What are the Benefits of Feedback?

- Keeps goal directed behavior on course
- Creates objectives for achieving higher levels of performance
- Increases internal motivation
- Increases ability to self-detect errors
- Helps clarify beliefs about the effects of their behavior
Why Feedback?

Our Goal:
Develop a culture of feedback to create an environment of continuous quality improvement for all individuals, for the curriculum, and for the institution’s performance.

For your purposes, the focus is on you and your students.
Building a Culture of Trust and Growth

• Just as in patient care a trusting “educational” relationship is central
• Clear expectations on both sides is critical
• The “growth” and learning needs to go both ways
• Building a growth mind set for all
“What” not “Why”

- Focus comments on “what” you observed that was done or said, not on “why” you think something was done.

- Avoid asking “why did you do that”, rather ask, “what was going on when you did…” or, “what was your thinking when you said…”
SOM Feedback Conversation Model

Receiver
Ask for feedback coming prepared with your self-assessment and your smart goals.

Giver
Start the feedback with a specific goal or target in mind. Use the CET as a reference to identify goals and as a way to describe behaviors.
Use the CET for goals and descriptions

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### Clerkship Comprehensive Clinical Evaluation Tool (CET) - Full

**Instructions:**
- Check the box for the behaviors that the student is consistently performing.
- Do not worry if you have only worked with the student a small amount of time; we will adjust for that.

**Competency Targets:**
1. First half of Clerkship Year: to achieve competency in the skills below in patients with straightforward/common clinical scenarios.
2. Second half of Clerkship Year: to achieve competency in the skills below in patients with complex/atypical clinical scenarios.

*See SOM Clinical Skills Competency Assessment Toolkit for more information.*

| Student Name: __________________ | Evaluator Name: __________________ | Time worked with the student: _______ sessions / days / weeks [Circle one] |

#### EPA 1 – History and Physical Examination

1. **History - Organization**
   - **Lacking organization or coherent structure**
   - **Has rationale for organization, but somewhat illogical or not driven by accurate clinical reasoning**
   - **Well organized and logical, mostly driven by clinical reasoning**
   - **Well organized, fluid (information logically connects) and clearly driven by accurate clinical reasoning**
   - **Unable to assess**

   - **Straightforward/common:**
   - **Complex/atypical:**

2. **History & Physical Exam - Content**
   - **Missing key information and/or contains inaccurate information**
   - **Includes only simplistic or key clinical information AND/OR applies a general examination lacking clear clinical reasoning, and/or missing some components**
   - **Includes accurate and reasonably complete clinical information, mostly driven by clinical reasoning**
   - **Accurate and complete including data from secondary data sources (where appropriate), incorporating multiple Determinants of Health in appropriate detail. Applies astute clinical reasoning through targeted hypothesis driven questions and physical examination maneuvers**
   - **Unable to assess**

   - **Straightforward/common:**
   - **Complex/atypical:**

3. **Physical Exam – Technical Skills**
   - **Performs maneuvers incompletely or incorrectly AND/OR causes patient pain or discomfort**
   - **Performs a few examination maneuvers incorrectly or incompletely**
   - **Performs most examination maneuvers correctly with consideration of patient's modesty and comfort**
   - **Consistently and confidently performs examination maneuvers correctly, including in special populations. Integrates complex biopsychosocial factors into choice of language, explanation, and reassurance strategies**
   - **Unable to assess**

   - **Straightforward/common:**
   - **Complex/atypical:**
Self-Assessment of the goal
- Ask the learner what their assessment of their performance is.
Provide your observations, both gaps and strengths.
-State both gaps (1-2) and strengths, based on your observations. Use verbs describing what you saw as opposed to providing your assumptions and judgement statements, again referencing the CET anchor descriptions.
Coaching Plans or Next Steps and Follow-Up

- A coaching plan can be as brief as one or two action items.
- The key to a good plan is:
  1.) Ask the learner what they think they can do?
  2.) Provide actions with input and resources, if possible.
  3.) Agree on a follow-up plan.
Best practice:
Feedback should be SPECIFIC!
For Verbal and Written Feedback

- The more detailed and specific the better
- Be descriptive, not evaluative
- Break down the task to improve into digestible parts for deliberate practice
- Timeline for repeated evaluation
Things to Avoid…

- Being vague leaves the learner at a loss of what to work on to improve
- Saying “good job” is a compliment – it feels good, but does not make you “good”.
- Examples of unhelpful feedback:
  - Read more
  - Will make a great doctor one day
  - Improve your history

**DO** USE THE ANCHOR DESCRIPTIONS IN THE CET TO EXPLAIN YOUR OBSERVATIONS!