FEEDBACK TO MEDICAL STUDENTS IN THE GP SETTING

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Reasons your feedback is unique:

1. You have one-on-one teaching with the student; most other clinical rotations they are in groups

THEREFORE:

- You can tackle their current learning needs
- You can link their prior knowledge with new clinical experience
- You have opportunistic teaching moments
- You can get to know them well enough to choose words that will be helpful

Reasons your feedback is unique:

2. You can observe them across a full cycle of interaction

ie taking a history, doing examination, synthesizing their clinical reasoning, ordering investigations, performing minor procedures, and documenting their findings

Note that doctors only observe the aspects of care they think is important for their specialty

→ Surgeons watch operative technique

→ Physicians watch Hx taking

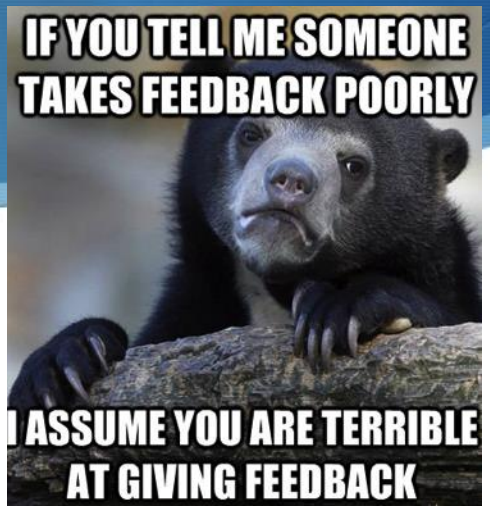
A thought: Musicians are never rated on their performances by how they SAY they play their instruments!

What we would like from your feedback to our students

- Agree on deficiencies and tackle them during the rotation. (Don't assume they have identified their own deficiencies well!! Many students want to perform and not learn)
- Don't diagnose their problems at the end of the rotation, do it as early as possible
- Set achievable goals
- Affirm positive behaviours, encourage repetition of these
- If you have serious concerns, you are obliged to let their medical school know. Its unlikely to be a surprise!


LET ME BE CLEAR
I AM ONLY LOOKING FOR POSITIVE FEEDBACK

Barriers to receiving feedback:



- 1. Inability of student to self assess.
- 2. Lack of time
- 3. Insecurity *If your feedback threatens the learner's ego/sense of identity then they will perceive it as a personal attack.*
- 4. Concern about breaking educational relationship with negative feedback
- 5. Perception that teacher is "out of touch"/generational differences.

Generation and feedback

Traditionalists (1900 -1945) *'No news is good news'.*

Baby boomers (1946 - 1964) *'Feedback once a year, with lots of documentation!'*

Generation X (1965 - 1980) *'Sorry to interrupt, but how am I doing?'*

Generation Y (1981 - 1999) *'Feedback whenever I want it at the push of a button'.*

Millennials ??

All feedback is based on what you observe: good feedback

- Do: name what you see, be specific and directed to actual behaviour not personal to student
- Do it as soon as possible to what you are feeding back
- Do: ask the student if they saw/felt it too
- Do be concrete/practical (even with feelings)
- have a supportive environment that is safe with both members involved

What is bad feedback

- Don't: play "GWIT" (Guess What I'm Thinking")
- Don't be personal : "you are judgmental/ rigid"
- Don't: assume you know the reason for their behaviour
- Don't: tackle too many issues in one feedback session
- Don't: shame or humiliate the learner

Models of feedback

- Sandwich
- Pendleton's rules:
- SET GO
- 6 step
- Reflective feedback conversation

Whatever you use, remember that feedback is a LOOP ie have a conversation, don't give a lecture

Time to do your own

- Your student performs a cardiac examination on your patient with significant CCF. The examination was not thorough he did not check the apex, or listen to the lungs or check the legs. The student says everything is normal. You note the patient has cardiomegaly, bi-basal creps and bilateral leg swelling. Feedback to the student.

Three take home messages:

- 1. Feedback is core to GP teaching, please make it a priority
- 2. Feedback is a conversation not a lecture
- 3. Need an action plan with do-able steps