**Topic:** Providing constructive feedback to a preceptor

**Case Overview:**
You are a PGY1 on rotation in the medical intensive care unit. Your preceptor’s teaching style involves asking many direct questions repeatedly until you don’t know the answer. Although your co-resident spoke very highly of this rotation and preceptor, this teaching style does not align with your learning style. You feel intimidated by the approach and frustrated about not knowing the answers in the moment. Instead of feeling motivated to learn, you feel discouraged on a daily basis. You would like to provide feedback to the preceptor but are unsure about the best way to approach the situation. You ask your assigned mentor for some advice on how to best handle the scenario.

**Recommendations:**

1. **Timing of Feedback:**
   a. Ideally, identify in a timely manner that is convenient for both you and your preceptor.
      i. Preceptor has dedicated time for discussion.
      ii. Private setting.
   b. Face-to-face is preferable
   c. Maintaining the relationship is key, and you need to gauge how your preceptor will perceive the feedback.
   d. **Example:** Consider opportunities such as upcoming feedback sessions, if they are timely. If not, consider asking the preceptor if you can find a time that week to receive and provide feedback about the rotation.

2. **Framing the feedback:**
   a. Use “I” messages instead of “you” messages.
   b. Use specific examples of how you felt during the interactions.
   c. Consider reasons why the preceptor may have developed certain practice styles and ask about specific techniques.
   d. Include positive feedback, as well as, constructive feedback.
   e. **Example:** Feedback can be framed as: “I realize that other learners perform very well with this teaching style, and the intent is to determine the extent of the learner’s knowledge. However, I get very overwhelmed when being asked many questions on the spot and feel that it isn’t conducive to my particular learning style. For example, when we were discussing sedation, I became discouraged that I did not know the symptoms of propofol infusion syndrome. Once a few of the symptoms were shared with me, I was asked how to treat the symptoms, and I was able to provide some clinical responses. These questions make me aware of different clinical pearls and present a great learning opportunity, but I feel like I would learn the information better if we reviewed it in a different manner.”
3. Provide alternate solutions:
   a. It is important to describe your learning style to the preceptor so they can adjust their teaching style.
   b. Provide feedback that is actionable.
   c. Example: Ask if you can make a list of the questions you are unable to answer as “homework” to investigate the answers and talk about the next day instead of feeling that you are being put on the spot. This would allow for you to be prepared for the conversation and have a more mutually beneficial experience for both preceptor and resident.

4. Be prepared to adapt your learning style:
   a. Even the best intended request can be denied, the preceptor may want to continue with an adaptation of the similar learning style.
   b. Continue to strive to be successful in the environment and refine your skills and learn as much as possible in a new way.
   c. Someday you will be a preceptor and can develop your own personal teaching style.

References: