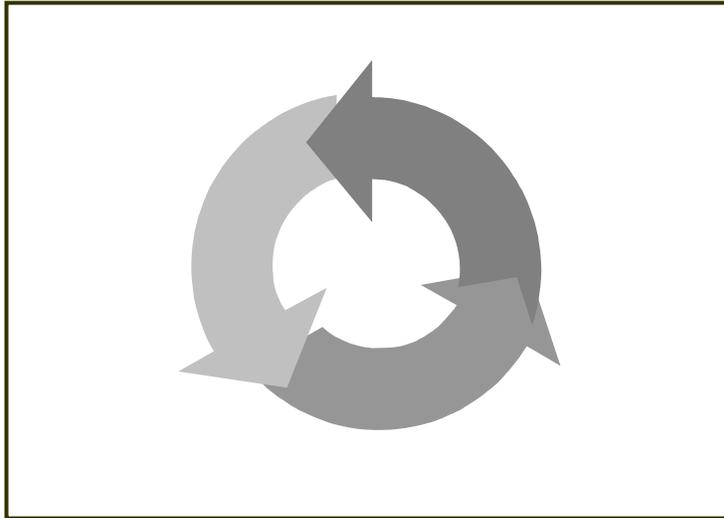


Feedback



An Educational Monograph For Community-Based Teachers

Sponsored By:

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As a part of the:



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Purpose: The purpose of this Preceptor Development Program Monograph Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

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- 1) Read the monograph.
- 2) Complete the post-test questions.
- 3) Complete the program evaluation form.
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INTRODUCTION

As a community preceptor working with residents or students for a week, month, or semester at a time, you get to know your learners well. You have more one-on-one time with them than many of their faculty at school or even during residency. This close working relationship offers an excellent opportunity to share your assessment of the learners' strengths and weaknesses and help further develop their skills.

Giving effective feedback to learners is instrumental in helping them learn. Learners who receive regular feedback about their performance perform significantly better (Scheidt, Lazowitz, et al., 1986; Stillman, Sabers, & Redfield, 1976, 1977), develop better judgement (Wigton, Kashinath, & Hoellerich, 1986), and learn faster (Hammond, 1971) than those who do not. Furthermore, learners like feedback; they identify it as one of the most important qualities of a good preceptor, second only to clinical competence (Wolverton & Bosworth, 1985). Learners often report that they want more feedback from preceptors.

This monograph is geared to experienced and new preceptors of both students and residents. In it we will:

1. Review the defining characteristics of feedback
2. Identify barriers that prevent preceptors from giving more feedback
3. Outline an approach to giving effective feedback.
4. Discuss how feedback can be incorporated into the busy office setting.

TWO SCENARIOS

Throughout this monograph, examples will help demonstrate feedback at work. Here are two approaches to feedback that yield different outcomes.

Scenario I:

You observe a first-year family practice resident performing a Pap smear. You see her quickly insert a cold metal speculum, which causes the patient to jump and say “Ouch.” You do not provide specific feedback on that episode, thinking that perhaps the resident is nervous about being observed on the first day of the rotation. On a second occasion two weeks later, you observe the same technique, which again results in patient discomfort. You tell the resident, “I don’t think the patient appreciated your handling of the speculum – you did that before too.” The resident becomes defensive, saying that you had told her she was “doing a good job.” Later in the rotation you ask the nurses for their opinion, and they state the resident seems self-conscious during Pap smears and that her technique remains rushed and uncomfortable for patients.

Scenario II:

At the beginning of a one-month office-based rotation, you tell your first-year family practice resident that feedback is a key component of learning and improving as a professional. You give her a handout on how to accept and integrate feedback. On observing a Pap smear, you see her rapidly inserting a cold speculum, which causes the patient to jump and say “Ouch.” After the procedure, you comment that she did an excellent job of visualizing the cervix and obtaining the specimens correctly. In addition, you describe her use of the speculum, pointing out the patient’s response of surprise and pain. You encourage her to warm the speculum, let the patient know what she is going to do, and make slower movements. On the next occasion, you observe that the resident is careful and sensitive of the patient’s comfort and does a good job of obtaining the necessary specimens. After the procedure, you specifically recount the changes you observed and praise her technique. She says, “Thanks, I remembered I needed to warm the speculum and I tried to take a little more time inserting it. That made a difference.” You also remind her that a careful look at the vaginal vault and external genitalia are key components of a complete pelvic exam and ask her to consciously focus on that part of the procedure during the next exam. When you check in with the nurses later in the rotation, they report that the resident seems very skilled in performing Pap smears and pelvic exams and is attentive to patient comfort.

The second scenario had a better outcome than the first. The resident was more open to the feedback and integrated it the next time she did the procedure. How did you act differently in the two scenarios? This monograph will outline the steps you can take to make the most of the feedback you offer learners.

THE BENEFITS OF FEEDBACK

Feedback helps learners in a variety of ways. It helps learners evaluate their own performance. Preceptor feedback serves as a mirror in which learners can see what they do well and what they need to improve. It helps learners understand preceptors' expectations and whether they are meeting those expectations. Furthermore, a system of regular feedback encourages learners to try new skills: they can challenge themselves, experiment with new skills, and receive guidance that helps them develop mastery before being graded.

Feedback also makes preceptors' work easier. It provides an opportunity for the preceptor to show interest in learners' development. It facilitates communication. Feedback also helps the preceptor be proactive in identifying and addressing potential problem learning situations. (See the monograph on "Dealing with the Difficult Learning Situation.") Feedback makes the evaluation process easier, because the learner already knows the preceptor's assessment of his or her performance by the time they discuss the evaluation. At the same time that a preceptor's feedback helps learners improve, feedback from learners can help a preceptor hone teaching skills.

CHARACTERISTICS OF FEEDBACK

What exactly is feedback? In his seminal article, Jack Ende defined feedback in medical education as "information describing students' or house officers' performance in a given activity that is intended to guide their future performance in that same or in a related activity" (1983: 777). Feedback addresses specific actions, and its goal is learner improvement.

Feedback is sometimes confused with evaluation, but the two differ in important ways. (See Table 1.) Feedback is given as close to a given relevant event as possible, while evaluation is given at the end of a rotation. Feedback is often informal: brief sessions are fit in at appropriate times during a busy workday. Evaluation is usually performed in a more formal setting, where the learner and preceptor sit down for an "official review."

Table 1

Feedback Compared to Evaluation		
	Feedback	Evaluation
Timing	Timely	Scheduled
Setting	Informal	Formal
Basis	Observation	Observation
Content	Objective	Objective
Scope	Specific Action/Global	Performance
Purpose	Improvement	"Grading"

The basis for both feedback and evaluation should be objective data: specific behaviors that the preceptor has observed. However, feedback focuses on specific events or actions, while evaluation encompasses a broader level of performance and skills. The underlying purpose of *both* feedback and evaluation is improving learner performance; however, evaluation includes a summative grade that is not a part of feedback. (For more information on evaluating learners, see the monograph on “Evaluation: Making it Work.”)

LEARNERS WANT MORE FEEDBACK

Learners often report that they do not get enough feedback from preceptors (Gil, Heins, & Jones, 1998; Irby, Gillmore, & Ramsey, 1987). Sometimes learners do not recognize the information which preceptors shared with them as feedback. It can help to explicitly label comments as such: “To give you some feedback, I thought your case presentation was concise, and I liked how you focused on the relevant history. On the other hand, a neurologic exam did not seem necessary. Next time, conduct a focused physical exam just as you focused your history in this case.”

Most preceptors can give more feedback than they do. Preceptors sometimes think providing feedback is unnecessary, requires too much time, or is awkward to express. Each of these barriers can be overcome.

“Why say the obvious? The learners know how they are doing.” Actually, they often do not. When people are first learning new skills, they do not have the experience or context for judging their own performance. What is obvious to you, an experienced clinician, is probably still unclear to learners.

“That episode was probably an anomaly.” Sometimes you notice behavior that is potentially troubling, but you are not sure the learner consistently does it. This can be especially true at the start of the rotation. You can check with colleagues and staff to see if they have observed similar behavior. It is also okay to “act on the first itch” and raise the issue with the learner immediately – it is easier to prevent a potential problem than curb it once it has fully developed. (See the monograph on “Dealing with the Difficult Learning Situation.”) You might say to the learner, “I don’t know that this is something you normally do, but in this case I noticed that you...”, or you can ask the learner for a self-assessment and see if this behavior is addressed.

“I don’t have time.” Feedback does not need to take a lot of time, and it is essential for helping learners improve. See the last section of this monograph for specific strategies on integrating feedback into the busy office setting.

“This is awkward.” “Learners get defensive.” Many preceptors did not receive much feedback in their own training. Or the feedback they received did not adequately recognize their skills or suggest strategies to improve their weaknesses. These preceptors would naturally feel that learners get defensive in a situation during which

feedback was provided. The following model can help take the mystery and awkwardness out of giving learners feedback. Furthermore, the more feedback you give, the easier it gets and the less “loaded” each individual feedback encounter feels to you and the learner.

HOW TO GIVE FEEDBACK

Feedback is an ongoing process that occurs throughout a rotation -- and throughout a learner’s education. Using the “**IMPROVE**” strategy can help preceptors set expectations with a learner, assess the learner’s performance, and feed information back to the learner in a way that encourages improvement. This strategy is summarized in the table below.

Table 2

Give Feedback To Help Learners IMPROVE	
I	Identify rotation objectives with the learner
M	Make a feedback-friendly environment
P	assess Performance ; Prioritize the feedback you give
R	Respond to the learner’s self-assessment
O	be Objective : report specific behaviors observed; describe potential outcomes of behavior
V	Validate what the learner has done well or suggest alternative strategies
E	Establish a plan to implement changes (if needed); have learner summarize feedback and plan

I ... IDENTIFY ROTATION OBJECTIVES WITH THE LEARNER

The first step is preparing the learner for feedback. To facilitate a smooth feedback process, set expectations with the learner early in the rotation regarding the *content* that will be assessed and the *process* you will use to give feedback. Taking time at the start of the rotation to clarify what is expected of the learner will ultimately save time by minimizing learner confusion and mistakes. In an initial orientation session in the first few days of your rotation, state your expectations of the learner’s performance and discuss his or her objectives as well as the school or residency’s expectations. Together develop several specific, mutually agreeable rotation objectives. (See PDP monograph on “Setting Expectations” for more information.) This step identifies the focus of your feedback for the rotation.

During this initial orientation, let the learner know that feedback will be an integral part of the rotation. The learner is less likely to be “caught off guard” by your constructive criticism if he or she is expecting feedback.

Describe your feedback process and discuss with the learner when feedback will be given: for example, in response to case presentations or directly observed encounters, in debriefings at the end of each day, and/ or in weekly reviews. State whether other providers and office staff will provide feedback as well. Nurses and receptionists may see a different side of the learner or see the learner engaged in different tasks, and their feedback to the learner can complement your own. Ask about the learner's prior experiences with feedback (were they negative? positive?) and keep these in mind as you start giving the learner feedback.

Train the learner to receive and make use of your feedback. Encourage learners to set their own goals for the rotation, assess themselves against those goals, ask for your assessment of their progress, seek clarification when they are unclear about your feedback, and discuss improvement strategies for their weak areas. Giving learners a one-page "instruction sheet" on receiving feedback (Rider & Longmaid, 1995a) can facilitate this orientation process. (See learner handout in Appendix A.)

M ... MAKE A FEEDBACK-FRIENDLY ENVIRONMENT

You want to create a climate in which it will be easier for the learner to receive feedback. You can take several concrete steps to foster this environment:

- Show your *interest* in the learner's education. Ask about his or her background and future career goals, and show the linkages between the rotation and these goals. Learners are less likely to feel threatened by feedback from someone who seems supportive than someone who seems to be judging them.
- Make it clear that you and the learner are partners working towards a *common goal* of expanding his or her clinical knowledge. Seek the learner's input as you discuss objectives for the rotation and as you assess his or her performance.
- Show your interest in *what the learner does well* as well as what he or she can improve. Because some learners may associate feedback only with criticism, it is a good idea to make your initial feedback positive.
- Show that feedback is a *natural part* of the clinical experience. Let the learner see you giving and receiving feedback from colleagues, staff, and patients. Regularly ask for the learner's feedback about your precepting and the rotation overall.

P ... ASSESS PERFORMANCE

Directly observing the learner work with a patient, either in person or less intrusively through video monitoring, is the best way to assess the learner's knowledge, skills, and attitudes. Patients and learners are likely to feel more comfortable with your (or a video camera's) presence in the exam room as you observe the patient-learner encounter if you tell them about this teaching strategy in advance. Noting extraneous information or omissions, in case presentations, complements this direct observation of the learner's

performance. (For more information, see videotape on “Assessing and Evaluating Learners”.)

While you want to present information from your own observations, it is helpful to hear what other staff has observed about the learner. Your office staff may observe learner behaviors that you have not seen. They can provide you with information on the learner’s behavior that they have witnessed; you can then pay particular attention to these issues. If you observe inappropriate behavior or weak skills that seem incongruent with your other observations of the learner, it can be helpful to confer with other providers and staff about this aspect of the learner’s performance: have they noticed it as well?

You may want to encourage staff to give feedback to the learner themselves. The learner can develop a greater appreciation for the knowledge and skills of the staff, and staff may feel more invested in the learner’s education. Some staff may not feel comfortable criticizing future clinicians by pointing out negative behaviors, but all staff can reinforce positive behaviors in learners. If staff are going to provide ongoing feedback to learners, it is important that they also receive training in effective feedback and that you include staff’s role in providing feedback during the learner’s orientation.

P... PRIORITIZE WHAT FEEDBACK TO GIVE

Identify what priority points you want to focus the feedback on. If you provide too much feedback (more than four or five comments), it will be hard for the learner to retain any of it.

Is the feedback that you are planning to give something that the learner can use to improve his or her future performance? Saying to a new learner, “You seemed really nervous in there – you were fidgeting a lot and your questions were all over the place”, may not help the learner. This should be followed by some concrete suggestions for how he or she might act differently in the future: “Take a few deep breaths, relax, and focus on getting to know the patient. Then focus on characterizing the symptoms.” Some behaviors are easier to change than others. For example, a learner’s quiet nature or accent is not going to change overnight. However, if it is inhibiting communication with the patients, it is important to address. A learner cannot change a youthful countenance, but might benefit from suggestions about how to demonstrate confidence and maturity if his or her young appearance seems to disconcert patients.

The technique of “sandwiching” criticism by starting and ending with positive comments may help initially; however, be wary of using the same technique all the time. Some learners report that as they figure out the pattern, they begin to discount the positive feedback as “mere sugarcoating” of the criticism.

It is best to give feedback immediately following an encounter, while the experience is still fresh in the learner's mind. However, if the learner is feeling rushed, upset, or otherwise distracted, you might tell the learner you have some feedback and suggest a time to talk later in the day.

R ... RESPOND TO LEARNER'S SELF-ASSESSMENT

Before you share your assessment, have the learner assess his or her own behavior in the encounter. Learners are less likely to be defensive if they critique themselves first, and you can then incorporate their observations into your feedback. This method also gives you a sense of their self-assessment skills. You might say: "Let's talk about how that visit went. What did you like about your history and exam (or case presentation, or rapport with the patient)? What would you want to do differently next time?"

Learners will often defer to your assessment, talk about their behavior in general ("My exams tend to be thorough"), or describe what the patient contributed to the encounter ("The patient presented the history readily – he was an easy patient"). Encourage the learner to assess him- or herself first and to focus on his or her *own* behavior in *this particular* encounter.

O ... BE OBJECTIVE ... Describe Specific Behaviors Observed

Base your feedback on direct observations of the learner. When you describe what you have witnessed, there is less room for inferences and interpretations than when you report what you have heard from someone else.

As you begin to give your feedback about the encounter, describe the specific action you observed, without any interpretation of the learner's assumptions or intentions. For the next several steps, let's look at three examples:

Case 1: You are providing positive feedback to a student who has accurately identified and focused on the primary concern of a patient, scheduled for a routine check up for hypertension, who has just lost her husband.

Case 2: You are providing constructive suggestions to a learner whose case presentation of a 9-month-old with diarrhea and vomiting did not discuss symptoms or an assessment of dehydration.

Case 3: You are providing constructive suggestions to a quiet, reserved learner who is having trouble developing rapport with patients.

- Case 1: You might start out by saying: “You placed your hand on the patient’s arm as she described her husband’s death last week.”
- Case 2: You might start with, “You did not present information on the signs or symptoms of dehydration, or discuss whether you thought the baby might be dehydrated.”
- Case 3: You might say, “You took a lot of notes during the history and did not have much eye contact with the patient. You also did not ask any questions about her home life, or follow up when she said that she had been feeling stressed lately.”

Describe Potential Outcomes

Follow this description of observed behavior with possible outcomes from the behavior:

- Case 1: “She came in for a routinely scheduled exam, but it was clear her husband’s death was foremost in her mind. It seemed that she was comforted by your gestures.”
- Case 2: “We miss an important diagnostic tool by not looking for dehydration. We need to know how sick the baby is -- whether we can wait a day and see if she improves, or whether she needs an IV now.”
- Case 3: “You’ve talked about how you’re a quiet person and feel uncomfortable delving into patient’s personal lives, especially as a student on a month-long rotation. However, to be able to take care of your patients, you need to establish rapport and know what’s going on with them.”

V ... VALIDATE POSITIVE BEHAVIORS, OR SUGGEST ALTERNATIVE STRATEGIES

At this point reinforce positive behaviors or suggest alternative behaviors, such as:

- Case 1: “Sometimes the most important thing we can do for a patient is show our concern and sympathy.”
- Case 2: “What are the symptoms and physical exam findings that can let you know a baby is dehydrated?”
- Case 3: “Reaching out to your patients involves asking personal questions. Having good eye contact, smiling, and asking about their interests and activities helps establish rapport.”

E ... ESTABLISH A PLAN

Make a Plan to Improve Performance in Weak Areas

What does the learner need to learn or do differently next time? What strategies can you suggest to help the learner acquire this knowledge or change the behavior? For example:

- Case 2: “I’d like you to read tonight on the diagnosis and management of dehydration in children and present it to me over lunch tomorrow. In particular, I’d like you to review the different states or degrees of dehydration and how a baby would look in each of them. Also, what criteria would you use to select between different treatment options available?”
- Case 3: “With the next patient, I’d like you to not to take any notes during the first four minutes of the encounter – focus on eye contact with the patient. Ask two questions about their home life, and ask follow up questions to any issues they raise.”

Have Learner Summarize Feedback and Plan

To make sure the learner has heard your feedback and synthesized it, you can ask them to summarize it:

- Case 2: “So what will you include in the exam and case presentation of the next baby you see with vomiting and diarrhea?”
- Case 3: “Why don’t you summarize this feedback: what are some concrete steps you can take to establish rapport, and why is this important?”

The “IMPROVE” strategy can make it easier for you to provide effective feedback. It helps you prepare a learner for feedback and provide specific information geared to improving future performance.

INTEGRATING FEEDBACK INTO THE BUSY OFFICE SETTING

How do you implement the “IMPROVE” strategy in a busy practice? A few suggestions about finding time for feedback and where it should occur:

Finding Time for Feedback

In the **initial orientation**, your staff can help explain the feedback process and gather information about the learner’s background (in order to set rotation objectives). When **directly observing** your learner with patients, you do not need to watch a complete history and physical on the same patient. Watch the history of one patient, then go in and perform the physical with the learner. Have the learner come get you before doing the physical with another patient. Selecting the first or last patient to observe your learner with may reduce the disruption to your patient schedule. You can also bring in a video camera and television to videotape encounters and then watch them with your learner at a convenient time.

We have discussed the need to provide feedback as promptly after a specific encounter as possible. But how do you do this, given your busy patient schedule? Your feedback to directly observed encounters and case presentations throughout the day could be **brief** – prioritize 2-3 key points. You do not need to give feedback on every case presentation.

However, you do want to give more extensive feedback on a regular basis. It can help to **set aside 15-20 minutes each day** to review cases and go over feedback and teaching points in more detail: you can do this over lunch, in the car on the way to hospital rounds, or at the end of the day. (If you lunch in public places, beware of confidentiality issues.) During the day, make notes about the topics to cover during the time set-aside. (See the monograph on “Integrating the Learner in the Busy Practice” for more ideas.)

The **mid-rotation evaluation** complements the day-to-day feedback provided in case presentations and daily debriefings. In this 30-minute exercise, preceptors and learners each independently fill out the school or residency’s evaluation form based on the learner’s performance thus far, and then they go over it together. This mid-rotation evaluation is usually not a part of the final grade and is not sent to the school or residency. It serves to show learners your assessment of their overall performance so far, to identify areas they need to work on for the rest of the rotation, and to develop a plan for addressing the learners’ weak areas. Having learners assess themselves first helps involve them in the process and provides a good lead-in for your assessment.

Location

Where should feedback occur? The learner is less likely to be defensive about constructive criticism when it is given in private. When possible, respond to case presentations and debrief with the learner in your office. Conduct the mid-rotation evaluation in private with minimal interruptions.

SUMMARY

Feedback is a critical component of clinical education; it helps learners learn faster and helps preceptors both teach and evaluate more effectively. Learners want more feedback than they usually receive.

Giving feedback does not have to take a lot of time or alienate learners. To facilitate a smooth feedback process, set expectations with the learner early in the learner’s rotation regarding the *content* that will be assessed and the *process* you will use to give feedback. Base your assessment and feedback on learner behaviors that you observe yourself. Make sure that the feedback you give is prompt, frequent, limited to a few priority issues that the learner can act on, objective, worded in a thoughtful way, and balanced with both positive reinforcement and constructive criticism. The “IMPROVE” strategy can help you remember these steps.

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RELEVANT PRECEPTOR DEVELOPMENT PROGRAM TOPICS

Dealing with the Difficult Learning Situation

Setting Expectations

Evaluation: Making It Work

Integrating the Learner into the Busy Practice

HOW TO GIVE FEEDBACK TO HELP LEARNERS

I M P R O V E

Pocket Reference

- I** – **Identify** rotation objectives with learner
- M** – **Make** a feedback- friendly environment
- P** – Assess **Performance** -- Prioritize the feedback
- R** – **Respond** to the learner's self-assessment
- O** – be **Objective**: report specific behaviors observed; describe potential outcomes
- V** – **Validate** what the learner did well or suggest alternative strategies
- E** – **Establish** a plan to implement changes;
Have learner summarize feedback and plan

Appendix A: Learner Handout on Receiving Feedback

The purpose of feedback is to gather information about your performance in a given activity in order to improve it. Receiving feedback is an instrumental part of learning. Learners who receive regular feedback about their performance perform significantly better, develop better judgment, and learn faster than those who do not.

Yet receiving feedback can sometimes feel awkward or threatening. There are steps you can take to be an active partner in making sure the feedback you receive helps you improve your medical knowledge, skills, and attitudes:

Set the stage:

- Consider feedback as an opportunity for growth rather than a threat of criticism.
- Identify goals for yourself for this rotation, discuss them with your preceptor, and develop mutually agreeable rotation objectives.

Seek Feedback:

- Assess your progress according to the rotation objectives you set.
- Ask for feedback on your progress in these particular objectives – both in daily encounters and periodic reviews.
- Seek feedback on what you are doing well in addition to areas you can improve.

Respond to Feedback:

- If a preceptor approaches you with feedback at a bad time (when you are feeling rushed or stressed), set up an alternative time, and follow up.
- Ask for specific examples if your preceptor has not offered them.
- Seek clarification on points that are unclear. Summarize the feedback at the end of the discussion to make sure you have understood the feedback.
- When receiving constructive criticism, discuss strategies to improve your weaknesses, and make a concrete plan to implement those strategies. Set up a time to revisit your progress.
- If you feel criticism is due to a personality conflict between you and a preceptor, talk to a friend or trusted adviser.

Source: adapted from Rider, E. A., & Longmaid, H. E. III. (1995). Feedback in clinical medical education: Guidelines for learners on receiving feedback. JAMA, 274, 938i. Cited with author's permission.

POST TEST FOR CME CREDIT

Please answer these questions on the attached sheet.

This is your second day with a nurse practitioner student who will be working with you this semester. You are in the exam room, observing her interview and exam of Jim, a 17 year-old male complaining of stomach pain. The student asks him how long he has had this pain, and he answers that he has had it off and on for the past two months. She asks how things are at home. The patient says that his sister and parents haven't been getting along lately. The student asks the patient, "Sounds like a stressful time at home. Do you think that could be related to your stomach pain?" He shrugs. She then asks, "Have you had heartburn symptoms?" Jim responds, "No, I don't think so..." She asks whether he has tried antacids and he says, "Yes, they didn't seem to help." She asks, "Have you ever vomited blood?" Jim says, "No." She listens to his heart and lungs and then palpates his abdomen. She tells the patient, "Your stomach feels normal to me. I think stress may be causing your stomach pain. I'm going to talk with Dr. Jones about your situation and get the name of someone around here that your family could talk to about the tensions going on at home. Dr. Jones and I will be right back."

- 1) In giving the student feedback about this encounter, you might best start out by saying:
 - a) "You have a nice rapport with patients."
 - b) "You were too quick to rule out other possible diagnoses."
 - c) "Tell me what you liked and didn't like about how you handled that encounter."
 - d) "Let me tell you Jim's family history of Crohn's disease."

- 2) Which of the following comments is the best example of effective positive feedback?
 - a) "Good job."
 - b) "Asking him how things were at home was good – it revealed potentially relevant information and showed your interest in the patient."
 - c) "You're really concerned about your patients – that's nice to see."
 - d) "Your exam was excellent – better than most students I've worked with."

- 3) Which of the following comments is *not* part of effective constructive criticism?
 - a) "Your history didn't include questions about the location of pain, changes in bowel habits, or weight loss."
 - b) "You could have missed Crohn's disease, ulcerative colitis, or a malabsorptive syndrome. It's important to develop a broad differential diagnosis and collect all the data."
 - c) "So, what do you need to ask about when we go back in there?"
 - d) "You assumed you'd found the answer when you identified his stress at home – your differential diagnoses are sloppy."

- 4) Research shows that feedback helps learners do all *but* the following:
 - a) Learn faster
 - b) Perform better
 - c) Develop better judgment
 - d) All of the above

- 5) Which of the following is *not* a part of the feedback process?
 - a) Identifying rotation objectives with the learner
 - b) Directly observing the learner
 - c) Describing potential outcomes of learner behavior
 - d) Grading the learner

- 6) It is much more important to tell learners what areas they need to improve in than to point out what they do well.
 - a) True
 - b) False

- 7) Nurses and receptionists often have information that can give you insight into the learner's performance.
 - a) True
 - b) False

- 8) Feedback should *not*:
 - a) Focus on a few key issues
 - b) Be given several weeks after a given incident
 - c) Address specific behaviors
 - d) Include strategies to improve weaknesses

- 9) Which of the following is true about feedback?
 - a) It should only be given once you're absolutely sure there's a problem.
 - b) It's often unnecessary, because learners tend to know whether they are performing well.
 - c) It is inevitably awkward, because learners get defensive.
 - d) None of the above.

- 10) Suggestions for integrating feedback into the busy practice include all *but* the following:
 - a) Focusing on a few key points when responding to case presentations during the day.
 - b) Providing privacy to the learner.
 - c) Setting aside a few hours each day to give the learner adequate feedback.
 - d) Conducting a non-graded mid-rotation evaluation to assess the learner's overall performance thus far.

POSTTEST ANSWERS AND DISCUSSION

- 1) C.
Having the student first critique her own behavior can help prevent her feeling defensive about your criticism. You can incorporate her observations into your feedback and this method gives you a sense of her self-assessment skills.
- 2) B.
This statement describes specific behavior and the positive outcomes that resulted. Response A and D are vague – what was good about the encounter? What did the student do that made the exam excellent? Response C is a judgment of the student's feelings rather than a description of her behavior and is vague.
- 3) D.
This statement is not objective – it includes an assumption about the learner's thought process, a global judgment about the student's differential diagnoses, and the negative label "sloppy". Such a statement is likely to make the learner defensive. Response A describes specific behaviors that were missing in the encounter. Response B describes potential outcomes resulting from the missed information. Response C prompts the learner to plan what information to collect. These three responses are steps of the "IMPROVE" strategy.
- 4) D.
Research indicates that learners who receive regular feedback about their performance do significantly better, develop better judgment, and learn faster than those who do not.
- 5) D.
Grading is a part of evaluation, not feedback.

- 6) B.
False. It is important to identify both areas that the learner needs to work on and their strengths. Skills and positive behaviors need repeated reinforcement to become firmly established.
- 7) A.
True. Your office staff may observe learner behaviors that you have not seen. They can provide you with information on the learner's behavior that they have witnessed; you can then pay particular attention to these issues.
- 8) B.
Feedback should be given as close to the event as possible, provided that the learner is not too rushed or stressed to be able to focus on the feedback.
- 9) D.
None of the above. It is okay to "act on the first itch" and give a learner feedback about potentially inappropriate behavior *before* it becomes a problem. As people learn new skills, they often *do not* have the experience or judgment to assess their own performance. By preparing learners for feedback, balancing positive feedback with constructive criticism, and incorporating learners' self-assessments into your feedback, you can minimize learners' defensiveness about receiving feedback.
- 10)C.
We have suggested that you set aside 15-20 minutes a day to go over feedback and teaching points with a learner. "A few hours a day" is not practical in a busy office setting, nor is it needed.

CME POST-TEST and EVALUATION

Effective Feedback

This Monograph is eligible for one (1) hour of AMA Category 1.

To receive credit: Please complete this Post-Test and Evaluation form and submit it to:

**MAHEC Department of Continuing Medical Education
501 Biltmore Avenue
Asheville, NC 28801**

NOTE: A processing fee of \$5.00 is required from participants located outside MAHEC's Western North Carolina region.

Name: _____ Date: _____

Address: _____

Social Security Number: ____ -- ____ -- ____

Profession: MD/DO ____ NP ____ PA ____ Other: _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Other: _____

POST TEST ANSWERS:

Circle letter that corresponds to your answer for each question

1) **A B C D**

6) **A B**

2) **A B C D**

7) **A B**

3) **A B C D**

8) **A B C D**

4) **A B C D**

9) **A B C D**

5) **A B C D**

10) **A B C D**

Please complete the evaluation form on the following page.

PROGRAM EVALUATION: Effective Feedback

Rating Scale 5-1

5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor

Please rate:

- | | |
|---|-----------|
| 1. The monograph overall | 5 4 3 2 1 |
| 2. The extent to which the learning objectives were met: that you now know: | |
| The defining characteristics of feedback | 5 4 3 2 1 |
| Barriers which prevent preceptors from giving more feedback | 5 4 3 2 1 |
| How to use the IMPROVE strategy to giving effective feedback ... | 5 4 3 2 1 |
| How feedback can be incorporated into the busy office setting | 5 4 3 2 1 |
| 3. The relevance of the content to your precepting | 5 4 3 2 1 |
| 4. The extent to which this format makes it easier for you to participate in preceptor development activities | 5 4 3 2 1 |
| 5. What did you like about this monograph (in terms of content or format)? | |

6. What would make it better?

7. List one idea or recommendation gained from this activity that you will use in your future clinical teaching.

Check off additional PDP topics that you are interested in learning more about:

- | | |
|--|---|
| <input type="checkbox"/> Setting Expectations | |
| <input type="checkbox"/> Evaluation: Making it Work | |
| <input type="checkbox"/> Dealing with the Difficult Learning Situation | Preferred Format(s): |
| <input type="checkbox"/> Teaching Styles/ Learning Styles | <input type="checkbox"/> Monograph |
| <input type="checkbox"/> Integrating the Learner into the Busy Practice | <input type="checkbox"/> World-Wide Web |
| <input type="checkbox"/> Teaching at the Bedside | <input type="checkbox"/> Lecture/Seminar |
| <input type="checkbox"/> The Effective Preceptor | |

