00:00 – 01:41
• Introductions

01:41 – 04:06
• Dr. Caro explains how this topic became an idea for a hangout
• He talked with students and residents at CORD 2019 who expressed frustration with the feedback process and how to get meaningful feedback

04:07 – 06:04
• How do you get good feedback and where do we find good feedback?
• Students/residents/learners think they never get feedback while preceptors feel they give feedback all day long – Everyone needs to be on the same page as to what feedback is
• If you can’t or don’t recognize what feedback is, there’s never an opportunity to take advantage of it
• “Feedback” = Any kind of information you’re getting from a person with experience that is geared toward helping you take your performance as it is now and reaching new goals

06:05 – 08:32
• Traditionally on rotations feedback is given usually midway through the rotation and then at the end of the rotation
• A sit-down “big bolus” of feedback is not the most effective way to receive feedback
• Instead, smaller moments such as the student giving the preceptor their differential diagnoses – the preceptor may respond with how they do it and how a student might be able to tweak their approach is feedback!

08:34 – 12:40
• Difference between feedback and an evaluation
  o Evaluation: More like a statement of how you are doing right now
  o Feedback: dissection of what you’re doing right now and what you can do to improve
• Preceptors are intimidated by giving feedback! The feedback giver is not intentionally trying to hurt feelings
• Supervisors are not always watching students like a hawk - when end of shift comes and a student is asking for feedback, the supervisor is caught completely off guard
  o The givers of feedback are sometimes focused on so many different things that it’s easy to get lost in the mix
• Dr. Morrissey recommends choosing one thing or asking for one thing to focus on per shift
  o The supervisor can keep that in mind during shift for a more directed way to give feedback

12:41 – 16:08
• Is it possible for the trainee to help set the stage to get more directed feedback?
  o Students can play an active role in getting good feedback!
• If we ask for feedback, what do we ask for? What do we ask the evaluator to look for?

16:10 – 29:24
• The Core Competencies
  o Medical Knowledge
  o Patient Care
  o Interpersonal Skills & Communication
  o Professionalism
  o Systems Based Practice
  o Practice Based learning
• Discussion of the meanings and importance of all competencies
• These things are components of the SLOE
• Be active on your rotation
  o If you don’t know something, write it down, look it up, discuss with preceptor

29:25 – 36:26
• Self-analysis
  o More than just comparing yourself to your peers
• SWOT Analysis
  o Strengths
  o Weaknesses
  o Opportunities
  o Threats
• Recommend sitting down with close friends and/or mentors to help evaluate each section of SWOT for the best self-analysis
• Very good prep for residency interviews and potential questions a student may be asked

36:28 – 46:07
• When is the best time to ask for feedback?
  o Dr. Morrissey recommends asking early, during orientation
  o Asking staff and attending at beginning of shift to focus on something defined for the shift that a student would like feedback on
  o Remind supervisor 15 minutes before end of shift for time at the end of shift to talk about feedback
• More discussion about the Opportunities and Threats components of SWOT
• May want to ask supervisor at the end of shift for one piece of advice or thing to work on for the next shift

46:08 –
• If a student rotates with a different person each shift, don’t look for one big summative chunk of feedback
• Instead, pay attention to all the little nuggets one can glean from each supervisor worked with

47:24 – end

Questions
• Timing to ask for feedback – at the beginning of shift, few minutes before end of shift, after anytime you’re directly observed (performing procedures, giving discharge instructions, etc.)
  o Do not listen or look for the direct word “feedback” and instead pay attention to each and every casual conversation with a preceptor as that is a more natural form of feedback
• For a big formative evaluation of a rotation, keep a list of the top few things you have talked with your preceptors the most about and you can prompt a clerkship director to make sure that is included in your evaluation
• Feedback for each day – core competencies, keep it broad
• Feedback for each shift – individual and particular patient encounters (ex. thyroid storm management)
  o Take each aspect of a patient encounter and working on it – obtaining H&P in 5 minutes, giving a presentation right after encounter instead of thinking about it for 15 minutes, working on communication skills with nurses, etc.
• RECOGNIZE feedback comes in all different sizes, shapes, and colors
  o “Feedback” is an intimidating word in itself
  o “Daily suggestions”

Dr. Morrissey: Good resource to prepare for getting feedback - look up NCAT (national clinical assessment tool) - it tells what evaluators are looking for