

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 they're approach is feedback!

08:34 – 12:40

- Difference between feedback and an evaluation
 - Evaluation: More like a statement of how you are doing right now
 - 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
 - The givers of feedback are sometimes focused on so many different things that its easy to get lost in the mix
- Dr. Morrissey recommends **choosing one thing or asking for one thing to focus on per shift**
 - 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?
 - 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**
 - **Medical Knowledge**
 - **Patient Care**
 - **Interpersonal Skills & Communication**
 - **Professionalism**
 - **Systems Based Practice**
 - **Practice Based learning**
- Discussion of the meanings and importance of all competencies
- These things are components of the SLOE
- <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/meded/fellowships/Documents/ACGME%20Outcome%20Project.pdf>
- Be active on your rotation
 - If you don't know something, write it down, look it up, discuss with preceptor

29:25 – 36:26

- Self-analysis
 - More than just comparing yourself to your peers
- **SWOT Analysis**
 - **Strengths**
 - **Weaknesses**
 - **Opportunities**
 - **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?
 - Dr. Morrissey recommends asking early, during orientation
 - Asking staff and attending at beginning of shift to focus on something defined for the shift that a student would like feedback on
 - 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.)
 - 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)
 - 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
 - "Feedback" is an intimidating word in itself
 - "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