The ideal clinical teacher has the appropriate knowledge, attitude and skill. The knowledge includes:

- keeping clinically current,
- having a breadth of knowledge,
- having good communication skills,
- understanding the health care delivery system, and
- understanding learners and teaching expectations.

The ideal attitude includes enthusiasm for teaching and a humanistic orientation. The educator shows enthusiasm for teaching by preparing for teaching, being accessible to learners, and enjoying working with learners. The educator with a humanistic orientation treats learners, patients, staff and colleagues respectfully, creates a climate of trust, and builds relationships with learners.

The skills the ideal clinical teacher uses are being a good role model, asking questions, and providing feedback. In this paper we are going to discuss providing feedback, including the importance of constructive feedback, the characteristics of constructive feedback, and how to prepare for a feedback session.

**Feedback**

Feedback is the information you provide to learners about their performance that is intended to guide their future performance.

There are six types of feedback:
1. **positive**, which are statements describing appropriate actions or responses;
2. **negative**, which are statements describing inappropriate actions or responses;
3. **incomplete**, which are statements that neither confirm nor deny actions or responses;
4. **nonverbal**, which is information communicated by body language and facial expressions where meaning is interpreted by the learner;
5. **destructive**, which are statements made in a way that punishes the learner’s inappropriate actions or responses;
6. **constructive**, which is a combination of positive and negative feedback along with a description of how to improve next time.

**Constructive Feedback**

The best type of feedback is constructive feedback, because learners need to know what they are doing right and what they are doing wrong, and in order to keep them motivated to improve, they need to be praised for their accomplishments.
Ideally you should use constructive feedback every time you work with learners. Realistically, however, provide constructive feedback at regular intervals during the learning experience. If you do not have opportunity or time, at least use it at the end of the learning experience.

**Characteristics**  
Constructive feedback should be:
- descriptive rather than evaluative
- specific rather than general
- focused on issues the learner can control
- well-timed
- limited in amount
- asked of the learner
- without collusion

Be sure to keep the session short. The amount of time spent in a feedback discussion should not exceed the time spent in the actual activity!

**Collecting Information for Feedback Sessions**  
All feedback should be based on first-hand (observed) and/or objective (written) information.  
Match the information collection strategy with the clinical skill or knowledge being assessed. Some types of clinical knowledge or skills require multiple sources of information.

**Providing Constructive Feedback**  
How do you give constructive feedback? Serve a feedback sandwich! Say what was done correctly, then what was done incorrectly, and finally, what to do next time.

**Daily Feedback**  
If providing daily feedback, keep it brief, informal, informational and motivational.
1. Select an appropriate time and location.
2. Select one or two items to discuss.
3. Serve the “feedback sandwich.”
4. Check for understanding.

**Formal Feedback**  
Formal feedback should be comprehensive, problem-solving, include learner participation and goal-setting, and be documented.
1. Inform learner of the session ahead of time.
2. Prepare your notes.
3. Select an appropriate time and location.
4. During the session, state the purpose of the meeting.
5. Ask the learner for self-assessment.
6. Serve the “feedback sandwich.”
7. Check for learner understanding.
8. Ask for learner reactions.
9. Develop future plans with the learner.
10. Document the results of the meeting.