



Clinical Teaching Matters

A Bulletin on Clinical Teaching Topics

Providing Feedback to Students in the Clinical Setting

Definition of Feedback

Feedback is the sharing of specific information about the learner's performance in order to help him/her either continue or modify a behavior (e.g. perform a particular procedure a certain way).

Importance of Feedback

Providing regular feedback to a learner is the most powerful teaching tool you have. Westberg and Jason cite the following reasons feedback is so important.

- ⇒ Effective feedback can accelerate learning.
- ⇒ Learners want & value feedback.
- ⇒ Without feedback, learners may discontinue positive behaviors.
- ⇒ Without feedback, learners may make incorrect assumptions about their performance.

They also cite reasons feedback is avoided and neglected in medical education.

- ⇒ Many teachers have had no models of constructive feedback to emulate.
- ⇒ Many teachers and learners have had hurtful experiences with feedback.
- ⇒ Many teachers and learners fear that feedback might damage their relationship.
- ⇒ Some teachers wrongly believe that students just know if they are doing a good job.

Effective Feedback Characteristics/Tips

Self-Assessment: Before giving feedback, ask the learner to self-assess. The teacher might say, "How do you think you did?"

Balanced: Provide both positive and corrective comments. Begin with positive comments. Then specify needed improvements and end with encouragement.

Well-Timed: Feedback should be given as close as possible to the performance.

Based on Observation: Feedback is often based on inference and hearsay. Feedback is more accurate & valuable if based on direct observation.

Descriptive and Specific: Focus on what the learner did and give a specific description. Generalizations such as, "That was a good case presentation," are nice but not instructive. Al-

ternatively, the teacher might say, "That was a good case presentation because it was well organized and only essential information was included."

Regularly Provided: Feedback should not be a surprise. It is often provided only when the learner has done something wrong. Establishing a routine of regular feedback prevents this.

The ARCH Feedback Model

A = Ask for self-assessment

R = Reinforcement

C = Correct

H = Help learner develop improvement plan

The arch is symbolic of strength and support. By using the ARCH model, preceptors support learners and help them strengthen their skills.

The model is especially useful for a formal feedback situation such as a clerkship mid-point feedback session for a student or a quarterly evaluation for a resident.

Asking the learner to self-assess relative to his/her performance facilitates the learner's development of an important life-long learning skill. A session could start with questions such as, "How do you think you are doing?" or "What do you feel are your strengths and weaknesses at this time?"

Providing specific & descriptive **Reinforcement** is an important feedback skill. Learners often say that the only time they get feedback is when they do something "wrong." Reinforcement is the provision of feedback when they do something "right."

Providing **Corrective** feedback is also critical. Again, suggestions for improvement need to be specific.

Helping the learner develop a plan for improvement is an opportunity for the preceptor to partner with the learner - just as s/he would do with a patient.

References

- Ende, J.(1983) Feedback in Clinical Medical Education. JAMA, pp.777-781, Vol. 250:6.
- Westberg, J. & Jason, H. (1993). Collaborative Clinical Education. Springer Publishing