

Effective Feedback Handout for Residents

Feedback Ingredients

- 1 **Immediate:** feedback from your preceptor should be received as soon as possible after the encounter
- 2 **Specific:** feedback should be focused on what was done well and what can be improved
- 3 **Case-based:** feedback should relate to a specific clinical encounter
- 4 **Competency-based:** feedback should be centred around core competencies in family medicine
- 5 **Objective and concise:** feedback should be to the point

Tools

- Keep your electronic field note URL bookmarked.
- Keep your paper evaluation forms with you each day.

Preceptors

Not all preceptors have the same teaching style. If you want specific feedback, just ask!

Instructions

- 1 Ask your preceptor **for feedback** after the clinical encounter.
- 2 **Document the feedback** immediately after a clinical encounter.
- 3 For on-service family medicine rotations, **stack your field notes** to see what domains are lacking and require more attention.
- 4 For off-service family medicine rotations, **frequently ask** your preceptor for feedback on how you managed a case. Document this feedback as a field note.
- 5 **Provide a summary** of field notes to your preceptor for in-training evaluation reports during off-service rotations.
- 6 **Set aside time** each day to reflect on your feedback: read around the case and reflect on how you might change your practice or continue doing what you are doing.

Daily

- D – description:** of the clinical encounter
- O – observer:** preceptor, patient, family member, health professional colleague
- C – coaching:** specific advice from the observer; either positive reinforcement or constructive feedback

In Person

- S – summary:** of the clinical encounter, keeping patient confidentiality in mind
- O – observer:** preceptor, nurse, patient, or allied health professional
- W – well:** what the resident has done well, including strengths
- E – enhancement:** preceptor suggestions for resident improvement
- R – recommendations:** for further learning, resident plan for follow-up



An Introduction to Feedback in Family Medicine Training

What are field notes and why are they important in residency?

A field note is written feedback that you receive after observation of your interactions with a patient and/or family member, health professional, or team members, or during discussions with the preceptor. You may also receive feedback about written communications, presentations, clinical skills, or procedures. Field notes serve as a reminder of skills you have acquired and skills that may require further development throughout your residency training.

How do I ask for feedback?

Your preceptor will appreciate advance notice that you are seeking observer feedback on specific skills. Select a confidential setting and make sure that you and your observer have sufficient time for the feedback session, which should take no longer than a couple of minutes. Be flexible if the time or location changes due to clinical activities or commitments. If the space and time are not available immediately, invite the observer to provide feedback at a later date or time. Follow up with the preceptor in a timely fashion if feedback is not given immediately.

How do I prepare for a feedback session?

Prior to meeting with your preceptor, reflect on your clinical encounters and prepare a list of what you did well and what you feel requires further improvement. Highlight specific examples during your feedback meeting. What challenges did you face? What would you do differently? How can your preceptor support you in meeting your learning needs? Bring these ideas to your feedback session.

What do I do with positive feedback?

Positive feedback is intended to reinforce behaviours and skills essential for practice. Take note of what behaviour and skills you have acquired and are expected to maintain throughout your practice and career.

What do I do with constructive feedback I receive?

It is normal to have skills that require improvement during residency. When you receive constructive feedback, ensure that it is specific and that you understand the behaviour or skill that requires improvement. Don't be afraid to ask your preceptor for clarification. After you receive feedback, make a plan to work on the identified skills and schedule a time to reassess the skill at a later date.

Some residents may take feedback personally. Feedback is intended to facilitate the development of specific skills, behaviours, and competencies. It is important to avoid becoming defensive, assigning blame elsewhere, or taking the feedback personally. If you feel the feedback you received is not appropriate, talk with your faculty advisor, chief resident, or program director.

For references, please visit: www.cfpc.ca/sectionofresidents

Acknowledgements

This document was created by Section of Residents Council members from across 17 family medicine residency programs, led by the Council Executive Dr Jaspreet Mangat, Dr Emy Martineau-Rheault, Dr Kyle MacDonald, and Dr Jemy Joseph. Input for this document was provided by family medicine program directors and the following CFPC committees and individuals were consulted: Working Group on the Certification Process, Postgraduate Education Committee Chair, Section of Teachers Council Chair, Accreditation Committee Chair, and Board of Examiners Chair.

Reference materials for Effective Feedback Handout for Residents

Contributors

Dr Jaspreet Mangat is a second-year family medicine resident at the University of Alberta.

Dr Emy Martineau-Rheault is a second-year family medicine resident at the University of Sherbrooke.

Dr Kyle MacDonald is a first-year family medicine resident at the University of Saskatchewan.

Dr Jemy Joseph is a first-year family medicine resident at the University of Toronto.

Acknowledgements

This work was completed under the direction of the CFPC Section of Residents with support from the College of Family Physicians of Canada. Special thanks go to **Dr Michel Donoff**, **Dr Ivy Oandasan**, and **Ms Aleksandra Walczak** for their ongoing support and assistance in developing this document.

Correspondence

Dr Jaspreet Mangat: jpmangat@ualberta.ca

References

1. Brady D, Schultz L, Spell N, Branch WT. Iterative method for learning skills as an efficient outpatient teacher. *Am J Med Sci* 2002;323(3):124-9.
2. Donoff M. Assisting achievement and documenting competence [Field notes]. *Can Fam Physician* 2009;55(12):1260-2.
3. Laughlin T, Brennan A, Brailovsky C. Effect of field notes on confidence and perceived competence. *Can Fam Physician* 2012;58(6):e352-6.
4. McEwen LA, Griffiths J, Schultz K. Developing and successfully implementing a competency-based portfolio assessment system in a postgraduate family medicine residency program. *Acad Med* 2015; 90(11):1515-26.
5. Niemann J, Wisse B, Rus D, Van Yperen NW, Sassenberg K. When uncertainty counteracts feedback seeking: The effects of interpersonal uncertainty and power on direct feedback seeking. *Eur J Work Organ Psychol* 2015;24(2):221-4.
6. Schulz K, Griffiths J, Lacasse M. The application of entrustable professional activities to inform competency decisions in a family medicine residency program. *Acad Med* 2015;90(7):888-97.