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. Ask: 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. Discuss: The teacher discusses their direct observations with the learner, using specific examples and behaviors when possible.
   c. Ask: 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. Plan Together: The learner and teacher plan together for improvement and create a mutually agreed-upon plan.
   e. Encourage: The teacher encourages the learner that they can achieve the plan.
E. References:

2. ACGME Clinical Competency Committees Guidebook, February 2015.