**STFM Faculty for Tomorrow Resident as Educators Curriculum:  
Feedback—Facilitator’s Guide**

**Key Learning Points**

Purpose: Giving (and receiving) feedback is an essential and continual part of teaching and learning in medical education and practice; however, it has not traditionally been an explicit focus of training.

Instructional goal: To train residents in the use of skills for effective feedback delivery in the context of teaching.

Session Outline:

1. Definition and description of feedback
   1. Importance and challenges
2. Characteristics of effective feedback
3. Strategies for delivering effective feedback
4. Scenarios for active application of feedback strategies

Learning objectives:

1. Define feedback
2. Discuss the importance of giving and receiving feedback
3. Describe the characteristics of effective feedback
4. Describe strategies for delivering feedback
5. Apply feedback strategies to scenarios

**Session Time: 45-60 minutes**

**Step-by-step instructions for teaching the curriculum: Feedback**

The format of this presentation is primarily question and answer based in order to facilitate active participation and content retention. For convenience, a “script” is provided in the comments section of various slides to be used at the facilitator’s discretion.

The initial questions posed query the audience regarding the visceral reaction that the word “feedback” evokes. From there, feedback is defined in addition to discussing its importance and why it may be difficult to render.

Additionally, through sharing personal experiences with feedback and identifying recurrent themes, workshop participants will learn to identify the characteristics of effective feedback. They are listed below in greater detail and further explained in order to facilitate discussion of **Slide 9**.

1. **Clearly identified.** Using the word “feedback” makes it clear that this is happening. Learners usually desire feedback and in fact, value it, but sometimes your learners just don’t realize that they are being given feedback unless you specifically use the word.
2. **Timely.** Feedback should be regularly scheduled. In this way, it does not come as a stressful surprise to learners, and this will ensure that it actually occurs. Helpful feedback also happens either in the moment or shortly thereafter while the experience is fresh on everyone’s mind. It should also be given in a quiet, private setting whenever possible.
3. **Specific.** Give clear examples of behaviors that should be stopped, changed or continued. When specific examples are given, the learner is more likely to modify or continue a specific behavior.
4. **Based on objective and not subjective information.** Only give feedback on behaviors that are actionable. This gives the learner ‘something’ to actually do—correct or continue. Examples may again be useful in this setting.

* Nonspecific: Your presentations could be better during rounds.
* Specific: Your presentation was out of order on rounds. The physical examination should be after the review of systems.

1. **Consequences explained.** Be sure to clearly spell out what will happen if the learner does not act on the feedback. For example, multi-drug resistant organisms can develop if we inappropriately use broad spectrum antibiotics. Therefore, whenever possible, therapy with the narrowest spectrum of activity should be used.
2. **Provides next steps.** Offer suggestions for how to improve. Help develop an action plan and provide additional resources if necessary.
3. **Nonthreatening.** The goal each time is to help and not punish. Always deliver feedback in a way that is respectful.
4. **Right amount.** Giving too much feedback can have a less than positive effect on learners. Excessive information can make learners feel overwhelmed and can subsequently lead to frustration and feeling unable to accomplish any of the suggested actions. Give feedback in manageable amounts; more can always be given later.

Feedback Strategies **(Slides 10–13)**

As feedback is often not an intuitive process (but incredibly valuable), specific strategies that may be helpful are discussed. As the various methods require different amounts of time, multiple strategies of varying length are provided.

1. **The Feedback Sandwich.** Feedback is given in an alternating sandwich. Positive feedback is given first (bun), followed by corrective feedback (meat), and then positive feedback is given again (bun).
2. **Modified Feedback Sandwich.** Since the feedback sandwich ends with positive comments, the importance of comments regarding areas of needed improvement may be confused or lost by using this method. The modified feedback sandwich may help address this concern. What was done right is shared with the learner, then what action should be changed is shared, and finally, what to do next is described.
3. **The ARCH Model** (most time consuming). If time permits, the ARCH method is another useful way to provide feedback. As always, the participants should remember to be respectful and use descriptive terminology rather than being judgmental.

**A:** Allow for Self-Assessment. Before giving any feedback, be sure that the environment is comfortable and private. Then ask the learner to perform a self-assessment—to identify a strength and an area of needed improvement.

**R:** Reinforce correct behavior/knowledge/attitudes. Use the learner’s self-assessment from the previous step for this portion. In addition to addressing the learner’s self-identified strengths, also discuss the strengths that you have identified. Then, ask the learner how he or she determined that he or she was doing a good job and if any steps were previously taken to improve in this area. Finally, don’t forget to be specific about what was done well and just why it is important to take that action.

**C:** Correct incorrect behavior/knowledge. Using the learner’s identified area(s) of improvement, ask how he or she might improve in this weaker area. During this step, you will also discuss the area(s) of needed improvement that you have noticed. At this point, you will begin exploring strategies for improvement with the learner.

**H:** Help the learner with an improvement plan. Using the previous conversation about areas of improvement or things that need to be corrected, develop an action plan. Brainstorm ways to improve and then collaborate with the learner to create the plan. Focus on creating a plan that is simple and doable; then, verify that the learner understands the plan.

For each scenario, ask for two volunteers from the audience. Instruct them to use the feedback technique of their choosing in the following:

1. Resident—Intern Scenario

You are on service with an intern with whom you have never worked before. You were concerned that there were some knowledge deficits. However, after getting to know your intern, you realize that it is just shyness coming into play. You have actually been thoroughly impressed by the intern’s patient care skills and medical knowledge and want to give some helpful, reinforcing feedback. Though these things are up to par, you would like your intern to work on interpersonal skills and work on effectively interacting with all members of the team including nurses and social work.

1. Resident—Learner Scenario

You are working in the ambulatory clinic with a 4th year medical student who has matched into a different specialty. Your student shows up to clinic late, on one occasion took a two-hour lunch break, and is taking very minimal histories. The student is also too informal with patients, even going so far as to call them by their first names. The student introduces himself as “doctor” rather than “student doctor” and gives the patient a plan before consulting you or the attending. The student also frequently uses a cell phone at inappropriate times, such as when you are signing out patients to the attending.

1. Resident—Attending Scenario

Your attending on service is fond of feedback Friday. All residents are given feedback at that time, but the attending solicits feedback as well. The attending likes to do mini-lectures every day, but you think the students on your team would benefit from actually doing some of the teaching. One of your interns has an ankle sprain, and the attending loves to take the stairs, but the intern is afraid to bring it up to the attending that the ankle is painful. You are very appreciative of the autonomy you have been given to act as a junior attending, and your attending has the reputation for being very reasonable and receptive to feedback.

**STFM Faculty for Tomorrow Resident as Educators Curriculum: Feedback—Quiz With Answers**

1. Feedback includes
   1. Acknowledging strengths
   2. Acknowledging weaknesses
   3. Using information to reinforce behaviors
   4. Using information to reinforce attitudes
   5. **All of the above**
2. All of the following are characteristics of effective feedback EXCEPT
   1. Clearly identified
   2. Timely
   3. Focuses on actionable behavior
   4. **Given in abundant quantity all at once**
   5. Provides next steps
3. Using a specific feedback strategy will make feedback
   1. **More consistent**
   2. More uncomfortable
   3. More inaccurate
   4. More inefficient
   5. None of the above
4. The ARCH feedback method typically includes
   1. Self-assessment
   2. Reinforcement
   3. Improvement strategies
   4. Developing an improvement plan
   5. **All of the above**
5. Which of the following statements is true?
   1. **Constructive feedback improves performance more than complimentary feedback.**
   2. Feedback can be given in any setting, irrespective of audience.
   3. Subjective feedback is the most helpful type that is given.
   4. Feedback need not be scheduled and should be given primarily at the end of rotations.
   5. It is not necessary to use the word ‘feedback’ in order for learners to appreciate that it is being given.

**References**

AAP Residents as Teachers Curriculum

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