Giving and Receiving Feedback

Paul Scott, M.A.
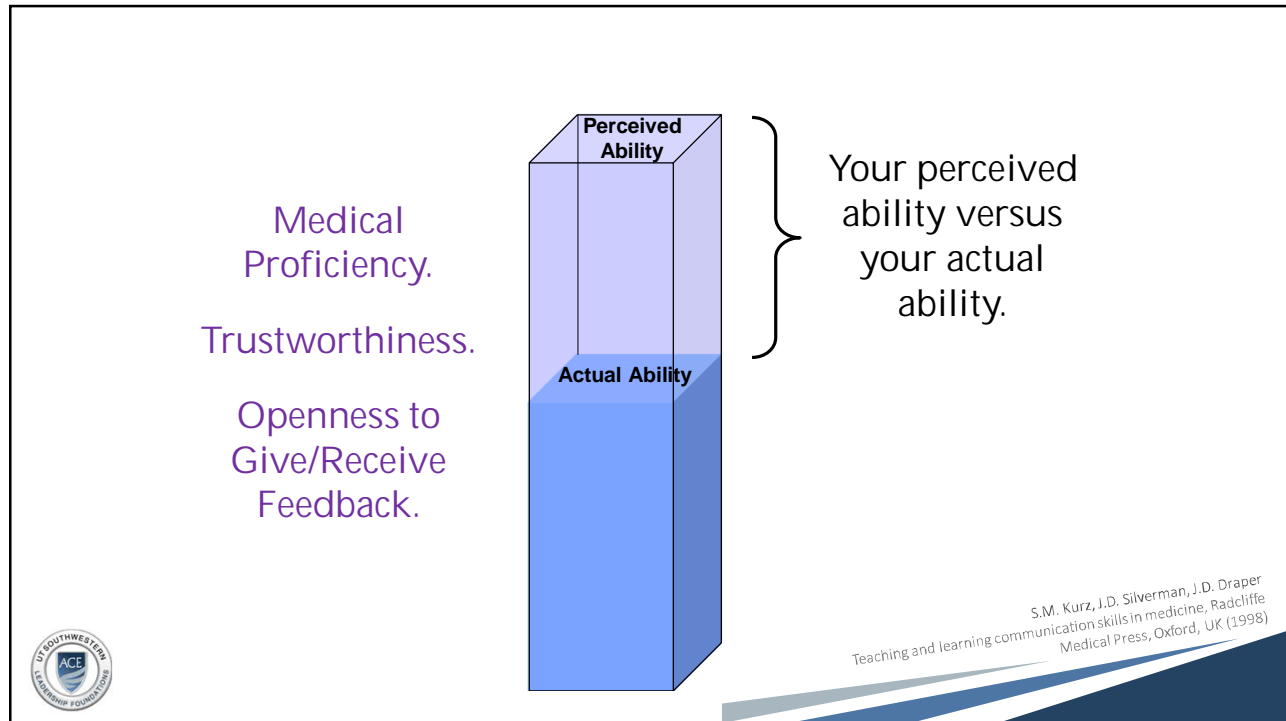Manager, Learning & Development

August 7, 2021

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Why Should We Talk About Feedback?

On the day of surgery, preprocedure education is reinforced by the perianesthesia nurse, and any misconceptions are clarified so that all participants have the same understanding. On completion of a nursing assessment, review of medication, surgical and medical histories, perianesthesia nurses use clinical judgment to determine if there has been any changes in the patient's medical status or medication adherence. ==It is important that the perianesthesia nurse communicates any concerns to the HCP and the rest of the health care team before the surgical procedure if the patient is not optimized or has poorly controlled comorbidities==.
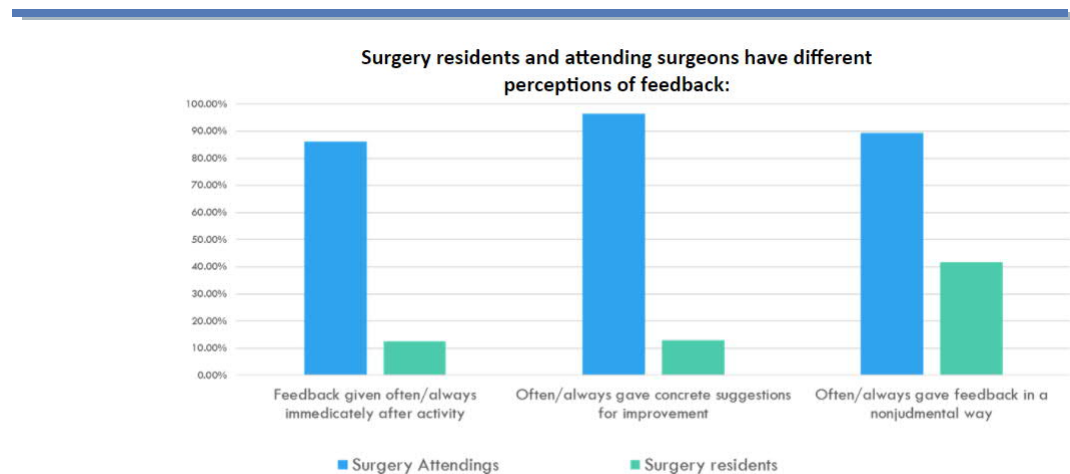
2

2

Medical Proficiency.

Trustworthiness.

Openness to Give/Receive Feedback.

Your perceived ability versus your actual ability.

S.M. Kurz, J.D. Silverman, J.D. Draper
Teaching and learning communication skills in medicine, Radcliffe
Medical Press, Oxford, UK (1998)

3

Where is the Disconnect?

Surgery residents and attending surgeons have different perceptions of feedback:

A. Sender Liberman, Moishe Liberman, Yvonne Steinert, Peter McLeod & Sarkis Meterissian (2005) Surgery residents and attending surgeons have different perceptions of feedback, Medical Teacher, 27:5, 470-472, DOI: 10.1080/0142590500129183

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Agenda: Giving & Receiving Feedback

- How Would You Define Session Success?
- Poll Activity: What are Your Primary Responsibilities?
- What Matters Most: Verbal, Visual, Vocal
- Poll Activity: What are Your Fears?
- Problem Solving Tool / SWAG
- Small Group Activity: Case Studies
- Resources/Sources

5

5

Point to Ponder

How would you describe your communication effectiveness today (including providing feedback)?

6

6

What Would Success Look like?

What would you be able to
say or do differently?

What practice(s) would you
be able to implement?

Poll Everywhere Instructions

Respond at
PollEv.com/utswodt
(accept cookie policy, click skip)

Text UTSWODT to 22333
once to join, then text responses.

Capture the QR Code *(at right)*
on your mobile device's camera

Poll Everywhere Activity

What are your primary responsibilities
to your patients and/or their families?

What are your primary responsibilities
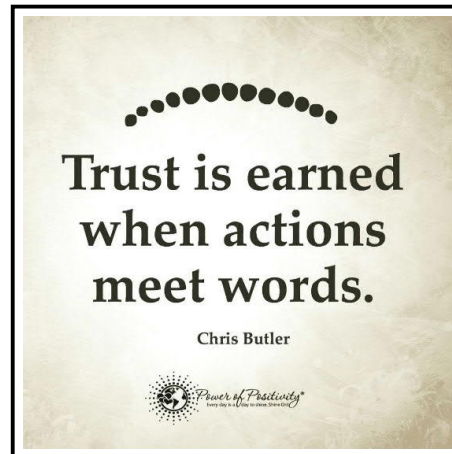with your perianesthesia colleagues?

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What concerns and/or fears (if any) do you have about providing feedback?

Emotional Display   De-Motivating   Power Struggle   Unsure How   Root Cause
to Address   (Not Sure)

Retaliation   Don't Think You   Time   Uncomfortable   Saying the
Have the Right Skills   (Not Enough)   Wrong Thing

OTHER   NO FEARS

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Trust = Psychological Safety

Trust is earned
when actions
meet words.

Chris Butler

Power of Positivity

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Ten Ways to Build Trust

- Aim for win-win not win-lose. Us *vs.* it, not me *vs.* you.
- Be accountable for yourself *(and for your actions)*.
- Reveal something personal/meaningful, as needed.
- Find a common cause.
- Be collaborative, not competitive.
- Listen to understand, not just *hear* or judge.
- Share all the information (+/-) you can, as soon as you can.
- Give credit freely and publicly.
- Ask for help and/or advice.
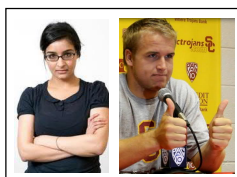- Be consistent in your interactions with others.

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What Matters Most
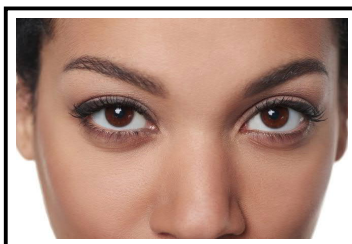
"Communication Skills Training in Surgical Residency"
University of Pittsburgh School of Medicine, 2014

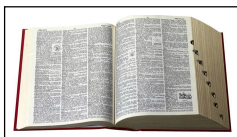13

The Three V's of Communication

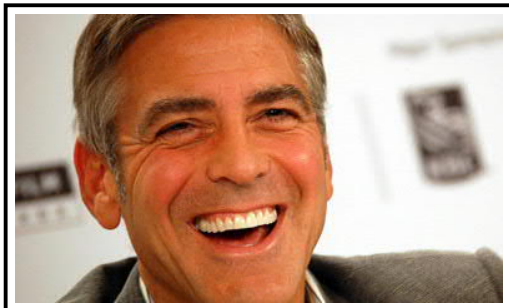|		
Visual		55%
Vocal		38%
Verbal		7%

Albert Mehrabian, Ph.D.

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One is an Actor. The Other is Acting.

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Have a Seat. All of It.

Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (clinical evaluation exercise): a preliminary investigation. Ann Intern Med. 1995;123:795–9.

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When Determining Your Tone, Ask Yourself:

What is the circumstance/situation that requires your feedback?
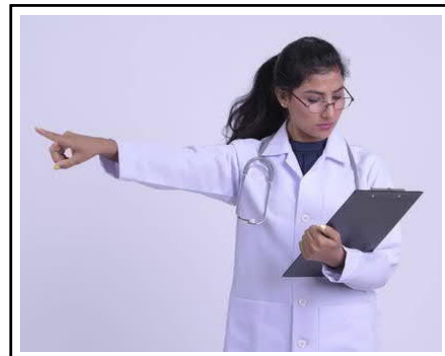
How does the individual feel right <u>now</u>?

How might your feedback affect them?

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Beware the Pitfall: Don't Scorsese it.

- "As soon as I mention to her what happened, she will shut down."

- "If he gets angry, I'll tell him that is the reason I didn't want to talk to him in the first place."

- "If she tries to blame me, I will tell her that she is just jealous that I am more respected on the floor."

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Beware the Pitfall: Too Much Fluff

- "I probably shouldn't even say anything, but when you…"

- "I'm sure you didn't mean to…"

- "I really don't want to have this conversation with you, but the Nurse Manager said I had to."

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Beware the Pitfall: Words Have (different) Weights

favorable

inoperable

20

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Beware the Pitfall: What or How Not Why

Stop asking why I'm still single.

I don't ask how you're still married.

What is a more effective word than *Why*.
It rarely attaches judgment.

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Problem Solving Tool (SWAG)

State

Wait

Ask

Gain

Presenting
{
State the Exact Problem (leave emotion out)

Refer to Past Conversations (if any)

State the Impact and Need for Change
}

Probing
{
Ask for and **Listen** to the Their Explanation
}

Preserving
{
Acknowledge What is Being Conveyed

Gain Understanding

Focus on Mutual Benefit Moving Forward
}

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Case Study Example: Part I of III

A new staff member joins the team. During orientation they often respond to constructive feedback with, "At my old hospital, we did or didn't...."

How would you begin the conversation?

    A. "Don't you think it would be a good idea to learn how we do things here?"

    B. "We don't work there. And if you liked it so much, why did you leave?"

    C. "Since you started working here, what have you noticed about how we do things?"

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Case Study Example: Part II of III

The new employee tells you that they still don't fully understand how we do things here.

How would you respond?

    A. "Who was your preceptor? I'm guessing Mike."

    B. "I thought that might be the case. What do you think you could do to better understand?"

    C. "I get it. It happened to all of us. It'll make sense sooner or later."

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Case Study Example: Part III of III

The new employee is receptive to you, your follow-up questions and subsequent advice.
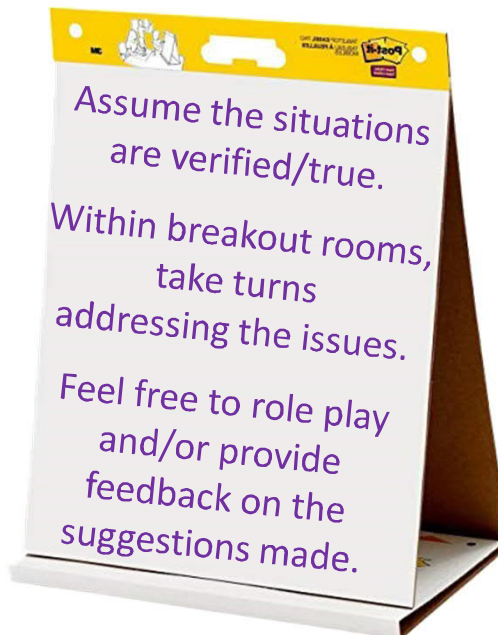
How do you wrap up the conversation?

    A. "Good luck. Feel free to ask for help anytime."

    B. "Hey, and if you forget what we talked about, just give it some more time."

    C. "What do you think you will do differently moving forward?"

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Case Studies Activity

Assume the situations are verified/true.

Within breakout rooms, take turns addressing the issues.

Feel free to role play and/or provide feedback on the suggestions made.

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SWAG Case Studies: What Would You Say?

1) PACU Nurse calls for a time out. Anesthesia provider is not paying attention and reluctantly agrees to listen.

2) A Nurse in Pre-Surgery Testing notices a colleague as they are precepting. The preceptor is belittling the opinions of another staff member in front of other people.

3) Day Surgery Nurse is providing education to a patient being discharged. The Patient's spouse becomes angry at what the nurse is telling them. This prompts the nurse to come to you to ask you to handle the patient's spouse as "you are better at dealing with that type of person than I am."

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Additional Scenarios to (mentally) SWAG

1. A new physician resident comes to see patients in the PACU to check their incisions/dressing and doesn't wash their hands after seeing the first patient and moving on to the next.
2. A less experienced PACU nurse often gives their patients Fentanyl 25 mcg one time for pain, no matter what the reported pain level is.
3. Preop RN leaves the department for 30+ minutes at a time without letting you know they are leaving.
4. PACU RN attempts to call report to the floor and a floor nurse consistently says, "Give me 30 minutes, and I'll call you back". 40 minutes pass with no call back. The PACU RN calls the floor nurse again and receives the same response.
5. One of the evening Postop RNs comes to work and immediately starts finding things wrong with the day shift RN's work.
6. The PACU Charge Nurse notices that one of the PACU staff members consistently places the B/P cuff and EKG monitor on their patients before placing the pulse oximeter.
7. A PACU RN is overly friendly to some staff members, while not speaking to, or acknowledging others. The staff start "walking on eggshells" around this person because of their inconsistent actions.
8. A Surgeon uses an abbreviation, which is not acceptable, on the surgical consent.

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Take Any 10 Seconds

How did it look?

How did it sound?

What words did you hear?

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Phrases to Keep in Your Back Pocket

Problem Solving-Based
- "*Tell me more.*"
- "*What else*?"
- "*What prevented you...*?"

Performance Feedback-Based
- "*What worked well*?"
- "*Where did you get stuck*?"
- "*What might you do differently next time*?"

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It Matters More __That__ it was Provided than by Who

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Final Summary: Remember Your Vowels

ASSESS (Self)
How do you think you did? What did you do well? What could have been different?

ENCOURAGE (Others)
Ask for feedback. Demonstrate willingness.

INCLUDE (I Statements)
Speak from "I" (I noticed, I thought). Be inclusive.

OWN
Remain open. You don't need to agree with the feedback, but you should reflect on it.

UNDERSTAND
It might be difficult to say and hear. Be grateful that thoughts/observations were shared.

YOU
The only thing you can control—how you react, the action you will take, the impact it will make.

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You Can't Un-see (What You *Now* See).

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A. Sender Liberman, Moishe Liberman, Yvonne Steinert, Peter McLeod & Sarkis Meterissian (2005) Surgery residents and attending surgeons have different perceptions of feedback, Medical Teacher, 27:5, 470-472, DOI: 10.1080/0142590500129183

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Post Test: Test Your Knowledge

1) Based upon research, when providing feedback and/or communicating with others, the most important factor to consider is:
   a. Verbal (the words and phrases you actually say)
   b. Tone (how you say what you say)
   c. Body Language (your mannerisms, gestures, and body positioning)

2) In providing respectful, inclusive feedback, the SWAG Model is an excellent tool. SWAG stands for:
   a. State – Wait – Ask – Gain
   b. So? – What/Why? – And… – Going Forward…
   c. Speak Words Articulate Gestures

Mentimeter

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Post Test: Answers

1) Based upon research, when providing feedback and/or communicating with others, the most important factor to consider is:
   a. Verbal (the words and phrases you actually say)
   b. Tone (how you say what you say)
   c. Body Language (your mannerisms, gestures, and body positioning)
   CORRECT Answer: C. More than 55% of your message is perceived by your body language. It doesn't always matter "what" is said, or "how" it is said, so long as the recipient can see your genuine care/interest in their understanding your message.

2) In providing respectful, inclusive feedback, the SWAG Model is an excellent tool. SWAG stands for:
   a. State – Wait – Ask – Gain
   b. So? – What/Why? – And… – Going Forward…
   c. Speak Words Articulate Gestures
   Correct Answer: A. After Stating the issue that requires feedback, and then Waiting to hear the individual's rationale, you can then Ask poignant and respectful questions (from a place of inquiry) to Gain a commitment for moving forward.

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Questions, Comments or Connections?

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Handling Workplace Conflict

Laquita "Laila" Cooper, MSSW LCSW
Program Manager
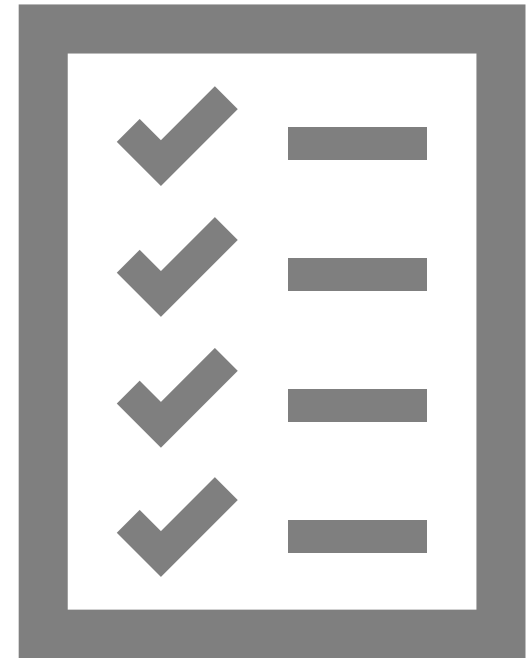UT Southwestern Employee Assistance Program

Agenda

Explanation of terms

Identify different types of workplace conflict

Discuss common types of workplace conflict for nurses

Explore effective strategies for handling workplace conflict

Definitions

Conflict

"An interactive process manifested as incompatibility, disagreements, or dissonance within or between entities such as individuals" (Iglesias and Becerro, 2012)

Workplace Conflict

"A state of discord caused by the actual or perceived opposition of needs, values and interests between people working together" (Beoling and Beehr, 2006)

Reflection

Think of a time you were involved in some type of conflict...

- What happened to cause the conflict?

- How did you respond to the conflict?

- What would have made it go better?

How Conflict Impacts the Workplace

Advantages
- Promotes innovation, creativity, and development
- Enhances communication
- Increases collaboration and cohesion
- Improves safety and quality
- Motivates and empowers

Disadvantages
- Impacts performance
- Job loss or turnover
- Compromises safety and quality of care
- Undermines the team
- Increases stress related health costs
- Damages reputations
- Reduces revenue

Common Types of Workplace Conflict

General Conflict Types

- **Role Conflict** arises when two parties have the same or related responsibilities with unclear boundaries and/or expectations

- **Communication Conflict** occurs due to misunderstandings caused by different communication styles

- **Goal Conflict** occurs between individuals with competing priorities

- **Personality Conflict** occurs due to differences in personality

- **Value Conflict** occurs when there is a lack of acceptance and understanding of differences

- **Intrapersonal Conflict** occurs when there is conflict within the individual

- **Interpersonal Conflict** occurs when there is conflict involving two or more people

- **Intergroup Conflict** occurs when there is conflict amongst members of different teams or groups
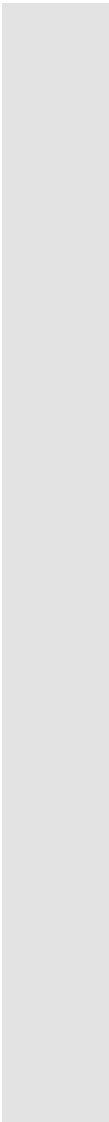
Nursing Conflict Types

- **Ego-Based Conflict** occurs when the disagreement about how to handle a problem is complex and can hurt or threaten someone's ego

- **Nurse Bullying** occurs when nurses engage in ongoing harmful actions or behaviors that are humiliating, offensive and upsetting for the recipient

- **Intergenerational Conflict** occurs when conflict arises due to generational differences in work style and approach

- **Issue-Based Conflict** occurs when there is a disagreement about to handle a particular problem

- **Value Conflict** occurs when there is a lack of acceptance and understanding of differences

Question

Which conflict management style is most commonly used by nurses?

Signs of Conflict in the Workplace

Anxiety and stress

Decrease in productivity

Disengagement

Excessive absenteeism

High turnover

Dissatisfaction

Quality and safety issues

Team discord

Strategies for Handling Workplace Conflict

Conflict Management Styles

Avoiding — Ignoring the situation

Competing — Pursuing your own interest at the expense of others

Compromising — Adjusting on both ends

Accommodating — Setting aside your own wants or needs to prioritize the wants and needs of others

Collaborating — Working together to resolve conflict with consideration to the needs and goals of others

The DESC Model

Describe the behavior or situation

Express your feelings or observations about the behavior/issue
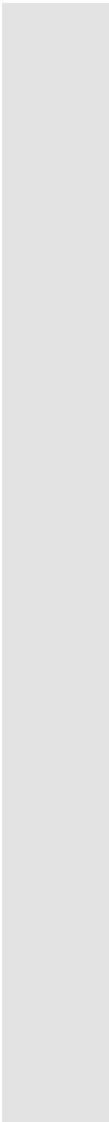
Specify the ideal outcome

Consequences or compromise

Tips for Handling Conflict

- Acknowledge and address

- Consider your setting

- Examine your role

- Focus on the issues

- Remain calm and respectful

- Keep an open mind

- Listen with the intent to listen

- Pay attention to your verbal and nonverbal communication

- Seek solutions

- Use your resources

Questions and Answers

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Research Essentials

Perianesthesia Nurses Conference

August 7, 2021

Right knowledge, right skills, right attitude

Dr. Linda Denke, PhD., RN, CCRC

Director

Nursing Research

UT Southwestern
Medical Center

Requirement for Successful Completion

- Sign-in
- Attend the entire activity
- Complete and submit the evaluation tool

Learning Outcome

- Participant will:
  - Learn the difference between Evidence-Based Practice (EBP) & Research
  - Identify the steps in the research process and formulate a research topic of interest to pursue
  - Discover the steps in review of literature, writing proposal, & IRB process
  - Apply these skills to conduct their own research study

Conflict of Interest

- The presenter and planning committee denies any conflicts of interest
- No commercial support for this activity has been received

American Society of Post Anesthesia Nurses (ASPAN) Organization
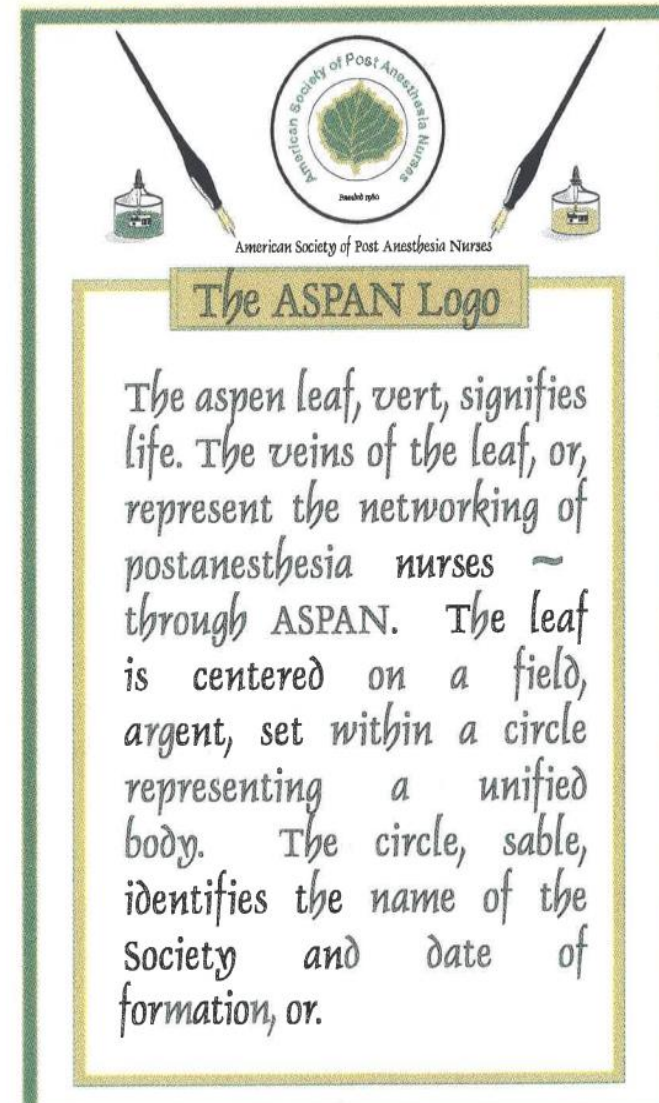
The ASPAN Logo

The aspen leaf, vert, signifies life. The veins of the leaf, or, represent the networking of postanesthesia nurses ~ through ASPAN. The leaf is centered on a field, argent, set within a circle representing a unified body. The circle, sable, identifies the name of the Society and date of formation, or.

Department Overview

- Review & write proposed new research studies

- Oversee preparation of project summaries, consent forms for IRB, and oversee compliance with all regulatory requirements

- Provide training to research and administrative staff

- Identify potential sponsors for clinical research unit

Department Overview

- Facilitate research translation/integration into clinical practice by communicating and interpreting research findings and engaging appropriate councils and leadership.

- Ensure compliance with applicable laws, regulations, policies, and procedures

- Engage bedside nurses, leadership, and other disciplines in ensuring that practice is based on current research and evidence.

- Supports the Chair and/or Chairs of entity Nursing Research Councils.

- Facilitate with the planning committee for Research Day and other research related events

Strategic Plan

Organizational Chart
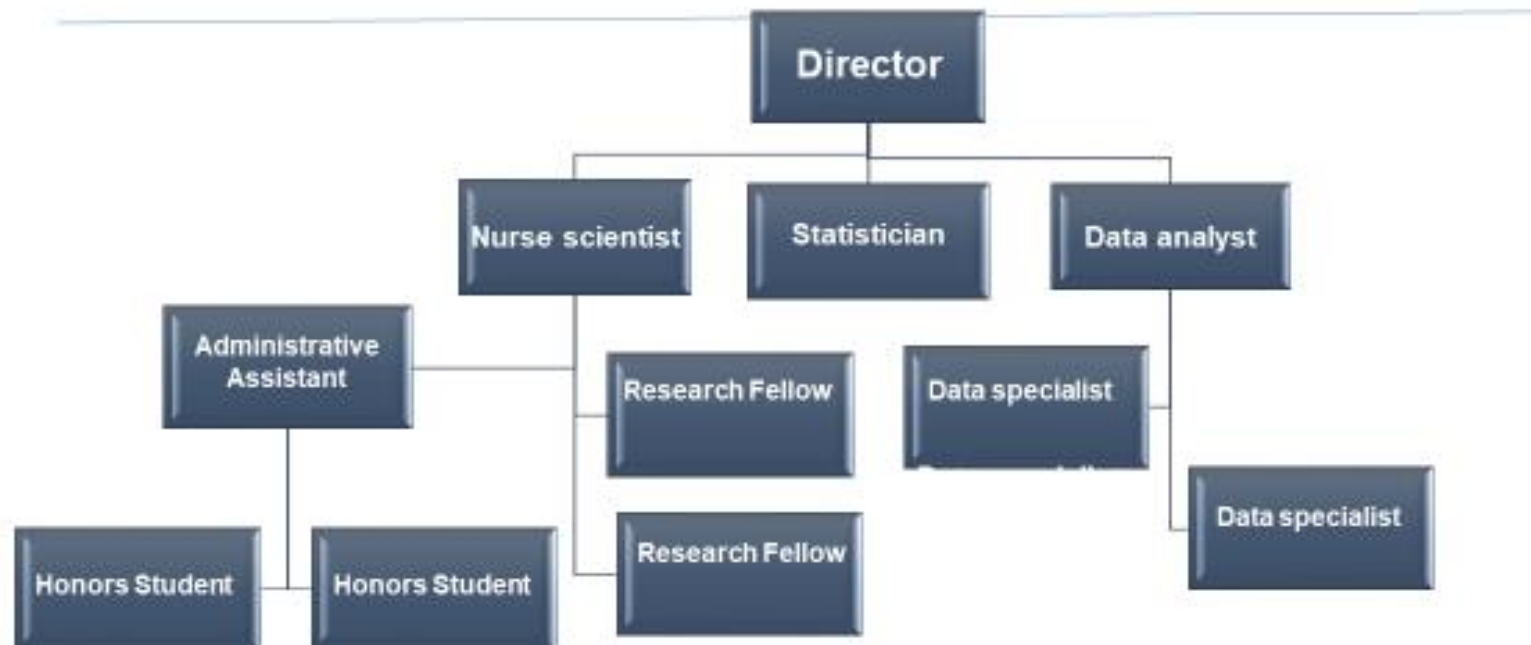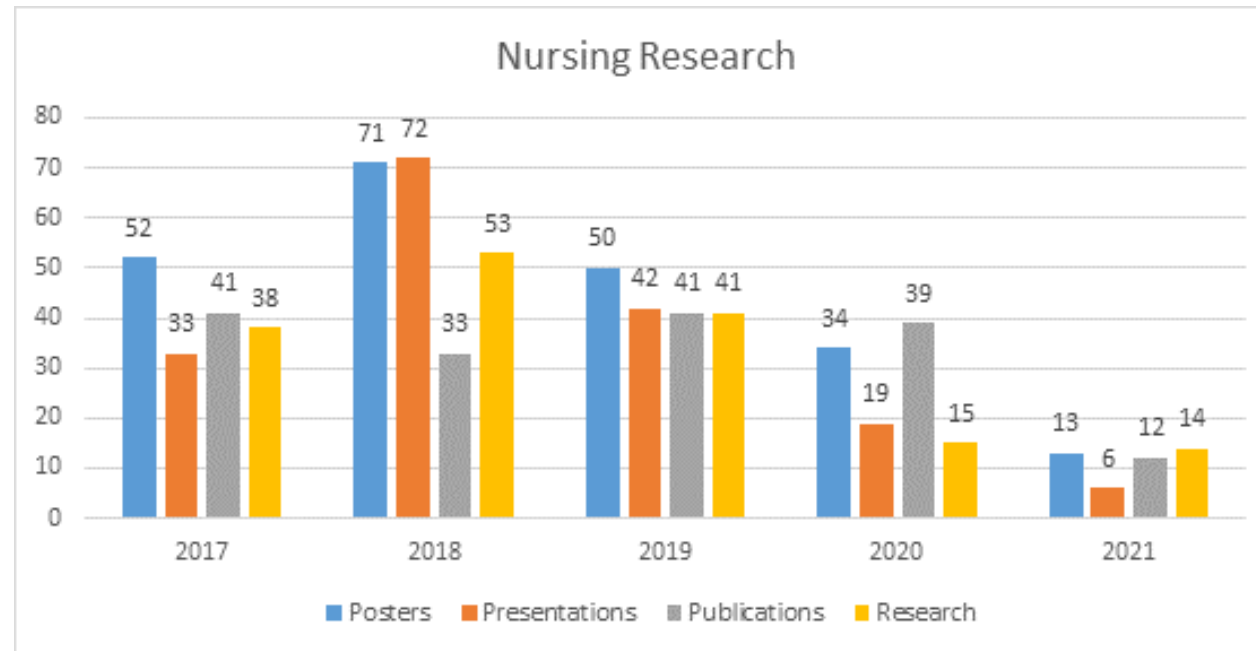
Nursing research populates around a Nurse Scientist

Evidence-Based Practice

UT Southwestern
Medical Center
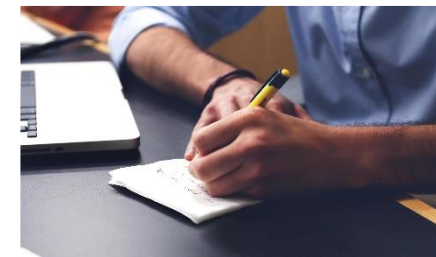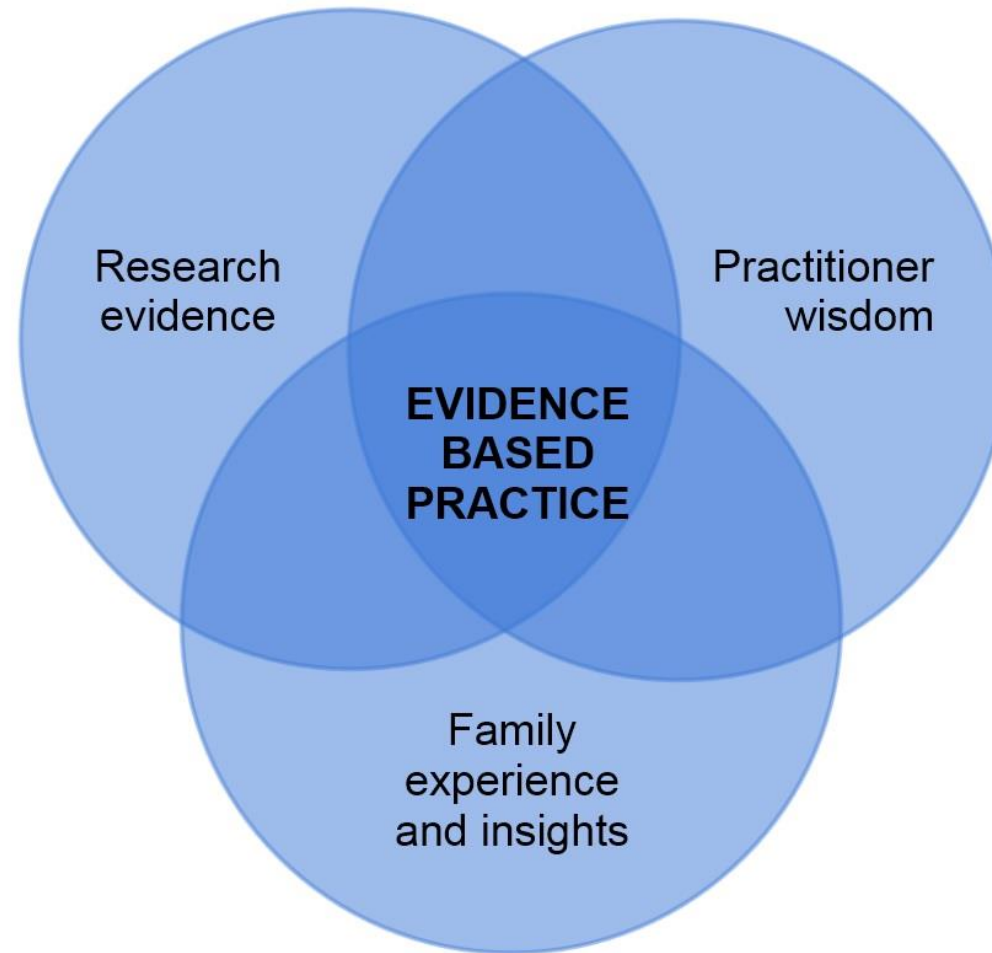
5 Steps in the EBP Process

Asking	Converting the clinical puzzle into an answerable question
Accessing	Searching to find the best evidence to answer the question
Appraising	Critically evaluating the evidence to decide if it is reliable and robust
Applying	Extracting useful information to decide what clinical action is best
Assessing	Evaluating the process to integrate this element into the quality improvement cycle

https://library.utsouthwestern.edu/handouts/instruction/EBP-Flowchart.pdf

What is the Triggering issue?

- Clinical or patient issue

- Organizational, state or national initiative

- Accrediting agency or regulations

- Philosophy of care

Is this a priority?

Next……PICO Question
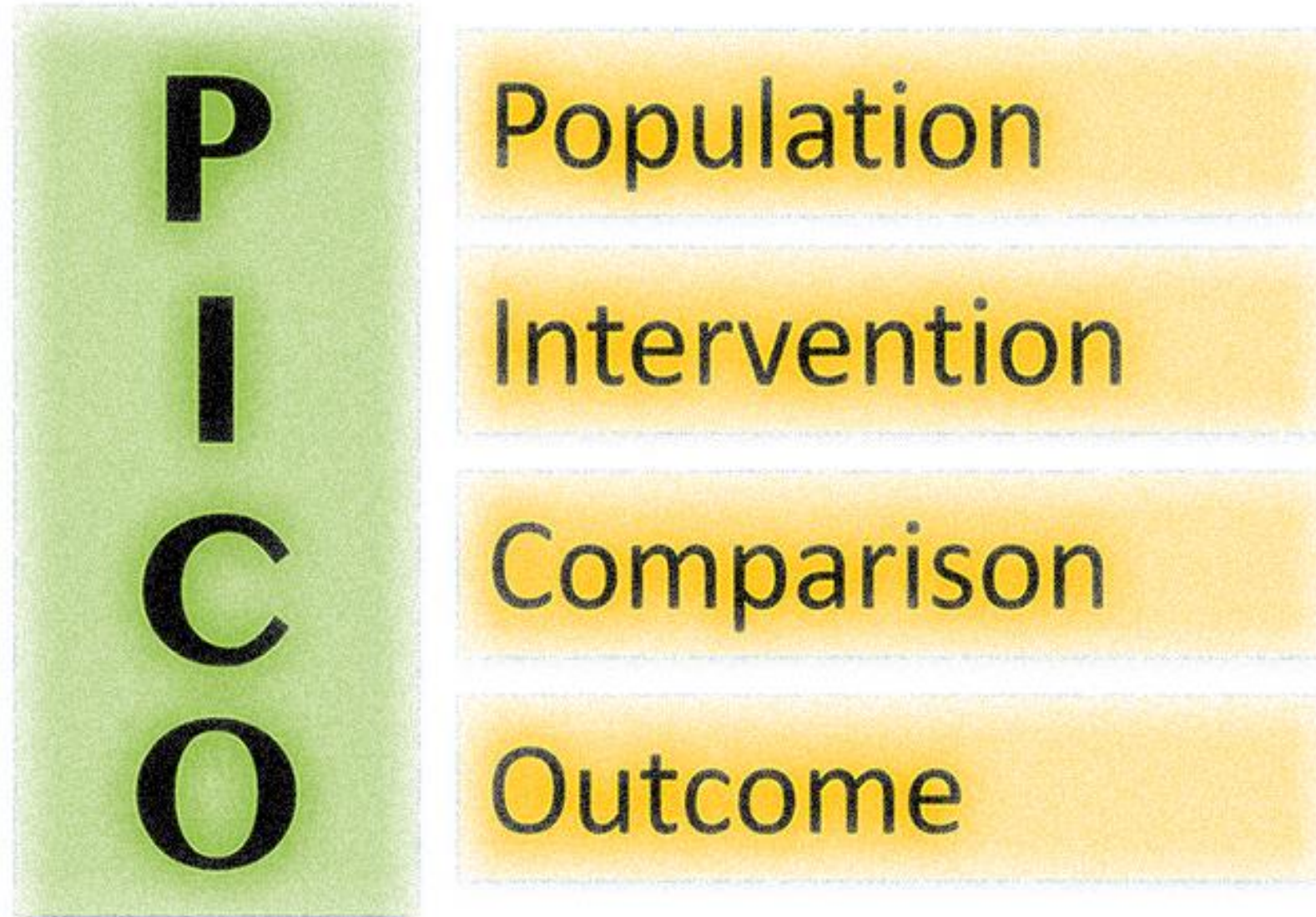
Therapy

- To determine efficacy of a therapy or an intervention

- **In inpatients, do compression devises contribute to falls compared to no compression devises?**

Etiology

- To identify risk factors/causes of a condition

- **Are children of mothers with long-standing bipolar disorder at an increased risk of psychological conditions?**

Diagnosis

- To identify the most effective method of diagnosis

- **In pre-school-age children with suspected autism, how does the Autism Diagnostic Observation Schedule compare with the Childhood Autism Rating Scale for accurate diagnosis?**

Prognosis

- To determine the impact of a specific factor on the course of a condition

- **For individuals with multiple sclerosis, does living in a cold climate affect the number of condition exacerbations?**

Meaning

- To understand the experiences of an individual

- **How do parents of a premature newborn believe they can best promote their child's well-being?**
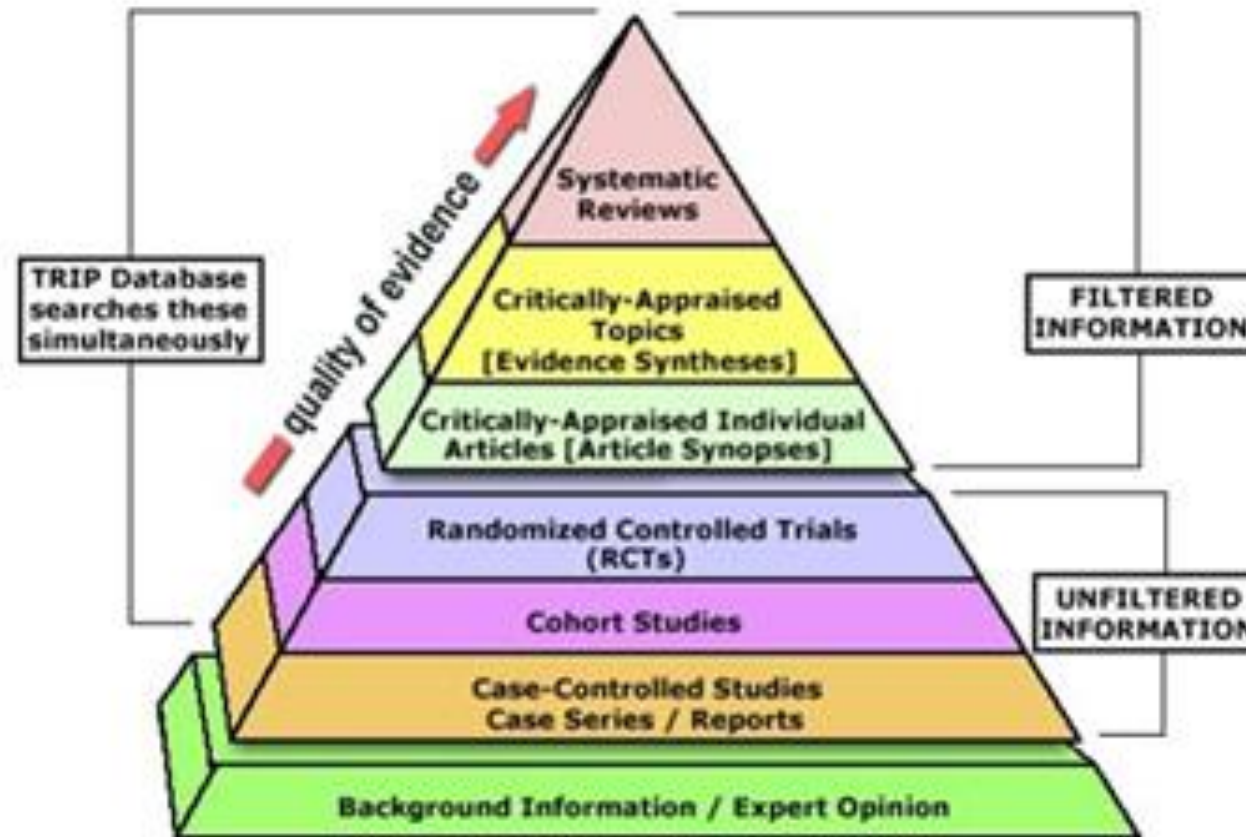
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Review of the Literature

Nursing Research

Research

A SCIENTIFIC PROCESS THAT VALIDATES AND REFINES EXISTING

KNOWLEDGE AND GENERATES NEW KNOWLEDGE THAT

DIRECTLY AND INDIRECTLY INFLUENCES OUR CARE OF PATIENTS

Patient facing Research
to Virtual Research
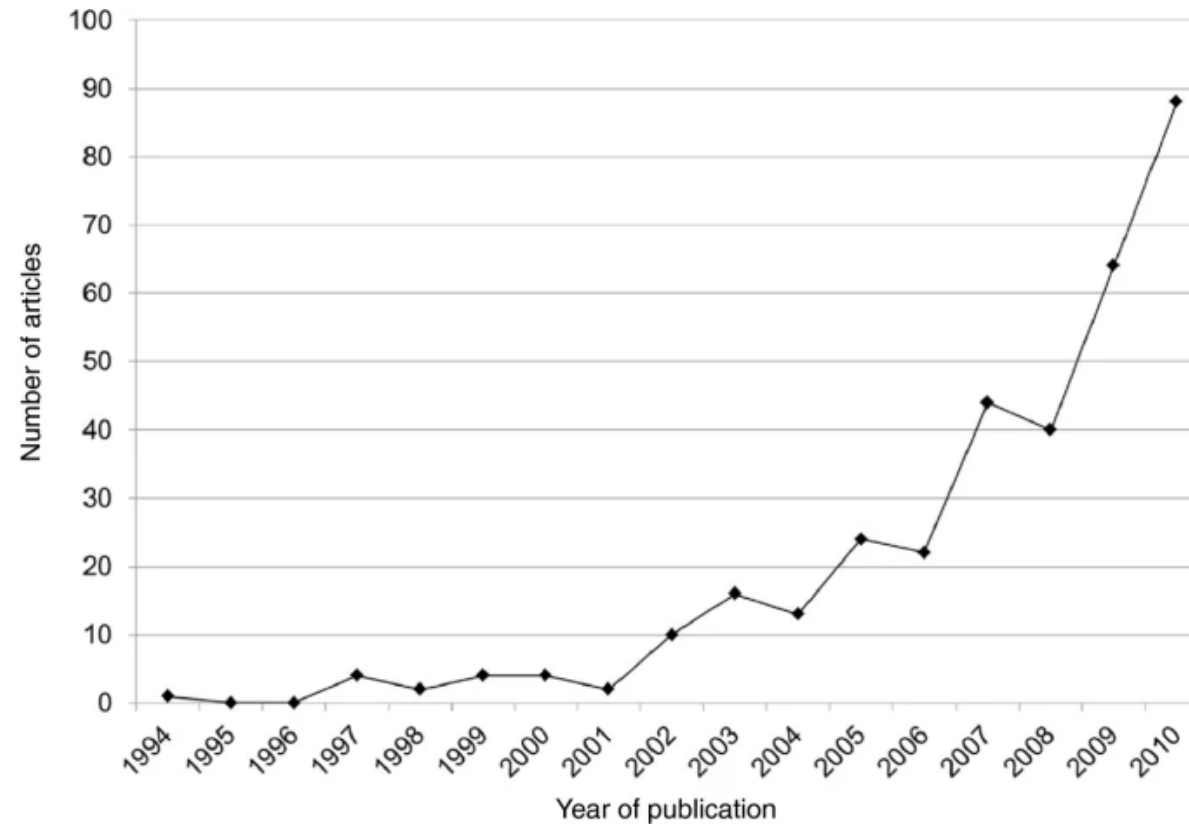
Trends in Research

Trends in Research

Inflection point

- Pairing of data science and technology

- Splintering →————————→ Rethink

- Data entry →————————→ Data mining

- Controlled growth

PETER BROWN.

Trisha Greenhalgh, and Rod Taylor BMJ 1997;315:740-743

Poll Vote Link
https://fast-poll.com/poll/0395714c

Poll Results Link
https://fast-poll.com/poll/results/0395714c

Steps in the Research Process?

- Topic of interest
- Timeline
- Review of the literature
- Writing the research proposal
- Learn how to setup the study
- IRB
- Execute the study
- Data Analysis
- Manuscript writing -> Publication
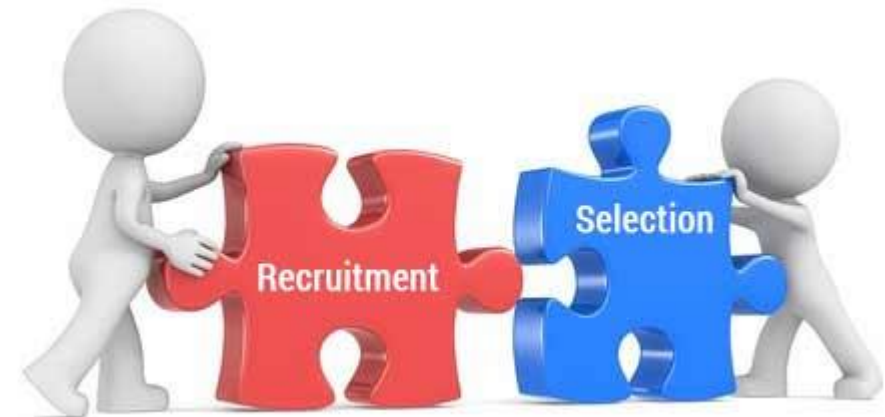
Why Nurses Don't Do Research

Dedicated Time

Education

Research Skills

Writing Skills

Tip: We are here to help! ☺

The Why

Poll Vote Link

https://fast-poll.com/poll/ddec96e9

Poll Results Link

https://fast-poll.com/poll/results/ddec96e9

Perioperative Research Exemplar

UT Southwestern
Medical Center

Music & Perioperative Nursing

- https://www.pennmedicine.org/news/internal-newsletters/system-news/2021/may/music-intervention-alleviates-pah-patients-postsurgical-pain

Background
Current perioperative patient care aims to maintain homeostasis by attenuation of the stress response to surgery, as a more vigorous stress response can have detrimental effects on postoperative recovery.

Purpose
This systematic review and meta-analysis aims to assess the effect of perioperative music on the physiological stress response to surgery.

Methods
Embase

Medline

Ovid

Cochrane Central

Web of Science

Google Scholar databases were searched from inception date until February 5, 2019, using a systematic literature search following the Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines for randomized controlled trials investigating the effect of music before, during, and/or after surgery in adult surgical patients on the stress response to surgery. Meta-analysis was performed using a random effects model and pooled standardized mean differences were calculated with 95% confidence intervals. This study was registered in the PROSPERO database (CRD42018097060).

Results
The literature search identified 1076 articles. Eighteen studies (1301 patients) were included in the systematic review, of which eight were included in the meta-analysis. Perioperative music attenuated the neuroendocrine cortisol stress response to surgery (pooled standardized mean difference −0.30, [95% confidence interval −0.53 to −0.07], $P = 0.01$, $I^2 = 0$).

Conclusions
Perioperative music can attenuate the neuroendocrine stress response to surgery.

Funding Sources

CCI certifies more than 40,000 perioperative nurses, and is an industry leader in nursing competency assessment. The nonprofit administers the Certified Perioperative Nurse (CNOR), Certified Surgical Services Manager (CSSM), and Certified Perioperative Clinical Nurse Specialist (CNS-CP) certifications.

https://cc-researchfoundation.org/grants/

Resources

Ebooks

Cullen, L., Hanrahan, K., Sigma Theta Tau International, Farrington, M., DeBerg, J., Tucker, S., & Kleiber, C. (2018). *Evidence-Based Practice In Action: Comprehensive Strategies, Tools, and Tips From The University of Iowa Hospitals And Clinics*. Sigma Theta Tau International.

EBP Appraising the Evidence

https://library.utsouthwestern.edu/handouts/instruction/EBP-Flowchart.pdf

Sample posters

https://www.pinterest.com/pin/153615037267390095

ASPAN Conference

2021 RESEARCH/EBP/QI ABSTRACTS AND POSTERS ASPAN's 40th National Conference

April 25-29, 2021

Poster Award Winners:

Research - First Place: Incidence of Post-Anesthesia Symptoms, Surgical Events and Length of Stay for Surgical Oncology Outpatients

Research - Second Place: Perianesthesia Nurses' Knowledge, Attitude, and Intention to Promote Safe Use, Storage, and Disposal of Opioids

Evidence Based Practice - First Place: Implementing Perioperative Evidence-Based Interventions for OSA: Increasing Risk Awareness, Enhancing Patient Care

Evidence Based Practice - Second Place: Enhancing Patient Recall of Anesthesia Side Effects with "Mugshots"

Quality - First Place: Monitoring QTc in Pediatric Patients Who Receive Low Dose IV Haloperidol in the PACU for Post-operative Nausea and Vomiting (PONV)

Quality - Second Place: Benefits of Passive Warming on Surgical Patients Undergoing Regional Anesthetic Procedures

Resources

Online Courses

https://fuld.nursing.osu.edu/ebp-basics-free-online-course

Six modules, with optional readings and activities in an asynchronous, online format. This free, self-paced online course is open for enrollment. Offered by the Fuld Institute for EBP.

Cullen, L., Hanrahan, K., Sigma Theta Tau International, Farrington, M., DeBerg, J., Tucker, S., & Kleiber, C. (2018). *Evidence-Based Practice In Action: Comprehensive Strategies, Tools, and Tips From The University of Iowa Hospitals And Clinics*. Sigma Theta Tau International.

Duke University EBP Modules

https://guides.mclibrary.duke.edu/ebptutorial

The Analgesic Properties of a Music Intervention in the Post Anesthesia Care Unit Primary Investigators: Anna Lee Sigueza MSN RN CPAN NE-BC, Erin Kelly-Hellyer MSN RN-BC, Mara Pestritto BSN RN-BC Pennsylvania Hospital, Philadelphia, Pennsylvania Co-Investigators: Linda A. Hatfield PhD NNP-BC FAAN, Neil Sheth MD

Gray, J. R., Grove, S. K., & Burns, N. (2012). *The practice of nursing research : Appraisal, synthesis, and generation of evidence*. ProQuest Ebook Central https://ebookcentral-proquest-com.foyer.swmed.edu

http://www.cc-researchfoundation.org/

UTSW Mobile Resources Guide for Apps

https://utsouthwestern.libguides.com/mobileresources

Questions?