

## FEEDBACK IN THE OR

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It is a common refrain among medical students that are interested in pursuing a career in surgery that they do not receive as much feedback in the operating room as they would like. Many are unsure how to professionally solicit feedback that might be useful to them in growing in specific skill sets. Clear and consistent communication with your supervisor is ideal. Below you will find some suggestions on how to request feedback as a medical student in an operating room setting.

### Setting Up Well: Goal-Setting for the Whole Rotation

- When beginning a new rotation, inquire with your supervisor—whether resident or attending—about expectations during the rotation.
- Identify your own global objectives for the rotation.
  - Keep these goals general and at a manageable number, typically three.
    - For example: for a cardiothoracic surgery rotation, one global objective could be to understand adult cardiac pathology and treatment options.
  - When appropriate, communicate these to your supervisor close to beginning of the rotation.
  - Even for clerkships that may not be in your specialty of interest, set objectives that make the rotation relevant to you. In all likelihood, this will improve your own level of engagement with the material.

### Getting More Granular: Goal-Setting Day-By-Day

- After setting global objectives, set more specific day-to-day goals.
  - One option is to use the mnemonic **SMART** to help create reasonable daily goals.
    - Make objectives **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**imely.
    - For example: identify and observe steps to a coronary artery bypass graft, identify relevant anatomy, the indications for the procedure, or perform subcuticular skin closure.
  - Another format, the **BID** model, creates a space for learning and evaluation through moments of **B**riefing, **I**ntraoperative assessment, and **D**ebriefing.<sup>1</sup>
    - **Briefing** can be done before the case and in just a few minutes. Learner and supervisor chat and set goals collaboratively based on the case at hand or self-assessed areas for improvement.
    - **Intraoperative assessment** follows after the learner's goals are established. It occurs during the case, whether through evaluation of knowledge or technical performance.

- **Debrief** occurs at the end of the case and is a combination of self-assessment and supervisor feedback.
- Communicate these daily goals to your supervisor at the beginning of the day or at the end of the previous day, with a reminder in the morning, if necessary.
  - This can usually be accomplished in the OR prior to beginning the case or during briefing while preparing to scrub.
  - Sometimes the procedure moves quickly in the OR, so if one of your learning goals approaches, tactfully remind your supervisor about learning goals or request to be evaluated (e.g., “Dr. X, if it is appropriate and safe to do so, I would like to perform the skin closure”).

### **Afterwards: How to Debrief on your Performance**

- After performing the task to be assessed, debrief when appropriate.
  - Settings for debriefing include during closing, after breaking scrub, or after handing off patient in the PACU.
  - Seeking feedback should include reflection and self-assessment on the part of the learner of his/her own performance, thought process, and what can be improved.
  - Your self-reflection will help your supervisor understand your perspective and tailor feedback to provide more meaningful constructive criticism.
  - Effective feedback includes reinforcement of correct knowledge and technique, as well as correction of inaccurate understanding.
  - Requesting feedback means being gracious when constructive criticism is given. Proper feedback addresses performance and identifies areas for improvement. It may be tough to not view constructive criticism as personal attacks, though criticism that is truly not constructive must also be recognized.
  - Sometimes when seeking feedback, a supervisor may state that you are doing everything well or they have no feedback to provide.
    - It may help to inquire about specific areas for improvement (remember your **SMART** goals – you can refer back to them and ask specific questions that would lead to you accomplishing your stated goal).
    - However, also avoid pressing too hard if gaining further feedback proves challenging. Perhaps it just isn’t the right place or time.

Although it can at times be daunting, medical students should be proactive on setting goals and obtaining feedback as an active learner. The continual process of improvement shows engagement and initiative, which in all likelihood will reflect well on you with your supervisors. It also helps you, the medical student, to identify areas of improvement before they result in a negative evaluation at the end of the rotation. On this note, on occasion, supervisor feedback may be incongruent with the end of rotation comments or evaluation; when the discordance is significant, please note that it may be helpful to meet with the clerkship director to review performance.

## References / Additional Reading

1. Roberts NK, Williams RG, Kim MJ, Dunnington GL. The briefing, intraoperative teaching, debriefing model for teaching in the operating room. *Journal of the American College of Surgeons*. 2009;208(2):299-303.
2. Ali H. Algiraigri (2014) Ten tips for receiving feedback effectively in clinical practice. *Medical Education Online*. 2014;19(1):25141. DOI: 10.3402/meo.v19.25141
3. Telio S, Ajjawi R, Regehr G. The "educational alliance" as a framework for reconceptualizing feedback in medical education. *Academic medicine: Journal of the Association of American Medical Colleges*. 2015;90(5):609-614.