

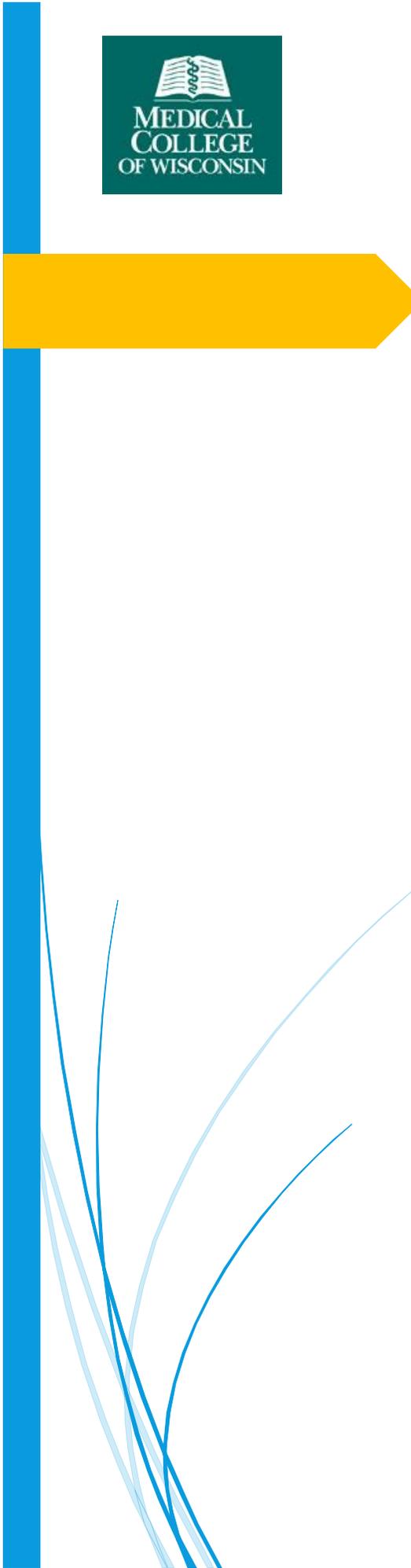


KNOWLEDGE NOW

Faculty Development Series



CLINICAL FEEDBACK



MCW

THE OFFICE OF EDUCATIONAL IMPROVEMENT (OEI)



KNOWLEDGE NOW

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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.

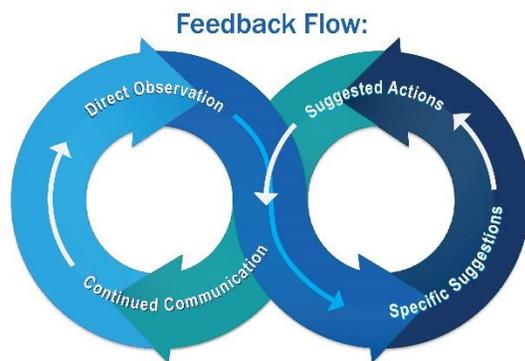
According to Dent and Harden (2013), **feedback** is important because it:

- 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:

Weinstein, D.F. (2015). Feedback in Clinical Education: Untying the Gordian Knot. *Academic Medicine* (90,5), DOI: 10.1097/ACM.0000000000000559

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Nottingham, S., Henning, J., (2014). Feedback in Clinical Education, Part II: Approved Clinical Instructor and Student Perceptions of and Influences on Feedback. *Journal of Athletic Training* (49,1). DOI: 10.4085/1062-6050-48.6.15

Van de Ridder, J.M.M., McGaghie, W.C., Stokking, K.M., ten Cate O.T.J., (2015). Variables that affect the process and outcome of feedback, relevant for medical training: a meta-review. *Medical Education* (49,7). DOI: 10.1111/medu.12744

Telio, S., Ajjawi, R., Regehr, G., (2015). The “Educational Alliance” as a Framework for Reconceptualizing Feedback in Medical Education. *Academic Medicine* (90,5) DOI: 10.1097/ACM.0000000000000560



Urquhart, L.M., Rees, C.E., Ker, J.S. (2014). Making sense of feedback experiences: a multi-school study of medical students' narratives. *Medical Education* (48,2). DOI: 10.1111/medu.12304

Bok, H.G.J., et. al. (2015). Feedback-giving behavior in performance evaluations during clinical clerkships. *Medical Teacher* (38,1). DOI: 10.3109/0142159X.2015.1017448

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Watling, C.J., Lingard, L. (2012). Toward meaningful evaluation of medical trainees: the influence of participants' perceptions of the process. *Advances in Health Sciences Education* (17,2). DOI: 10.1007/s10459-010-9223-x

Burgess, A., Mellis, C. (2015). Feedback and assessment for clinical placements: achieving the right balance. *Advances in Medical Education and Practice*. DOI: 10.2147/AMEP.S77890



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IMPROVEMENT.HTM](http://www.mcw.edu/medical-school/faculty/office-of-educational-improvement.htm)

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