**Guidelines**

You have 10 minutes to discuss your scenario. Add your feedback underneath your scenario: please add your group members’ first names to your notes.

Choose one of the formative feedback models (GO Ask-Tell-Ask or W3 – reminders about these models are at the end of the scenarios) to develop your feedback. You may need to adapt these models depending on your scenario.

**Other reminders:**

* Formative feedback is non-judgmental, presents information, informs learning, and uses neutral language (nouns and verbs)
* We don’t always know the racial, ethic, religious, gender makeup of students in the scenarios, but when we do, it helps us think of the difference these identities might make.

**Scenario 1**

The student with unprofessional behavior. Key observations: Academically, this white male student is outstanding, but he learns little about his patients’ psychosocial situations. He has been disrespectful to patients and unprofessional when discussing patients with others. He has been disrespectful to the nursing staff. One resident complained that the student’s jokes were in bad taste.

Group notes (add first names):

Group notes (add first names):

**Scenario 2**

The student who seems shy and non-assertive. Key observations: This bi-racial female student’s presentations are well organized and thorough. She is reliable and willing to do whatever is asked. The student is difficult to get to know, and does not participate unless directly questioned. She does not aggressively search out the team to offer to help, but is willing to help when asked. The student’s patients were not the most ill, and so were not the main topic of discussion on rounds. The student seems uncomfortable participating in discussions around other students’ patients.

**Scenario 3**

The student who disputes feedback. Key observations: The student is very confident in his clinical abilities. However, his fund of knowledge is spotty and he demonstrates trouble synthesizing data. He has been argumentative with others during rounds, and seems to undercut fellow students. The student’s write-ups and presentations can be disorganized. He has told others he expects to be the top of the class.

**Scenario 4**

The student who appears disinterested. Key observations The student’s presentations are well organized, but details are missing; she seems to know little about her patients. She rarely volunteers information or participates in discussions, and usually leaves in the early afternoon. Her progress notes are short, and labs are frequently listed as `pending’. The student fell asleep twice on rounds. She has said that she does not like medical patients and that she plans to join her father’s OB/GYN practice.

**Scenario 5**

You are supervising Janice, a 1st year pediatric resident, who has just completed her evaluation of an 11-month old infant referred for concerns about potential gross motor developmental delay. After the encounter, Janice takes a moment to organize herself and then presents the case to you. The first thing you notice is that while her case presentation does focus on gross motor development, she did not ask the parents about milestones in the infant’s other important developmental domains and they were not included as part of her examination. You have no previous experience with Janice. How do you approach the feedback conversation which you are going to have with Janice about her evaluation of this patient?

**GO Ask-Tell-Ask Model**

**Before you give feedback**

**Goal Setting:** Review goals of the educational experience (shared and mutually agreed on)

**Observe:** the skills/behavior on which you would like to give feedback

**During feedback**

•**Ask:** the feedback recipient how they thought the experience went

•**Tell:** the feedback recipient what you observed (positive elements and areas for improvement)

•**Ask:** the feedback recipient what they are taking from the conversation and what the next steps might be

**To follow feedback: make a plan**

•Follow up by setting up actionable steps for the learner to follow. Make sure you follow up with the learner as they complete the plan.

**W3 Model**

W1: What worked well?

“You communicate clearly and in a manner that patients can understand, well done.”

 W2: What did not work well?

“However, I noticed that the information recorded for history-taking is too exhaustive.”

W3: What could be done differently next time?

“Be sure to document what is relevant and pertinent to developing a treatment plan, and omit details that are not patient-related.”