

Feedback Module

Feedback on the Fly

McGaw Medical Center of Northwestern University

Residents and Teachers and Leaders (RATL)

The McGaw Medical Center of Northwestern University and The Feinberg School of Medicine are committed to a safe and healthy environment for all learners. Please review the policy and also the learning objectives for students rotating to your department. These steps set the foundation for productive student learning.



Based on module produced for *Residents as Teachers Task Force* of the
Alliance of Academic Internal Medicine (AAIM)

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<http://www.im.org/toolbox/curriculum/residentsasteachers/Pages/default.aspx>

Reflect on Your Experiences with Feedback...

- Have you ever had a particularly bad experience with feedback?
 - What made it bad?
- Have you received particularly helpful feedback?
 - What made it helpful?

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Let's Consider a Typical Morning Rounds Scenario

- Student, “Ms. J is our 65 yo f with right arm cellulitis on day 3 of vanc. She has no complaints and on exam HEENT-PERRL, lungs were clear...”
- Resident interrupts, “you can just give us the pertinent findings, including her vitals”
- Student proceeds, “...and her cultures came back as MSSA. Since she’s improving, I thought we could continue her on the vanc for a 14 day course.”
- Resident, “Typically we only use vanc when the culture comes back as MRSA because of resistance we like to limit the use of vanc in other infections.”
- Rounds proceed and resident tells the student “good job” before moving on to the next patient.

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Was this feedback?

- Feedback occurs when a learner is offered insight into what s/he did and its consequences. (Adapted from Ende)
 - Student informed did not give pertinent findings
 - Student reminded vitals are considered pertinent
 - Consequences of indiscriminant vanc use explained

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

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Do You Think The Student Thought This Was Feedback?

Why or Why Not?

- Informal Setting
 - Students often only recognize feedback in a formal “sit down” session
- Stressful Setting
 - May not process “feedback on the fly” without reinforcement
- Rushed Setting
 - Tone of the scenario unclear, but if resident sounds frustrated or abrupt, student may fixate on that more than content of feedback
- Contradictory Message
 - Ending the feedback with a general “good” may confuse or even negate prior feedback

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Traditional Feedback Sandwich

- Positive Feedback
- Corrective Feedback
- Positive Feedback

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Modified Feedback Sandwich

- Positive Feedback
- Corrective Feedback
- Next Step

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Characteristics of Effective Feedback

1. Specific

- “You can just give us the pertinent findings, including her vitals”

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Characteristics of Effective Feedback

2. Timely

- During rounds is immediate

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Characteristics of Effective Feedback

3. Based on Objective not Subjective Data

- Direct observation on rounds

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Characteristics of Effective Feedback

4. Consequences explained

- “Typically we only use vanc when the culture comes back as MRSA because of resistance we like to limit the use of vanc in other infections”

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Characteristics of Effective Feedback

5. Provides “Next Step”

- “Good”
- What “next step” could you suggest?

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Characteristics of Effective Feedback

6. Goal is to help, not punish
 - “Resident interrupts” tone may seem punitive
 - How can you avoid seeming dismissive or impatient when you are legitimately in a hurry?
 - What do you think about providing feedback in a more public setting like rounds? Is there a way it can be accomplished effectively?

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Characteristics of Effective Feedback

Which of these characteristics do you find most challenging and why?

1. Specific
2. Timely
3. Objective Data
4. Consequences
5. Next Step
6. Not Punitive

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Tips to Enhance “Feedback on the Fly”

- Use the word “feedback”
- Be respectful (feedback sandwich helps)
- Provide a specific example
- “Next step”

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Let's Apply These Concepts to Our Initial Scenario

- Student, “Ms. J is our 65 yo f with right arm cellulitis on day 3 of vanc. She has no complaints and on exam HEENT-PERRL, lungs were clear...”
- Resident, “Sorry to interrupt but could you give us the vitals and then you can just move right to the pertinent findings”
- Student proceeds, “...and her cultures came back as MSSA. Since she’s improving, I thought we could continue her on the vanc for a 14 day course.”
- Resident, “Vanc does have good gram positive coverage but typically we only use vanc when the culture comes back as MRSA. What other antibiotic would you like to use?”

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Let's Consider a Typical Morning Rounds Scenario

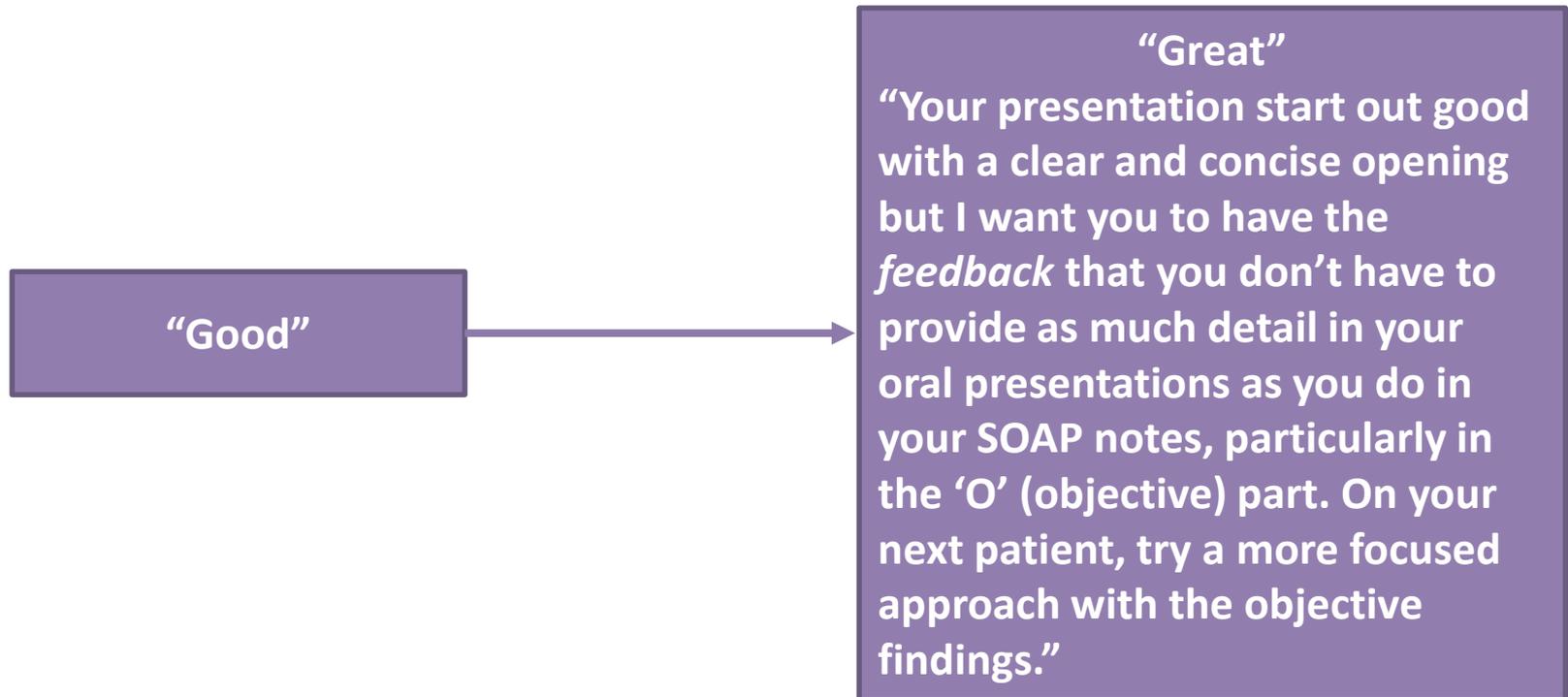
- Rounds proceed, resident pulls the student aside as walking, “Your presentation start out good with a clear and concise opening but I want you to have the *feedback* that you don’t have to provide as much detail in your oral presentations as you do in your SOAP notes, particularly in the ‘O’ (objective) part. On your next patient, try a more focused approach with the objective findings.”

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“Feedback on the Fly”

Transforming feedback from “good” to “great”



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