

# EFFECTIVE PRECEPTOR SERIES

## Providing Educational Feedback

### WHAT IS FEEDBACK?

Feedback is a constructive and objective appraisal of performance. It is given to improve a student's behavior or skills. Feedback is generally formative in nature for the purpose of modifying the learner's behavior, versus summative evaluation, in which a judgment is made about performance (grades) and for comparison among learners.

### Why Is Feedback Important?

Medical students and residents learn through direct clinical encounters under faculty supervision. Effective feedback helps the learner modify and improve behavior and performance to meet clerkship or residency objectives and requirements.

### Can Feedback Really Make A Difference?

Effective feedback is an important step in the acquisition of clinical skills and a key component in adult learning. It can motivate students to study and ask questions in areas where their knowledge may be deficient.

Poor quality feedback can make students feel as if they have been personally judged, or that their thoughts, opinions and ideas are being ignored or slighted. This can lead to defensiveness or reactivity.

### What Do Learners Want From The Experience?

Medical students and residents greatly value feedback and identify it as one of the most important qualities of a good preceptor, second only to clinical competence. Adult learners want feedback to be specific, based on performance, and to be tailored to their goals.

### What Preparation Is Needed?

Both participants should be prepared and ready to ensure a maximally productive session. They should have

agreed on the timing, place and purpose of the meeting, and understand the formative nature of the process. The learner should self-assess and the preceptor should prepare specific observations on which to base the feedback.

### What Are Some Fundamentals Of A Good Feedback Encounter?

- Both participants are prepared, oriented to the process and ready
- Time the encounter close to observed event to increase impact on learning
- Create a positive environment, so student will welcome constructive feedback
- Encourage the learner to self-assess; facilitate problem-solving
- Give feedback at expected intervals (i.e. at the end of every operative case or clinic session or delivery), setting the expectation between learner and preceptor that the encounter is not over until feedback is provided
- The feedback encounter may be defined by an opening statement (i.e. "I would like to give you some feedback, is now a good time?")
- Relate feedback to clear objectives and goals; emphasize correct performance
- Discuss specific examples; center on observed behaviors or decisions
- Focus on items that can be changed, not abilities and traits; avoid embarrassment
- Develop an action plan; assure student acceptance and understanding
- Employ coaching to improve performance by motivating the learner to increase knowledge and improve skills

### Principles Of Basic Feedback

- Develop clear course objectives; student must know what to expect; share common goals before a clinic session or procedure. This will

allow feedback to be specific to the agreed upon skills or knowledge

- Establish a relationship with the learner; trust is needed for learner acceptance
- Plan feedback in advance; a predetermined, ongoing schedule is best
- Arrange for the feedback session to take place in a private setting
- Base feedback on descriptive observations; be non-judgmental and performance-specific
- Use first-hand observation and/or written evaluations
- Focus on areas the student can control; should not pertain to personal characteristics
- Set realistic expectations and, remember, students require different levels of support
- Feedback should be given in close proximity to the observation you discuss; be timely
- Deliver focused and concise feedback; limit specific observations to prevent overload
- Balance positive and negative comments; should benefit the learner
- Give the learner a chance for self-assessment; elicit reaction and understanding
- Arrange follow-up; plan of action
- Use positive end comments
- Consider documenting the encounter in a learning portfolio, feedback passport, or memo. This is especially important if given at the midpoint of a clinical course

### GENERAL GUIDELINES FOR BASIC FEEDBACK

#### Guidelines For The Preceptor - Giving Feedback

- Base on first-hand observations and consistent standards
- Focus on specific performances, not generalizations
- Schedule timely encounters so both are prepared

- Regulate quantity to avoid overload
- Phrase using descriptive, non-evaluative language
- Ensure learner acceptance and understanding – motivate through coaching
- Concentrate on active participation to increase learning
- Discuss action plan to maximize behavior change

### Lines Of Communication To Problem Solve

- What are you working on in your development on this clerkship?
- When you said/did...I was (pleased, concerned) because...
- What could you do differently?
- Let's frame the problem...
- Where will you get help?
- Suggest correct performance rather than emphasizing what was done wrong

### Guidelines For The Learner - Eliciting And Responding To Feedback

- Expect feedback to enhance learning
- Communicate needs and goals
- Be accepting of suggestions
- Perceive feedback as a learning tool
- Avoid defensive responses; ask for clarification
- Practice problem-solving
- See mistakes as an opportunity to improve
- Learn to elicit feedback to enhance

learning

## PROVIDING EDUCATIONAL FEEDBACK

### A Literature Review Indicates That Educational Feedback Should:

#### Feedback Basics

- Be descriptive and specific to an event
- Be based on direct observation
- Occur in a timely fashion
- Convey constructive information to improve performance and learning
- Relate to clerkship goals and objectives
- Focus on behavior and performance that can be changed
- Encourage the learner to self-assess
- Be limited in quantity
- Be regular and an identifiable part of the clinical experience
- Summarize positives and areas for future growth
- Establish follow-up and action plan
- Include documentation of the encounter
- Assure learner understanding and acceptance – key to improvement

#### Preparation

- Establish a relationship that emphasizes working together
- Create an environment of trust
- Stress common goals
- Develop clear course/clerkship goals
- Ensure privacy and address the setting

- Allow time for change by being conducted early
- Inform students to expect it as part of the clerkship experience
- Train learners how to elicit educational feedback

#### Content

- Consider applying the Feedback Sandwich – a positive observed skill or behavior, an opportunity to improve, and another positive behavior
- Develop an action and follow-up plan
- Remember to end on a positive note
- Set realistic expectations
- Ascertain student acceptance and understanding
- Implement a learner-centered approach
  - Have student state self-assessment
  - Encourage active participation by learner
  - Assess the student's willingness to change
  - Involve student in improvement plan

Sources: Resident educators/faculty educators: Recommendations for educational excellence (REFEREE). Association of Professors of Gynecology and Obstetrics (APGO) Online Module. 2005.

Bienstock JB, Katz, NT, et al. APGO To The Point: Reviews in Medical Education. Providing feedback, *Am J Obstet Gynecol.* 2007;196(6):508-13.

Branch WT, Paranjape A. Feedback and reflection: Teaching methods for clinical settings. *Acad Med.* 2002; 77: 1185-1188.

Ende J. Feedback in clinical medical education. *JAMA.* 1983; 250: 777-781.

Kaprielian VS, Gradison M. Effective use of feedback. *Fam Med.* 1998; 30:406-407.



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This publication is part of the APGO Effective Preceptor Series – a group of pamphlets intended to educate practitioners and learners about the apprentice system or preceptorship. The quality of learning that occurs in an established relationship between the teacher and the student often meets the challenge of educating physicians in today's chaotic health care environment. It allows doctors in training to practice as much like doctors as good medical practice will allow, and it provides a setting in which some of the best medical education in our nation takes place.

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