OMSE — Office of Medical Student Education

Residents As Educators

Constructive Feedback Essentials

Evaluation or Feedback?

Evaluation tells the learner how well or poorly they performed.

- Great job!
- Needs improvement.

Feedback tells the learner why you think they did such a great job or need improvement. In other words feedback should always be constructive – helping the learner to achieve goals and learning objectives.

Find more resources for clinical educators online!
FID.medicine.arizona.edu

← Learn more about Feedback Strategies

1) Invite self-assessment as part of a feedback *conversation*.

Engage the learner in a conversation about their development rather than simply telling them how they are doing. To obtain a baseline for providing formative feedback, ask the student to describe what they did well and what they found particularly challenging or would like to improve.

2) Describe relevant, observable behaviors.

Describe *relevant, observable behaviors* to help the learner understand the specific knowledge, skills or attitudes that motivate your feedback.

3) Include corrective *and* complimentary comments.

Learners benefit from knowing what they did well and what they need to improve. Providing a rationale (above) transforms a compliment or correction into constructive (helpful) feedback.

4) Provide strategic guidance.

Discuss resources and opportunities that may support the learner's further development and specifically to address challenges identified in the feedback conversation.

Feedback Example

Constructive Compliment

You've demonstrated a good habit in seeking clarification of medical knowledge or procedural issues during case presentations. Today, for example, you asked for clarification of sepsis criteria when presenting on the hypertensive, febrile patient.

Constructive Correction

Your case presentations tend to start with a complete history of the present illness. When we present cases, we begin with a short statement, a one-liner, describing the reason for the patient's visit.

Guidance

We use a guide that outlines our case presentation format. It might help you to use this while presenting or review it just before you present. I can give you feedback after you've had a chance to present using the guide. And, please continue to contribute to the team discussions. We often learn by thinking things through together.

Learn more about The UA College of Medicine's Educational Program Objectives →

Foster Self-assessment through Reflection

CASE

- WHAT students learned
- (Medical knowledge, scientific concepts, procedural knowledge)

PROCESS

- HOW students approached the case or clinical encounter, gathered & applied knowledge
- Comparative analysis of approaches
- Error recognition

PROGRESS

- EVALUATION of progress toward goals or objectives
- Recognizing, describing challenges to progress or improvement
- Identifying bias or other roadblocks to clinical reasoning

SELF-GUIDANCE

- SYNTHESIS of problem-solving skills learned, behaviors improved or errors recognized over time
- ARTICULATING a plan to improve medical knowledge, skills, attitudes, or behaviors

- Medical students write reflections following every case assignment in the Clinical Reasoning Course during Years 1 & 2.
- Clinicians can build on this practice by asking students to reflect after clinical encounters or at the end of a shift or rotation.
- Reflecting on WHAT is learned is the LEAST a student can do.
- Encourage students to reflect on process, their progress, and to strive toward articulating a plan for improvement.

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