

Giving 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, MD (JAMA, 1983)

Six Characteristics of Effective Feedback:

- 1) Focused on specifics
 - Avoid: “You seem disorganized.”
 - Instead: “On work rounds, it might be more efficient to see all the patients, then write the orders, and after that go see x-rays and talk to consultants.”
- 2) Nonjudgmental
 - Avoid: “Sometimes you are too abrupt with patients.”
 - Instead: “There are some things that can make the patient feel more comfortable on rounds: introduce the members of the team, pull the curtains before examining the patient; and before you leave, ask if there are any questions.”
- 3) Timely
 - Immediate feedback is important. This way it will still be in the learner’s immediate memory and can be formative. Carefully consider giving feedback privately or publicly.
- 4) Objective
 - Don’t infer things about the learner that may not be true.
 - Avoid: “You seemed bored on rounds.”
 - Instead: “Sometimes you leave the bedside before we finish discussing a case.”
- 5) Limited
 - Choose one or two important items to focus on rather than several items.
- 6) Expected
 - When a rotation begins, announce that you will give periodic feedback.
 - Preface specific observations with “I’d like to give you some feedback.”

Example:

“Hi, John. I’d like to give you some feedback on my observations of you this week. One thing I’ve noticed with the chief complaints in your write-ups is that they often don’t address the actual symptoms that the patient is presenting with but rather focus on the first thing that spills out of the patient’s mouth – for instance, for Mr. P who presented

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with complaints of dizziness the chief complaint you wrote down was: “My cardiologist told me to come in.” Chief complaints really should focus on symptoms, not why the patient thinks he is here to see you, so it means using a bit of interpretation on your part to construct a chief complaint.”

Ask, Tell, Ask Model

1) **ASK** the learner how he thought he did:

“How did you think the history-taking portion of the interaction went?”

2) **TELL** the learner what you observed:

“The questions you asked were very thorough. You gathered all the necessary information. One thing I noticed was that when the patient expressed his frustrations with his limited mobility, you did not acknowledge that frustration. I’ve found that the relationship with a patient can be strengthened when I simply acknowledge the difficulties that he is having. Saying something like, ‘I can tell this is really frustrating for you. I really think that we are going to be able to provide you some ways to make life a bit easier.’”

3) **ASK** the learner how you can help her improve:

“What could I do to help you feel more comfortable in a situation like that in the future?”