INSTITUTIONAL GME GUIDELINES - Feedback

Approved by GMEC – July 22, 2016, September, 24, 2021

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. Clearly identify the conversation as “feedback”
   b. Timely - frequent and in proximity to performance is best, but be sensitive to the setting and emotional state of the learner
   c. Based on direct observation
   d. Regulated in quantity-addresses one or two key issues rather than too many at once
   e. Phrased in descriptive language, based on specific remediable behaviors, not general praise or compliments
   f. Balance reinforcing ("positive") and corrective feedback
   g. Interactive Process: Check for understanding, get a commitment to change

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 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(s) 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.

"R2C2" (7)

a. R2C2 Resident Feedback Model Trifold Handout (Appendix A).
b. R2C2 Instructional Video (Appendix B).
c. R2C2 Milestones Demonstration Video (Appendix C).
d. Strategies for Facilitated Feedback and Coaching (Appendix D).
e. Resident Learning Change Plan (Appendix E).
f. R2C2 Sample Workshop Objectives and Outline (Appendix F).
g. R2C2 Facilitated Feedback Resident Model Workshop Slides (Appendix G).
h. R2C2 Workshop – the Case of Victor (Appendix H).
i. The Case of Victor Demonstration Script R2C2 Workshop (Appendix I).

E. Training/Professional Development

a. Ongoing opportunities for professional development of supervisors of medical students and residents/fellows are critical. Many of the clerkship directors (for those specialties with required medical student rotations) and/or JABSOM Office of Medical Education (OME) faculty have given such professional development workshops. In order to synergize and effectively build on past workshops given to faculty or residents (as part of the Residents as Teachers workshops), GME program leadership should collaborate with their respective clerkship director (if applicable) to implement joint and/or modified training activities that are appropriate for the following categories of supervisors:
    - Residents / Upper Level Residents
    - Clinical supervisors (i.e., those on teaching services with multiple attendings)
    - Core program faculty (i.e., those in charge of certain rotations and/or portions of a GME program's curriculum)

F. References:

1. Ende, J. "Feedback in clinical medical education". JAMA 1983;250(8):777-81.
2. ACGME Clinical Competency Committees Guidebook, January 2020
3. Learn at ACGME
4. King, J. Giving feedback. BMJ 1999;318:S2-7200.
5. Pauwels J, Johnston S. "Learner-centered feedback: key conversations for learners and teachers". ACGME Conference Presentation, March 2015.
6. Cantillon P, Sargeant J. Giving feedback in clinical settings. BMJ 2008;337:a1961
7. Klaber B. Effective feedback: an essential skill. Postgrad Med J 2012; 88:187.
8. Sargeant, Joan, et al. "Evidence-informed facilitated feedback: the R2C2 feedback model." *MedEdPORTAL* 12 (2016).
9. Teaching Physicians - Resources for providing Feedback via the

www.TeachingPhysicians.org website