



<http://fhs.mcmaster.ca/facdev/pbsg-ed.html>

# Feedback

## Introduction to PBSG-ED Series

This special series of modules is dedicated to enhancing the educational skills of busy clinical teachers. The modules provide continuing education in a case-based format that makes judicious use of the most recent and best education evidence available. Starting from real-life examples of teaching and learning situations, the modules have been designed to promote discussion with colleagues around challenging issues/dilemmas that are likely to arise when working with learners. Their purpose is to foster reflection and provide opportunities to refine skills – preparing the way for selected changes that can improve teaching and learning.

Feedback is an essential component of teaching and learning. Yet many factors may diminish or negate feedback delivery within the clinical setting. Indeed, studies show that clinical feedback is often not given, or is offered in an insufficient, inadequate or inopportune way.

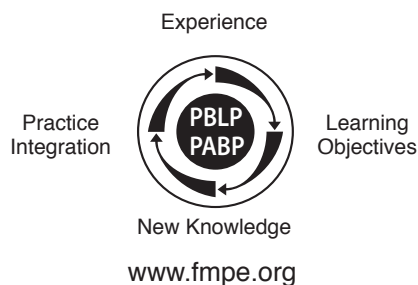
**This module has been developed to facilitate an understanding of feedback, to identify barriers to its delivery, and to offer practical strategies that can promote more effective learning by your learners.**

**Note:** While this module uses situations involving family medicine residents, the principles of feedback discussed below are applicable to learners at all stages.

Following are two specific feedback situations (“Cases”) for discussion in your group, while Appendix 3 offers additional case scenarios specifically designed for role-playing purposes. These “cases” are provided to highlight issues addressed within the module, but often the most valuable learning will occur from reflecting on your own experiences and challenges as preceptors. Please pause to complete the “Opening Lines” box for these “cases” as you read through the module, and *prior* to discussion with colleagues.

*Developed in collaboration with:*

The Foundation for Medical Practice Education  
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## Case Example: Paul C., 1st year resident

### Part 1

Paul C. is nearing the end of his four-month rotation. He has been approaching you with appropriate management questions during the clinic, with case discussions and chart reviews taking place at the end of the day. Paul usually raises one topic for in-depth discussion.

During the clinic today, Paul approaches you for advice on how to manage an asthmatic patient with a cough. He briefly reviews the history and findings: a 10-year old patient of yours, a girl who is a known asthmatic, no admissions for asthma, uses inhaled steroids only when asthma flares up and salbutamol (Ventolin®) whenever needed. Her asthma has generally been well-controlled. She comes in once a year to review her regime; there have been no changes in medications in the past three years. The complaint now is a non-productive cough for the past three weeks. It started with cold symptoms which have now resolved. The cough is worse at night and in the morning. Exertion makes no difference. Other family members shared her cold, but she is the only one coughing now. Physical examination is normal.

Paul thinks the patient has bronchitis and wants to prescribe antibiotics. However, he wants to check with you because he's unsure. Based on Paul's description, you are confident that the cough is related to the girl's asthma, and would be best treated by increasing her asthma medications.

- How would you manage the situation with Paul?
- What factors will influence your decision about the timing of feedback?

SAMPLE  
Not for Use