Teaching Tips

Department of Family & Social Medicine Faculty Development E-Newsletter

Breaking Bad News…to Students

Discussing difficult topics with patients is a routine part of practicing medicine, and yet physician educators often site giving difficult feedback to learners as a particular challenge of clinical teaching. Receiving constructive feedback is a central component of learner improvement, so it is essential that preceptors regularly provide this feedback, especially when students are struggling with particular knowledge areas or skills. Here we present various models for giving feedback in the clinical setting, and provide a checklist that can be used with any model to help the learner get the most out of your feedback.

Models of Feedback

Feedback Sandwich: Constructive feedback is 'sandwiched' between positive feedback and suggestions of next steps for the learner to take to improve their performance.

'S'-FED Model: Ask learner to self-assess (S), then provide feedback (F), encouragement (E), and direction (D), to create a partnership and help the learner reach their goals.

Pendleton's Rules: A 2-way process (and modification of the feedback sandwich) in which the learner states what they thought they did well, then the educator responds with their specific feedback. The process is repeated with areas for improvement.

ECO Model: A 3-step process that encourages the learner to have an emotional (E) response followed by an exploration of feedback content (C) to establish desired outcomes (O) for the learner.

Recipient Reflection-in-Action: Focus is on self-monitoring informed by external feedback provided as part of a supported, sequential process.
This approach to feedback is most effective within a 'culture of feedback', where feedback is a part of all activities and learners provide feedback to educators just as educators provide it to learners.

Characteristics of Constructive Feedback

☐ **Establish climate; private location**

☐ **Mutually agreed upon goals, needs, expectations**

☐ **Timely delivery**

☐ **Elicitation of learner's thoughts/feelings**

☐ **Reflection on specific observed behavior(s)**

☐ **Use of non-judgmental language**

☐ **Feedback on correctable behaviors**

☐ **Not too much feedback at one time (prioritize)**

☐ **Include suggestions for improvement**

☐ **Check for understanding**
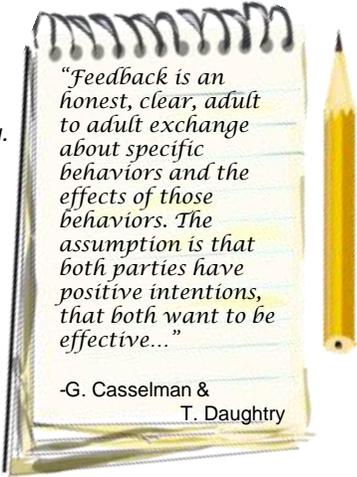
"Feedback is an honest, clear, adult to adult exchange about specific behaviors and the effects of those behaviors. The assumption is that both parties have positive intentions, that both want to be effective…"

-G. Casselman & T. Daughtry
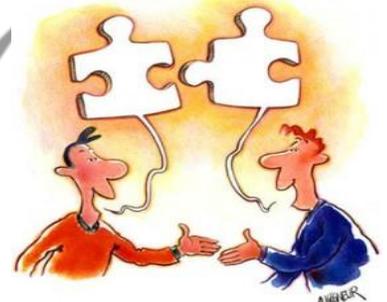
References / Resources:

Archer, J. State of the science in health professional education: effective feedback. *Medical Education* 2010; 44:101-108.

Bing-You, R, Trowbridge, R. Why medical educators may be failing at feedback. *JAMA* 2009; 302: 1330-1331.

Cantillon, P. Sargeant, J. Giving feedback in clinical settings. *BMJ* 2008; 337: 1292-1294.

Sheets K, Garrett E. Preceptor Education Project: Facilitator's Guide Second Edition. Leawood, KS: STFM 1999.