

Giving Effective Feedback Summary

Feedback

- Informed, non-evaluative, objective appraisal of performance intended to improve clinical skills
- Not an evaluation, which is a final summation of the learner's performance
- Not encouragement, which is supportive of the learner's performance
- Provides opportunities to:
 - Guide future learning
 - Reassure achieved competency
 - Reinforce positive actions
 - Identify and correct areas for improvement
 - Promote reflection
- All residents, including nighttime residents, are responsible to meet core competencies and can provide feedback on these competencies including patient care, clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice

Types of Feedback

- Brief: Occurs daily and based on observed action or behavior
 - Best for nighttime feedback
- Formal: Specific time set aside after patient encounters or on daily basis.
 - Can also be utilized for nighttime feedback
- Major: Usually at the midpoint and end of a clinical rotation. Allows the learner to improve before the end of the rotation and the final evaluation. "Feedback Fridays."

Barriers to Feedback

- Perceived lack of time to provide feedback-especially at night
- Too generalized and not specific
- Only positive encouragement and not constructive feedback
- Fear of upsetting learner/trainee
- Clinical preceptors uncomfortable providing feedback
- Learner being resistant or defensive

ALL Feedback should be Specific, Timely, Objective and allow learners to develop a Plan for improvement!

Methods of Feedback

- 5-Step Framework
 - Outline expectations for the learner during orientation
 - Prepare the learner to receive feedback
 - Learner self-assessment
 - Provide feedback
 - Choose 1-2 Specific and Relevant teaching points
 - Develop an Action Plan
- One Minute Preceptor
 - Get a commitment
 - Probe for supporting evidence
 - Teach a general rule
 - Reinforce what is done right
 - Correct mistakes