

Session 4, Giving Feedback: Teaching Cases

CASE 1: Giving feedback: An intern who made a clinical mistake

Information for the resident teacher: You are the supervising resident on your inpatient service. You have just finished afternoon clinic and you are about to meet with your intern, who made a mistake today in patient care. You don't know the details yet, but you heard from the chief resident that the intern gave to a patient a higher dose of heparin than should have been given. While you were in clinic, the chief resident apparently helped the intern deal with the problem and transferred the patient to the step-down unit. The chief was in a hurry, so there has not been much "debriefing" yet with the intern. The chief did talk to the patient and family and they are apparently not upset now.



CASE 1: Giving feedback: An intern who made a clinical mistake

Information for the "intern"

- You are about to meet with your senior resident on the inpatient service this month.
- The patient in question is a 63-y.o. man with a deep venous thrombosis. You wrote an order for a loading dose of heparin that was considerably higher than it should have been. The patient has apparently not bled, but the chief resident had you transfer him to the step-down unit for closer observation.
- You don't know why you made this mistake except that you were post-call and tired. You did look up the heparin dose but for some reason you did not calculate the dose correctly, maybe because you were in a hurry. The pharmacy usually double-checks the doses but they apparently missed it this time.
- You are very upset about the error you made, and you want to discuss it with your resident but you are not sure where to begin, so you leave it to the resident to lead you through this discussion.
- You are relieved that the chief resident talked to the patient and family and that they apparently feel okay now about what has happened.
- How you respond to the resident depends on how s/he approaches you. If s/he starts by offering criticism, you get more upset and defensive, and you blame your supervisors for not overseeing you enough.
- If the resident gets your perspectives first, you feel better and talk more. If the resident makes you feel comfortable enough, you ask how you can best avoid making errors in the future. You might also ask how physicians can best learn how to deal with inevitable errors. But you only ask for this kind of advice if the resident actively listens to you before giving you any negative feedback.
- You hope you will not have to present this case in morbidity and mortality conference, but you only bring up this concern if you are encouraged to talk.
- The medical student on the service was there when the mistake was discovered, and although he was very nice about it, you feel particularly bad that a student witnessed your embarrassment.
- If asked, you don't have any problems at home or in other areas of your life. You don't drink alcohol or use drugs.

CASE 2: A medical student with knowledge and attitude problems

Information for the resident teacher

You are the supervising resident on your department's inpatient service. You have two medical students on the service right now, a third-year and a fourth-year. The fourth-year is doing great, but the third-year (Chris) is having some problems. Chris works hard but has a poor medical knowledge base. You are worried by Chris' medical knowledge because Chris never seems to know the answers to questions posed on rounds or during daily patient care. In fact, you wonder if Chris is going to fail the National Board of Medical Examiners subject exam, scheduled in a few weeks. Chris is also a bit overconfident and sometimes makes clinical decisions without getting adequate supervision. Your intern thinks Chris is opinionated and headstrong. So you have asked this student to have a chat with you.



CASE 2: A medical student with knowledge and attitude problems

Information for "Chris", the student

- You are halfway through your inpatient rotation in this resident's specialty, which is your first clinical rotation.
- Your resident has asked to meet with you today. You think it might have to do with your performance during rounds. You never seem to be able to produce the right answers to clinical questions the way the fourth-year student does.
- But you still hope to do well on the rotation. You hope to get good evaluations from the residents, since you work very hard.
- You are not an especially outgoing person, and you don't volunteer much information unless the resident really encourages you and listens attentively.
- How you respond to the resident depends on how s/he approaches you. If s/he starts by offering criticism, you become somewhat defensive, and you start to blame the residents for not teaching you enough.
- If the resident gets your perspectives first, you behave much more reasonably. If the resident makes you feel comfortable enough, you even bring up some of the academic difficulties you've had in the past: you failed gross anatomy as a first-year student, and then last year you failed microbiology too. You were counseled by the dean of student affairs and you saw a learning specialist. But you only mention these things if the resident actively listens to you before giving you any negative feedback.
- If asked, you don't have any problems at home or in other areas of your life. You don't drink alcohol or use drugs.
- If asked, you only spend about an hour or so reading each week. You know the other students spend more time studying, but you don't seem to be able to find time to do that yourself. You are working several hours a week as a management consultant (a business you ran full-time before medical school) and it takes up a lot of time you could otherwise spend studying.

Checklist for Giving Feedback on Teaching Cases: Giving Feedback

The “INSIGHT” approach to feedback

Inquiry:

1. Did the resident teacher solicit your concerns and questions *early in the session* and thoroughly, encouraging you to bring up problems you’ve been having?

_____No _____Somewhat _____Yes

2. Did the resident teacher listen to you and look at you without interrupting or dominating the discussion?

_____No _____Somewhat _____Yes

Needs:

3. Did s/he ask you what you need (including having you define your own learning needs and ways you would like to address them, if appropriate)?

_____No _____Somewhat _____Yes

Specific feedback:

4. Did s/he provide specific positive feedback that showed what you’re doing right?

_____No _____Somewhat _____Yes

5. Did s/he provide corrective feedback that showed what you need to change?

_____No _____Somewhat _____Yes

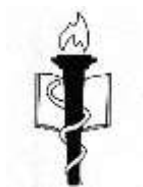
6. Did s/he offer suggestions for improvement?

_____No _____Somewhat _____Yes

Interchange:

7. Did s/he prioritize goals for you, helping you understand what your most important priorities should be right now?

_____No _____Somewhat _____Yes



Evaluation: Feedback Session

Please rate the quality of your learning experience with each part of this session, using the key below. A score of 4 indicates an average learning experience compared with the rest of your residency training.

	1	2	3	4	5	6	7			
	Not acceptable	Needs some improvement	Fair	Good	Very good	Excellent	Wow!			
1. Mini-lecture on giving feedback				1	2	3	4	5	6	7
2. Practicing feedback cases				1	2	3	4	5	6	7
3. Feedback session as a whole				1	2	3	4	5	6	7

What did you like best about this session?

What could be improved about it?

What will you do differently after having participated?

Thanks!