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 get 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 do that 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’s 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: