



Standardized Patient Feedback Guide

Adapted from Northern Ontario School of Medicine's "Effective Feedback for Standardized Patients".

WHAT is feedback?

- Standardized Patient (SP) feedback is information the SP provides to a learner about what the SP experienced in response to what the learner said or did during the encounter.
- SP feedback focuses on learner behaviors and interpersonal skills, **NOT** medical content.

WHY do we use feedback?

Standardized patients have been present in medical education since the early 1960s. The use of SPs facilitates practice in critical thinking, patient safety, crisis management, team interaction, decision making and communication skills in addition to acquisition of competence in clinical techniques and procedures. Additionally, independent studies have validated that SPs provide a high level of skill acquisition and retention equivalent to that achieved with the use of physician faculty for basic skills. (*What Is a Standardized Patient?*, n.d.)

Feedback provides learners with the opportunity to refine knowledge and skills, while allowing them a safe environment to ask questions that they may not feel comfortable asking a real patient.

WHEN do we give feedback?

- At the Ohio State University Clinical Skills Education and Assessment Center, a large portion of our programming coincides with the College of Medicine Longitudinal Groups (LG) and Objective Structured Clinical Examinations (OSCEs).
- Other programs include BuckIPE (Interprofessional Practice and Education) undergraduate biomedical sciences courses, nutrition, pharmacy, veterinary medicine, pediatrics, dentistry, health and rehabilitation sciences, and chaplain residencies to name a few.

WHO participates in feedback?

Feedback is given in a variety of settings from singular learners to large groups.

- College of Medicine feedback is typically verbal feedback from the SP to single interviewers while a group observes **or** written feedback from the SP using a standardized Kalamazoo Checklist.
- Other groups may utilize verbal feedback, written feedback, a combination of the two, or small-group interactive feedback including the SP and learners.



Characteristics of feedback:

1. Specific and Concrete

- ✓ “When you smiled and introduced yourself, I felt comfortable.”
- ✗ “You’re so nice and I really like that.”

2. Based on observable behaviors (behaviors that can be changed; what you saw and/or heard)

- ✓ “You looked at the floor and changed the subject when I told you I was a lesbian. It made me feel judged.”
- ✗ “You were homophobic when I told you that I was a lesbian.”

Giving constructive feedback

• Demonstrate Empathy

Be aware of the learner’s verbal and non-verbal response to feedback. If the learner becomes upset over feedback, the SP should demonstrate empathy by acknowledging the learner’s feelings and reassure them that the purpose of the feedback is to be helpful, not hurtful. Recognize the learner’s emotions, re-state and confirm it, and add comforting words.

• “I” Statements

Start with something you heard or saw and link it to an “I” statement in terms of how you were impacted, affected, and/or felt:

Opening Options	Closing Options
When you _____	I felt _____
When you said _____	I noticed _____
When you did _____	I was _____
When you used _____	I got the impression _____
You _____	It made me feel _____

- ✓ “When you introduced yourself and asked about my drive in, I felt welcomed”
- ✗ “You are a very warm and welcoming person.”



Tips for Successful Feedback

Focus your feedback on what you saw, heard, and how you experienced it.

- Always give feedback from your perspective, as the patient.
- Remember to use “I” statements.

Keep it simple and specific—make 1 or 2 points.

- “Sandwich” your feedback. Give positives at the beginning and end.
- When providing constructive feedback, if there are multiple points that feedback could be provided on, choose the most significant.
- Too much information can be overwhelming.
- Focus on areas of strength and areas for growth.

When in group scenarios, make eye contact with the learner and provide feedback directly to that individual, not the faculty or observer.

- For example: “When you....”, NOT “When they....”

Avoid commenting on:

- Your personal experiences
- Personal matters (e.g. hygiene, attire, appearance)—these can be addressed by faculty and professionalism boards if necessary
 - Focus instead on your experience during the encounter: body language, eye contact, feeling heard, feeling judged, etc.

Avoid using judgement terms such as “good” or “bad”/ “right” or “wrong”.

- You are providing information, not making judgements.
- Avoid using the word “BUT” as it can negate everything that came before it. Try substituting “AND”.
 - For example: “When you greeted me as you entered the room, I felt comfortable BUT when you didn’t ask what brought me in, I felt disconnected”.

Never compare learners.

- Everyone has unique areas of strength and areas for growth. No path of learning is the same.

You are there to offer information from a patient’s perspective. It is not your job to make decisions, educate, or change anyone’s behavior. Feedback is a discussion, not a lecture.



FAQ

- **What if the faculty or observer do not ask me for feedback and dismiss me from the session?**
 - This answer depends on the event. Overall, if you have something important that you feel needs to be mentioned, address the faculty or observer, and say that you would like to provide the learner with some feedback.
 - For Longitudinal Groups (LG): All faculty run these individually. Please follow the lead of the lecturer and only provide feedback how and when you are asked. This may be to a group of students, to one student individually, etc.
 - For OSCEs: You will always provide written feedback via the standard Kalamazoo checklist.
 - For other events: You will be instructed on how and when to provide feedback. This may include verbal feedback, written feedback, or a combination of the two.
- **What if multiple learners work together to interview me during an encounter?**
 - This can happen in LG or commonly during IPE (Interprofessional Education) events.
 - Be aware that feedback may be more general.
 - It is important to NOT compare students.
- **What if the learner is unclear or confused by my feedback?**
 - Take a moment to assess—was the feedback specific enough? Can you provide additional examples of the behaviors you are providing feedback on?
 - You can go back and address some key behaviors from the encounter.
- **What if I can't think of anything to write?**
 - You can always ask the SP Team for assistance. Let us know you need help, and we can take a look.

Effective Feedback for Standardized Patients. (2014). Northern Ontario School of Medicine Standardized Patient Program. <https://www.nosm.ca/wp-content/uploads/2017/11/Guide-for-Effective-Feedback.pdf>

What is a Standardized Patient? (n.d.). Perelman School of Medicine Standardized Patient Program. Retrieved March 24, 2023, from <https://www.med.upenn.edu/spprogram/what-is-a-standardized-patient.html#:~:text=The%20use%20of%20SPs%20facilitates,in%20clinical%20techniques%20and%20procedures.>