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Faculty Development Series

CLINICAL FEEDBACK

MCW
THE OFFICE OF EDUCATIONAL IMPROVEMENT (OEI)
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KNOWLEDGE NOW SERIES

CLINICAL FEEDBACK

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LEARNING OBJECTIVES:

By the end of this module, you will be able to:

- Apply the elements and conceptual components of effective feedback as a preceptor
- Describe the key features for relevant feedback
- Articulate the continual process required for creating and producing effective feedback
CLINICAL FEEDBACK: GETTING STARTED

WHAT

Clinical feedback can be defined as: “Specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance” (van de Ridder, 2008).

WHY

According to Spencer (2003; 326) “Optimizing the quality of clinical teaching is important because clinical teaching, which is intricately involved with patient care, lies at the heart of every medical education training program.”

Feedback is a **formative assessment tool** that is a critical and essential component to educational training activities. As a regular part of clinical education, feedback allows the learner to develop expertise and improve behavior, leading to clinical competence. Feedback should be considered a process to encourage learners to reflect and a tool to motivate for subsequent performance improvement.

According to Dent and Harden (2013), feedback is **important** because it:

- Clarifies goals and expectations
- Reinforces good performance
- Provides a formative basis for correcting mistakes
- Serves as a reference point for summative evaluation at the conclusion of the rotation
- Reduces anxiety or insecurity about performance
WHEN
Clinical feedback should be expressed frequently based on the following principles:

Infinite Feedback Flow (IFF):

- **Timely, frequent** and expected by both teacher and learner
- Based on **first-hand observable** information
- **Specific**, including examples
- **Nonjudgmental**
- **Balanced**, giving both positives and negatives
- **Objective** and focused on behavior and performance, not on personality traits
- Labelled clearly as feedback so the learner has no doubt about what they are receiving
- **Descriptive** and not necessarily evaluative
- **Constructive**
- Directed to malleable behavior
- **Selective**: addressing one or two key elements
- Focused on helping the learner better understand the issues and ways they can be addressed more effectively
- **Continual** and frequent for two-way communication

Adapted from Dent & Harden, 2013
HOW

According to Dent & Harden (2013), there should be a continual communication flow between the teacher and learner in the clinical setting. Several essential components of a balanced and interactive feedback session will include the following elements:

- Collect direct observations
- Familiarize yourself with content and processes you are assessing. Record specific examples and share with the learner
- Give brief feedback of directly observed encounters throughout the day and schedule an agreed-upon time to review cases and go over feedback in greater detail
- Explain the purposes of formative feedback to the learner to expand his or her clinical knowledge
- Use open-ended self-assessment questions with the learner to invite reflection
- Listen actively to the learner and show your interest in their career goals
- Acknowledge and reinforce positive behaviors
- Provide specific and prioritized examples of where improvements are needed
- Offer specific constructive suggestions for improvement
- Create an action plan with the learner
- Summarize the meeting and schedule another
EXAMPLES:

Specific and Descriptive:

I. “While you addressed Ms. Johnson’s concerns today, it is also important to consider her history of diabetes, which most plays a role in why she was here today.”

II. “It is nice to see that you look patients in the eyes when you are talking with them and answering important questions.”

Fair, Even-handed, Constructive:

I. “The issues you raised about Mr. Evan’s body mass index are important, however, today I think it may be more important to address his acute pain since that is what he came in to discuss.”

II. “To help you understand how the pathophysiology of the patient’s condition causes her symptoms, it may benefit you to prepare an outline of the disease process and compare it to a summary of your history and physical.”

Focused on Specific Behaviors and Performances:

I. “Your viewpoints are valuable, however, we should also hear from the other attendees.”

II. “I don’t know if this is something you normally do, however, in this case, I noticed your [specific] behavior…”

III. “During rounds, you continually identify many of the important elements and factors related to this case.”

Based on Personal Observations:

I. “I see you have been having problems coming up with a differential diagnosis.”

II. “You seemed a bit nervous with Ms. Ferris. Why don’t you take a few deep breaths, relax, and focus on establishing a relationship with her, then you can focus on the symptoms.”
RESPONDING TO DEFENSIVENESS:

According to King, (1999), if providing feedback to a student makes them defensive, the following response suggestions can be utilized:

- Identify and explore the issues with the learner
- Keep a positive focus and remind them the information you are providing is to help increase their skills
- Negotiate and ask the learner to take responsibility for forward progress

EXPECTATIONS AND CONSIDERATIONS

As a preceptor, you should develop a list of expectations to consider prior to working with your clinical students. A few possible questions include:

- When should the student report to the office and what kinds of hours should he or she be expected to keep?
- How should the student notify the preceptor or the office regarding absenteeism?
- What will the level of student responsibility for patient care look like?
- What will be expected of the student when the preceptor is away from the office?
- How will patients be selected for the student?
- What is the preferred format for case presentation by the student?

Adapted from University of Virginia School of Medicine (01.11.2016)
RESOURCES FOR CLINICAL FEEDBACK IN MEDICAL EDUCATION:


FOR MORE INFORMATION OR IDEAS RELATED TO ACTIVE LEARNING, PLEASE VISIT THE OFFICE OF EDUCATIONAL IMPROVEMENT’S WEBSITE:
HTTP://WWW.MCW.EDU/MEDICAL-SCHOOL/FACULTY/OFFICE-OF-EDUCATIONAL-IMPROVEMENT.HTM

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