Feedback plays an integral role in the development of physicians’ clinical reasoning. With changes in regulations and health care delivery, residents are receiving less direct feedback on initial management decisions. At our institution, Internal Medicine residents on a night admitting team complete admissions and distribute them in the morning to their colleagues. As part of a larger trial to increase the amount of feedback given to residents (LOOP Trial), we sought to analyze the types of feedback residents and attendings give.

**OBJECTIVES**

Through use of a standardized feedback form, we aimed to:

1. Increase the quantity and quality of feedback given to night time admitting residents from day time residents and attending physicians through the course of the patient’s disease evolution
2. Analyze feedback preferences used by both residents and attendings
3. Determine perceived utility of feedback by learners

**METHODS**

Internal Medicine residents and attending physicians participated in this study. A formal written process (Figure 2) to deliver feedback was developed by modifying the Loop feedback form, which had been previously used in the University of Minnesota LOOP study for increasing feedback. Prizes were given weekly to the resident who completed the highest number of feedback forms.

**RESULTS**

The LOOP feedback forms were collected and analyzed; feedback types were defined and categorized by 2 separate reviewers. Through qualitative analysis, eight categories of feedback were identified. These 8 types included: diagnostic error, misinterpretation of data, management error, narrowing of differential diagnosis, early closure, update on case, evolution of case, and management coaching.

Through our analysis, we can qualitatively demonstrate clear differences in the types of feedback given by resident versus attending physicians (Figure 3). Further survey data were collected by the LOOP national study for further evaluation and publication at a later date.

**REFERENCES**