For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Alison Dobbie, MD, of the University of Kansas and James Tysinger, PhD, of the University of Texas Health Science Center at San Antonio review current reports in the literature on the need for feedback and on effective strategies to give feedback. Based on these reports, they offer suggestions on how the office-based teacher can give effective feedback to learners.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Evidence-based Strategies That Help Office-based Teachers Give Effective Feedback

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Medical students and residents want and need feedback from preceptors to improve their clinical performance, yet both learners' reports and audiotapes of actual preceptor-learner encounters indicate that feedback is not often provided in most ambulatory teaching encounters.[1-4] The feedback that learners do receive during office-based teaching tends to be brief and nonspecific (eg, verbal comments such as "right" or "I agree").[1] Possible reasons why preceptors give minimal or nonspecific feedback may include lack of training in delivering feedback,[2,5] the desire not to offend,[6] and the wish to maintain learners' self-esteem.[7] In this article, we share some recent findings from the literature on the need for feedback and reports of effective strategies and techniques that preceptors can use to enhance the quantity and quality of their feedback during office teaching.

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Learners' Desire for and Recognition of Feedback

Evidence indicates that learners greatly desire and value feedback. Schultz and colleagues reported that 95.6% of 1,592 students and residents surveyed believed that feedback was important for learning.[8] In that study, learners ranked "gives constructive feedback" as second in importance and "gives timely feedback" as sixth out of 37 preferred preceptor behaviors.[8]

Students also consider giving feedback as an important aspect of quality teaching. In a study of 82 internal medicine clerkship students, Torre and colleagues reported that "high-quality feedback" and "proposing a plan" were the two learning activities most strongly associated with learners' perceptions of high-quality teaching.[9]

However, while students value feedback, they may not ask for it, recognize it, or remember having received it. In a study of internal medicine clerkship students, Sostok and colleagues found that when asked to recall the content of scheduled feedback sessions, faculty reported delivering a mean of 3.3 feedback items, but students reported receiving only 2.7 items. Of more concern is that there was only a 34% agreement between faculty and student reports on the content discussed.[10]

Gender Differences Concerning Feedback

Preceptors should consider some important research findings when giving feedback to learners. Schultz and colleagues reported that female and male learners equally value feedback.[8] However, findings from other studies indicate that female and male learners do not receive feedback in equal amounts or with similar content. Carney and colleagues looked at different preceptor-student dyads and reported that female preceptors were more likely to give feedback on clinical skills to male students than to female students. In this study, the dyad incorporating the most giving and receiving of feedback was male preceptors with male students.[4] Similarly, O'Hara and colleagues reported that female preceptors were more likely than male preceptors to comment negatively on female students' clinical skills and more likely to comment on male students' maturity and/or character.[11]

Written Versus Oral Feedback

Evidence indicates that written feedback is as acceptable and effective as oral feedback.[12-14] Schum and colleagues asked preceptors to issue preprinted feedback notes with "well done" or "needs improvement" to medical students. Of feedback notes issued, 69% of notes were "well done," and learners reported identical satisfaction between oral feedback and the written notes. In fact, more than 90% of students considered feedback from the notes more constructive, timely, and concrete than from other forms of feedback.[12]

Giving Negative or Constructive Feedback

Many preceptors are reluctant to give negative or constructive feedback because they fear that it may upset learners and/or adversely affect the teacher-learner relationship. However, evidence from the psychology and management literatures suggests that most individuals value constructive feedback that is designed to improve their performance, provided it is given privately,[15] kindly, and consistently by a supervisor whose expertise they respect and whose motives they trust.[16] However, too soft a delivery, especially when delivered face to face, can dilute the feedback message. Colletti reported that preceptors on her surgical clerkship gave less negative feedback and awarded students higher grades in face-to-face feedback sessions than in written evaluations prepared in private.[17]

Recommendations for the Office-based Teacher

We offer some evidence-based suggestions from the literature that office-based teachers can use to improve their feedback in the ambulatory clinical setting.

(1) Give students and residents feedback since most learners strongly desire it. If you provide it, they will more likely rate your teaching as high quality.

(2) Be clear about when, where, and how you plan to give feedback, since learners do not always recognize it. For example, on the learner's first day in your office, tell him/her that you will give routine feedback at the end of each morning and afternoon clinical session.

(3) Acknowledge potential gender differences in giving and receiving feedback. Remember that although all learners value feedback equally, studies demonstrate that female learners often receive a smaller amount of feedback or less helpful feedback.

(4) Give feedback orally and/or in written format, since learners find both formats acceptable. Preprinted "well done" or "needs improvement" notes in different colors can be useful prompts for feedback.

(5) Give negative or constructive feedback when required, ensuring you do it privately, in a spirit of unconditional positive regard, and in a way clearly designed to improve the learner's performance. It may be useful to prepare negative or constructive feedback comments privately before sharing them with the learner, as you are then more likely to deliver the message that will allow the learner to change his or her behavior.

Using these evidence-based recommendations may allow preceptors to increase the amount and quality of their feedback to medical students. Increasing feedback will likely improve student satisfaction with the office teaching process, thus enhancing the educational experience for both parties.

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