Feedback
The ARCH That Supports Clinical Teaching Quality

ARCH

Ask...
what the learner felt about his or her performance - pros and cons

Reinforce...
parts of the self-assessment the student got right

Correct...
errors in learner performance or self-assessment

Help...
the learner devise a plan for follow-up or next steps

Examples:

"How do you feel about your interview with Mrs. Smith?"

"I agree that you were able to complete a full review of systems as we discussed. Your organization was solid."

"It seemed that Mrs. Smith wanted to discuss her headaches, but your speed completing the review of systems didn't seem to allow it. Did you got that feeling?"

"Sounds like we noticed the same thing. I sometimes will "check in" with the patient to be sure I am hearing the things they most want to tell me. I could check when we see Mrs. Smith together. Do you have other ideas for improvement?"

Principles of Feedback:
- Establish learner and preceptor expectations
- Limit feedback to 2-3 specific behaviors/session
- Positive feedback is as important

When to Give Feedback:
- Immediate is Best
- End of the day
- End of the rotation summative

Medical learners may miss a key finding or communicate ineffectively – not meeting established standards or expectations. Or they may perform very well on a specific task. Either way, it is the preceptor’s job to guide or reinforce the student’s behavior with direct feedback, meaning that it’s clear, behavior-specific, timely and received.

Preceptors are likely to deliver direct feedback when using an easy-to-remember model – such as ARCH.

Before our preceptor and learner drive across the ARCH (above) – preceptors must know that context makes a big difference in feedback’s effectiveness. One major element of context: establish and communicate learner and teacher expectations! Sometimes this is called “priming” or “setting the stage.”

Reference

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