedback is given.

If possible, balance your comments with positive and negative so as to encourage the learner and engage their attention. Keep a pleasant and supportive tone to the whole session.

The following lists may assist you, but don't feel you have to use these or use only these. Finish by telling them you hoped that would be helpful for them.

### ***Example:***

- ❖ “I appreciated you introducing yourself when you can into the room.”
- ❖ “I would have liked for you to call me by my name during the encounter?” or “Do you remember using my name during the encounter?”
- ❖ “However, because you looked at me whilst talking to me, and nodded when I spoke, I felt you were listening to me”.

Remember that you are observing the behavior that the Learner can change, modify or maintain, not personality traits.

Observable behavior will be remembered and or be seen if the interview watches a recording of the encounter at a later date. They are body actions or words spoken.

Avoid using words that imply you are the authority:

### ***Example:***

**YOU OUGHT TO, NEED TO, SHOULD HAVE, and SHOULD NOT. ECT.**

Refer to observable traits, using the **K.I.S.S.** method = **Keep it Simple, Specific.**

### ***Example OF NEGATIVE OBERSERVABLE BEHAVIOR:***

- ❖ Lack of eye contact.
- ❖ Serious, non-smiling.
- ❖ Repeating questions.
- ❖ Head down looking at notes all the time.
- ❖ Use of filler words- “Ok, Um, Yes, Right”

***How to phrase these examples:***

“When you did not look at me for long periods, I felt you were not listening to me”

“When you repeated so many questions, I felt you either were not listening to me or were not confident with the answer I gave.”

“Because you never smiled at me I was: (nervous, uncomfortable, or intimidated) with you”

“When you had your head down for long periods I felt unimportant, as if you were more interested in your notes than me.”

“When you repeatedly said Ok/ Right, Right, I felt distracted, and wondered if you were dismissing my answers.”

***Example of Positive observable behavior THAT WOULD MAKE YOU FEEL COMFORTABLE:***

- ❖ Good eye contact.
- ❖ Smiled periodically.
- ❖ Nodded your head, said uh, huh etc.
- ❖ Summarizing points brought up.
- ❖ Offered a tissue when I was upset.

***How to phrase these examples:***

“Because you made eye contact and looked at me I knew you were listening.”

**“Your smiles put me at ease, and made me feel you understood.”**

**“When you nodded your head and said “Uh huh” I felt you were listening to me.”**

**“When you repeated back to me things I had told you, I knew you were really listening.”**

**“I appreciated the offer of the tissue when I became emotional.”**

**“When you asked my opinion on the suggested treatment, test, etc., I felt you were partnering with me.”**

**“When you summarized the information I had told you, I was grateful for the opportunity to confirm/correct/add some details.”**

**“When you said you would help me talk to my family, I was relieved and felt supported.”**

**“I**

Remember, as much as possible refer to yourself as your patient.... **“As your patient I felt...”**

### ***Summary for Giving Feedback:***

Speak of the learner’s behavior.

Speak of the patient’s feelings.

Link the behavior to the feelings.

Be specific.

Be honest

Be non-judgmental.

Be non-evaluative.

Remember there is a lot you can talk about, just don’t repeat yourself. Use actual quotes the learner said as an example. Say what you need to say and let the learner absorb what you said. Don’t be afraid of silence, if they are thinking, let them think.

***What you should not/MUST NOT, do:***

- ❖ Say: “I felt that you were . . . . . “
- ❖ Tell the learner what information they did or did not get, - that is for their Facilitators to go over in their feedback with them.
- ❖ Say: “You did a good job. /you did a bad job.” – Good/Bad are opinions, and need to be backed up with an example of what made them good/bad in the patient’s opinion. It is better to not use the words but find a replacement that does not leave room for ambiguity.
- ❖ Speak of their personality.
- ❖ Say you have nothing to say. You should always have something to comment on.
- ❖ Tell them what they should or should not have done, - again that is for their Facilitators to go over in feedback.
- ❖ Be dishonest, - this means saying something positively when it should have been addressed as a negative. This will not help the learner correct behavior.

At the end of some encounters you will give verbal feedback and written feedback. This will be given to the learner. Always write as if you are speaking to them.