Resilience SOFTWARE Inc
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On The Elements of Good Feedback

What makes good feedback?

From anecdotal experiences we hear at Resilience Software, the topic of what makes good feedback between preceptors and residents is always one that inspires interest, and workshops on feedback tend to be well attended. In spite of how busy preceptors are, there is an awareness that feedback is important, and that current methods may not be adequate.

In addition to daily feedback being a requirement for program accreditation, effective feedback is becoming more important as the medical education domain increasingly adopts competency-based medical education.

From the College of Family Physicians of Canada General Standards:

- "There must be honest, helpful and timely feedback provided to each resident. Documented feedback sessions must occur regularly, at least at the end of every rotation. A mid-rotation evaluation is recommended. There should also be regular feedback to residents on an informal basis."

The Elements of Good Feedback

Good feedback has several qualities that make it effective. It must be:

Goal-Oriented: The feedback should tie back to one of the competencies. While there may be many things for faculty to comment on after a medical activity, ignore the 'trivial many in favour of the critical few' – and those critical few tie directly to the competency standards.

Transparent: Specificity and reference to a tangible result are critical.

Actionable: What action, if changed, would yield immediate results?

User-Friendly: Neither preceptor nor resident have the time to navigate a complicated feedback system, nor deal with the frustration of one that's poorly designed. If the feedback channel is electronic, the user experience should be intuitive and frictionless.

Timely: The more immediate the feedback, the better. This reduces cognitive load later, and addresses a procedure while it still has emotional resonance.

Challenges to Good Feedback in Medical Education:

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Currently, with the still-developing application of competency-based medical education standards, there are a number of challenges involved with delivering consistently good feedback to residents. Here are some of the common ones:

- **Nailing down the different competency standards:** One problem is streamlining the competencies outlined by various bodies into one framework so as to ensure feedback covers everything necessary.
- **Flexibility**: Ideally, feedback relates to one of the competencies, but preceptors still want the flexibility to give feedback on other items of their choice.
- **Variability in preceptor engagement:** With an electronic field note, for instance, some preceptors will be willing to comment extensively, while others will want nothing more than to see a resident's field note to confirm it has been completed.
- **Variability in quality of feedback:** Some preceptors give fantastic feedback, others mediocre feedback, and from still others, none at all.
- **Unclear competency definitions:** The competencies have specified roles that may not be clear to either preceptor or resident. The resident may check off that a '*Manager*' role was assessed, when they aren't actually certain exactly what '*Manager*' refers to in this context.
- **Inter-rater reliability**: When two preceptors say different things about the same resident regarding competence or lack thereof after performing identical tasks.

Feedback Improvements & Solutions

E-field notes and electronic evaluations are tools that have been used by various programs throughout the world to create an opportunity for students to be given feedback more often and to guide preceptors on how to give effective feedback.

Here are some of the solutions electronic field notes and evaluations provide:

- **A fully mobile application:** Conversation that occurs immediately after a procedure yields the best feedback. The only way to ensure this happens is if both preceptor and resident can review inputted data on their mobile devices immediately after a procedure is completed.
- **A level of supervision scale**: Preceptors reflect on the activity that a resident has just completed and then rates, on a 1-5 scale, how confident they are in the resident to do that particular task next time. Will they need to be there when the resident next does the procedure? Can they be outside the room, and the resident will come and report to them after the procedure? This activity prompts the preceptor to think about how a resident will need to improve in order to reach an entrustable level.
- **A Guidance Feature**. An app can have a feature that contains a succinct definition of each term being used. Imagine beside the term *Manager*, there is a small question mark that a user can hover over with a box that pops up to give the definition. This helps accuracy, data fidelity, and guides feedback to remain on topic.
- **Optional Fields**. These give preceptors the option to include extra feedback if they wish, while sidestepping the feeling of overwhelm that comes with too many required fields.

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