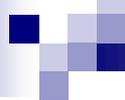




# Giving Effective Feedback

National Pediatric Nighttime Curriculum  
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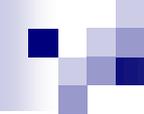


# Objectives

- Define feedback and its relation to the professional medical competencies
- Introduce and discuss a feedback framework utilized for giving effective feedback
- Describe a practice for feedback that can be emulated with the “One Minute Preceptor”

# Role of Feedback

- Feedback is an informed, non-evaluative, objective appraisal of performance intended to improve clinical skills
- Part of the overall 'Developmental Dialogue' between a preceptor and learner
  - Feedback is bidirectional
- Not Evaluation nor Encouragement



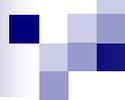
# Why Give Feedback?

- Opportunities to:
  - Guide future learning
  - Reassure achieved competency
  - Reinforce positive actions
  - Identify and correct areas for improvement
  - Promote reflection
- Clinical skills cannot improve

# Types of Feedback

3 Types:

1. **Brief** – “in the moment” and Best for Nighttime Feedback
2. **Formal** – Specific time set aside after patient encounters or on daily basis. Can be used at night as well.
3. **Major** – At specific times during a clinical rotation



# Feedback for Core Competencies

- Patient care
- Clinical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

# Barriers to Giving Feedback

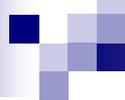
- **TIMING!!!**
- Too generalized and not specific
- Only positive encouragement and not constructive feedback
- Fear of upsetting learner/trainee
- Clinical preceptors uncomfortable providing feedback
- Learner/Trainee being resistant or defensive

# Case 1

- 4 year old male with mild persistent asthma presents with an asthma exacerbation. Patient is clinically improving until patient suddenly appears in respiratory distress at night. A night float senior resident and an intern come to evaluate the patient. Both residents enter the room.
- The intern introduces herself and her senior resident and proceeds to auscultate the patient and thoroughly examine the patient. She then describes inspiratory wheezing and stridor to her senior resident and descriptively gives an impression and plan for the asthma but neglects to include any other differential diagnoses in her assessment. The intern proceeds to tell the parents her plan.

# Case 2

- 4 year old male with mild persistent asthma presents with an asthma exacerbation. Patient is clinically improving until patient suddenly appears in respiratory distress at night. A night float senior resident and an intern come to evaluate the patient. Both residents enter the room.
- The senior resident is introduced by the intern and proceeds to auscultate the patient and thoroughly examine the patient with the intern. She appreciates inspiratory wheezing and stridor. The intern gives an impression and plan for the asthma but neglects to include any other differential diagnoses in her assessment. The intern proceeds to tell the parents her plan. The senior negates the intern's impression and plan in front of the parents without explanation and orders a stat CXR and neck Xray.



# STOP

- **S**pecific – Focus on 1 or 2 relevant teaching points
- **T**imely – Stay in the ‘here and now.’ Avoid old issues
- **O**bjective and based on Observed behaviors
- **P**lan – Develop a plan for improvement

# 5-Step Framework

- 1. Outline expectations for the learner during orientation**
  - Get commitment from learner
- 2. Prepare the learner to receive feedback**
  - Use the word “**feedback**” so learner is aware
- 3. Learner self-assessment**
  - Ask the learner how they think they are doing

# 5-Step Framework

## 4. Provide Feedback

- Tell learner how you think they are doing
- Choose 1-2 SPECIFIC & RELEVANT teaching points
- Provide concrete examples of what learner did well and what can be improved upon

## 5. Develop an Action Plan

- Allow the learner the opportunity to make their own suggestions for improvement and develop plan together
- Have an achievable and measurable goal



# One Minute Preceptor

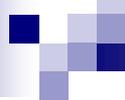
- Involves 5 steps:
  - Get a commitment
  - Probe for supporting evidence
  - Teach a general rule
  - Reinforce what was done right
  - Correct mistakes

# Case 1 Revisited

- Craft feedback for the intern using either the 5-step framework or the 1 minute preceptor
  - What do you think is the cause of his respiratory distress? What leads you to think that it is his asthma worsening?
  - What are some other possible causes of his respiratory distress?
  - Let's list the key features of his respiratory distress and consider some possible causes other than asthma as well.
  - Specifically, you did a good job thinking asthma as the cause of his worsening distress and knowing the next interventions we have to help him.
  - What might you do differently when you encounter a patient like this in the future?

# Case 2 Revisited

- Craft feedback for the senior using either the 5-step framework or the 1 minute preceptor
  - I want to give you some feedback on the last patient we saw together.
  - What did you think of our assessment and interaction with the patient and his family?
  - I appreciate the opportunity to assess the patient and present my plan. It is difficult for me to learn when you choose a different plan without letting me know your thinking and assessment.
  - Is there anything, we can do to make this a better learning experience for me in the future? It would be beneficial for me in the future if you could help me guide my thinking and plan for this patient. I am happy to learn at the bedside or with a discussion outside of the room.



# Take Home Points

1. Feedback is an informed, non-evaluative, objective appraisal of performance, that provides opportunities to improve clinical skills for the learner.
2. There are different types of feedback (brief, formal and major). Brief feedback occurs in the moment on observed actions or behaviors and is best used at night.
3. When giving feedback, remember to **STOP**. Feedback is **S**pecific, **T**imely, **O**bjective and should provide a **P**lan for improvement.
4. The 5 Step Framework or One Minute Preceptor are models to give feedback and can be utilized effectively at night.

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