PRECEPTOR’S GUIDE TO GIVING FEEDBACK
Check for understanding and seek input from learner

BEFORE ENCOUNTER

Orient & Prepare

→ Share your plan to observe and provide performance feedback.
→ Agree on the objective for the encounter and seek input on what and how it will happen.

*SAY: Let’s review how you might take a history on this patient.*

AFTER ENCOUNTER

Elicit Input & Self Assessment

*SAY: What were you thinking about? How did it go? What worked and what didn’t work?*

Probe for Evidence

*SAY: What is your evidence for that? Why do you think that is so? If it isn’t X, what else could it be? How do your findings fit with your knowledge of anatomy and physiology?*

AFTER LEARNER RESPONDS

Respond with Corrective Feedback

→ Describe specific positive behavior OR Identify specific behavior to improve OR Give statement on how to improve.

*SAY: Your open-ended questions were effective and established the patient’s agenda. When you discussed barriers to taking the meds, it yields more to hear the patient’s concerns rather than listing potential barriers.*

Establish Improvement Plan

→ Engage learner in a plan.

*SAY: Let’s talk about how you could practice patient negotiating. How might you do that?*
CLINICAL PERFORMANCE EVALUATION

Guidelines for the Written Evaluation Form

→ Complete form ASAP after clinical supervision.
→ Use “Not Applicable” if you did not see or cannot assess a skill. Students are not penalized.
→ Most students in clerkships are expected to perform in the mid-range. All can benefit from your identification of areas for improvement.
→ Provide descriptive comments (formative feedback) because they improve clinical reasoning.

Common Student Errors

→ Inadequate characterization of chief complaint, symptoms, and history
→ Lack of systematic approach; rushed and didn’t follow up on positive responses
→ Premature closure of diagnostic options (problem list)
→ Physical exam:
  – required elements missing
  – not organized
  – incorrect technique

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