

## **TEACHING SKILLS #2: FEEDBACK**

**“The important things to remember about feedback in medical education are that (1) it is necessary, (2) it is valuable, (3) after a bit of practice and planning, it is not as difficult as one might think.”**

**-- Jack Ende, M.D.**

Feedback is the process of sharing observations and recommendations with a learner. It can be formative or summative, but should always be constructive and nonconfrontational.

Feedback has value as a tool of professional development. It is not about grades.

### **Guidelines for Feedback**

- Undertaken with the teacher and trainee working as allies, with common goals
- Well timed and expected
- Based on first-hand data
- Regulated in quantity and limited to behaviors that are remediable
- Elicits the learner's perspective
- Phrased in descriptive, non-evaluative language
- Deal with specific performance, not generalizations
- Focus on behavior, not personality
- Offer subjective data, labeled as such
- Deal with decisions and actions, rather than assumed intentions or interpretations
- Provide a plan for improvement

### **Structuring a Constructive Feedback Session**

- Conduct feedback sessions in a private, relaxed and supportive atmosphere
- Outline an agenda for the session
- Allow the learner to discuss his/her experience or performance first. Be a good listener.
- Share your information. Link to the learner's goals.
- Compare your assessment with the learner's and discuss.
- Establish follow-up plans
- Summarize

### **The “RIME” Model: A Method of Assessing Your Learner**

A way to look at your learners.

- Reporter:  
The student can accurately **gather data** and clearly communicate the clinical facts on his/her own patients. Mastery at this step requires the basic skill to do a history and physical examination and the basic knowledge to know what to seek. Implicit in the step is the ability to **recognize normal from abnormal** and the confidence to identify and label a new problem. This step requires a sense of responsibility and **consistency** in “bedside” skills dealing directly with patients.
- Interpreter:  
The student is able to interpret the clinical data using reasoning and problem solving skills. At a basic level, the student must **prioritize** among problems identified. The next step is to **offer a differential diagnosis** and interpret test results as they fit the differential. This level requires a higher knowledge level, more skill in selecting clinical findings which support possible diagnoses, and ability to apply tests results to specific patients. The student has to transition from “bystander” to see him/herself as an **active participant** in patient care.
- Manager:  
The student is able to manage the care of the patient, anticipate outcomes, **make independent decisions** and understand alternatives. This level requires even more knowledge, more confidence, and more judgment determining when action needs to be taken. A key element is to tailor the plan to the particular patient’s circumstances and needs.
- Educator:  
The student has mastered each prior step, is a self-directed learner, and teaches other learners. To be an “educator” means to go beyond the required basics, to **read deeply**, and to **share new learning** with others. Defining important questions and researching in more depth takes insight. Having the drive to **look for hard evidence** on which clinical practice can be based and having the skill to know whether the evidence will stand up to scrutiny are qualities of an advanced trainee.

## **FEEDBACK #1 - RESIDENT**

You are on the wards in March and your student is an extremely efficient and interested third-year student. Whatever task you assign is accomplished. She has comprehensive differentials and always presents current literature (though often picking poor quality articles). Her knowledge base is well above that of an average third-year; she is independent and takes responsibility for her patients.

Unfortunately, her enthusiasm is often limited to her own involvement. She often walks away during rounds when others are presenting, although she normally says that it is to “care for my patients”. She is very polite and courteous to the nurses and case managers, However, the case managers have pulled you aside to tell you that she often disregards/does not convey their opinions/suggestions, occasionally resulting in delay in discharges due to incomplete planning.

It is now mid-month, and you arrange a time to meet for feedback.