

INSTITUTIONAL GME GUIDELINES - Feedback
Approved by GMEC – July 22, 2016

- A. Importance of Feedback: “Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or, not at all.” (1)
- B. Elements of Effective Feedback (1, 2, 3)
- a. Timely
 - b. Based on first hand data
 - c. Regulated in quantity-addresses one or two key issues rather than too many at once
 - d. Phrased in descriptive language, based on specific remediable behaviors
 - e. Balance reinforcing ("positive") and corrective ("negative") feedback
 - f. Interactive Process: Learner reaction and reflection (see framework below)
- C. Ideal Time Intervals for Feedback
- a. Immediate (Urgent) Feedback: When urgent situations arise, for example those involving concerns about patient safety or lapses in professionalism, feedback should be provided immediately, or within 24 hours at the latest.
 - b. Intermediate (“Check-in”) Feedback: Feedback should be provided no longer than two weeks after the start of the rotation or at the mid-point of rotation, whichever is sooner, and every two weeks thereafter on lengthier rotations. Corrective/negative feedback that will appear on a written evaluation should be discussed before submission.
 - c. Attending Physician: Feedback ideally should be provided by each attending prior to rotating off-service.
 - d. End of Rotation: Feedback should be provided on, or close to, the resident’s last day of the rotation.
 - e. After Semi-Annual Milestones Evaluations by the Program Director or their designee.
- D. Suggested Framework for Feedback: “ADAPT(E)” (2, 4)
- a. **A**sk: The teacher **asks** the learner to assess their own performance first, phrasing the question to encourage meaningful reflection (e.g. “What went well and what could have gone better?”)
 - b. **D**iscuss: The teacher **discusses** their direct observations with the learner, using specific examples and behaviors when possible.
 - c. **A**sk: The teacher compares the learner’s self-evaluation with standards (e.g. Milestones, curricular learning objectives) and the teacher’s assessment, and **asks** the learner to comment on the feedback
 - d. **P**lan **T**ogether: The learner and teacher **plan together** for improvement and create a mutually agreed-upon plan.
 - e. **E**ncourage: The teacher **encourages** the learner that they can achieve the plan.

E. References :

1. Ende, J. Feedback in clinical medical education. JAMA 1983;250(8):777-81.
2. ACGME Clinical Competency Committees Guidebook, February 2015
3. King J. Giving feedback. BMJ 1999;318:S2-7200.
4. Pauwels J, Johnston S. Learner-centered feedback: key conversations for learners and teachers. ACGME Conference Presentation, March 2015.
5. Cantillon P, Sargeant J. Giving feedback in clinical settings. BMJ 2008;337:a1961
6. Klaber B. Effective feedback: an essential skill. Postgrad Med J 2012; 88:187.