Feedback in Clinical Medical Education

Feedback occurs when a student is offered insight into what he or she did as well as the consequences of those actions.

Why give feedback?
- It is one of the best ways to inform students about their performance
- It provides information students can use to make adjustments in achieving their goals and reaching their maximum potential
- It increases the student’s self-awareness and self-understanding, which will facilitate learning

Without Feedback
- Mistakes go uncorrected
- Good performance is not reinforced
- Clinical competence is achieved empirically or not at all
- The sense of being adrift in a strange environment is amplified

Why is feedback not given? (Vanishing Feedback)
- Failure to make firsthand observations of performance
- Concern negative feedback will hurt student, damaging student-teacher relationship
- Affects popularity

Feedback can be a powerful tool in clinical medical education when used properly. Feedback is more effective when students know the criteria against which their performances will be measured. . .so establish well defined goals and measure student performance against those goals.

Guidelines for Giving Feedback:
- Base on first-hand information (direct observation)
- Descriptive, detailed, nonevaluative, and encouraging language
- Deal with specific performances, not generalizations
- Well-timed and expected
- Consistent
- Limit to behaviors that are remediable
- Focus on activities, not individuals
- Focus on decisions, not decision-makers
Eliciting Student’s Feedback:
• “How do you think things are going?”
• “How do you think your presentation went?”
• “What aspects do you think were successful?”
• “What aspects need improvement?”

Structuring Feedback:
• Elicit students’ self feedback
• Comment on self feedback
• Pick one area that is strong and one that needs correction
• Give specific examples on which opinion is based
• Agree on an action plan

Examples of Feedback:
• **Judgmental**: “You are disinterested.”
• **Neutral**: “When we discussed your patient you did not participate.”
• **Judgmental**: “You are too shy.”
• **Neutral**: “When you were asked for input you did not speak up.”
• **Vague/Evaluative**: “Your differential was inadequate.”
• **Descriptive/Nonevaluative**: “The differential did not include the possibility of disease X.”
• **Vague/Evaluative**: “You did a great job.”
• **Descriptive/Nonevaluative**: “Your presentation was detailed, inclusive and lead to the appropriate conclusions.”

Bad Feedback Substitutes
• Raised Eyebrows
• Brusque Responses
• Avoidance of Problems

Feedback fails if it leads to anger defensiveness or embarrassment.
**Constructive Feedback** is a combination of positive and negative feedback along with a description of how to improve next time.

Constructive Feedback Provides Students:
• Information on what is done right AND wrong
• Information on why they are doing well or poorly
• Praise for what is done well

When Should Constructive Feedback Be Done?
• **Ideally** with every encounter
• **Realistically** at regular intervals
• **Minimally** at the end of the rotation
Feedback & Problem Situations
- Giving feedback to outstanding student
- Giving feedback to passive student
- Giving feedback to belligerent student
- Giving feedback to poor student
- Giving feedback to aggressive student
- Giving feedback to abusive student
- Giving feedback to lazy student

Feedback and Evaluation
- Mistakenly used interchangeably

**Feedback**
- Presents information
- Formative - part of the learning process
- Help students gauge their levels of knowledge, skills, and attitudes

**Evaluation**
- Presents judgement
- Summative - comes after the fact
- Value statements about students' levels of knowledge, skills, and attitudes

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