

Giving Feedback

Learning objective: At the end of this session, participating residents will be able to give skillful and constructive feedback to learners.

1. Evaluation of learners

- **Formative** evaluation: guides learning
- **Summative** evaluation: judges performance (e.g., for promotion)
- Learner evaluation systems tend to drive curricula.
- “Objectivity” is rarely possible.
- **Medical learners tend not to receive enough evaluation**, especially formative evaluation.
- **Feedback** is part of formative evaluation.

2. Pitfalls in evaluation

- The error of **leniency**
- The error of **stringency**
- The error of **central tendency**
- The **halo effect**

3. **Learners in difficulty**

- We're all "in difficulty" sometimes....
- **Learners' problems can take many forms:** temporary stressors, learning disabilities, drug or alcohol problems (common in physicians), attitudinal issues, knowledge or skill deficits.

4. **"INSIGHT" model for feedback**

Inquiry

- How does the learner think things are going?
- Listen to the learner's needs in detail. (Listening attentively and thoroughly before commenting may be all you need to do, especially for minor or temporary problems.)

Needs

- What does the learner feel s/he needs during this rotation? Ask the learner to define own learning needs.
- Learners accept feedback better when they feel the teacher has first taken time to understand their concerns and perspectives.

Specific feedback

- Give your constructive feedback as specifically as you can.
- Start with specific positive feedback, as is done with the “feedback sandwich” technique.
- The more learner-centered the feedback, the better it will go.
- Verify the learner’s understanding of the feedback you’ve given, and clarify anything that seems to need it.

Interchange

- How can you best balance the learner’s needs with the team’s needs?
- You may need to “think outside the box” to reach a “win-win solution”.

Goals

- State any new goals you’ve just reached, or review existing goals.
- Verify that you both understand and agree on these goals.

Help

- Do any serious problems merit a “learning consultation” (from a chief resident, an attending physician, a

learning specialist, the employee assistance program, or others)?

Timing of follow-up session

- When would you and the learner like to meet again to go over how things are going?

References:

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

Irby DM. Teaching and learning in ambulatory care settings: a thematic review of the literature. *Acad Med* 1995; 70: 898-931.