

BBOT Feedback Examples

Useful comments describe specific examples, are competency-based, and offer concrete, constructive next steps/feedback that the student can use to improve. They are addressed to the student as an individual and include the context for the comments.

1. Great presentation of a two-day-old newborn: used a SOAP framework, included appropriate and often overlooked nuances for newborns (e.g., not just C-section, but C-section for fetal bradycardia), and thorough relay of the physical exam. In the future, continue to think through how one confirms that an infant is safe for discharge: i.e. in addition to intake/output, vitals, and exam, what screening tests were performed and how did the infant do on those?
This feedback clearly outlines what was observed, the specific competencies and skills demonstrated by the student, and offers concrete ways to improve.
2. The student was pretty organized for early in the rotation. Next step in development: look at the appropriate images himself and also try to see if the report is consistent with the images. This requires time and experience, but it is never too early for medical students to start looking at the images themselves instead of relying solely on the report. Also, continue to work on and focus on preoperative risk factors. I enjoyed this student's enthusiasm and he was well prepared, having done suggested reading on his own ahead of time.
Feedback includes specific, competency-based comments about the student's performance, and offers suggestions for how to improve, and reason for those suggestions.
3. I observed [student] conduct an intake interview. She was clearly well-prepared and covered all the major portions of a standard intake interview. She had a professional, calm demeanor and was able to establish a good rapport with the patient. Her oral presentation of the patient was thorough, well structured, and again showed that she had been studying and had accrued the appropriate knowledge.
Comment identifies the activity that was observed and specific, competency-based feedback on what the patient did well during the activity.
4. You did an exceptional job of working with this family to get a complete and accurate history, reassure them about their child's condition, and counsel them on appropriate management. The family clearly saw you as their doctor, and trusted you with their child. In particular, your tone of voice and body posture were confident and reassuring, providing comfort and allowing them to speak with you freely. You used a nice combination of open and closed-ended questions to get the information you needed, including a pediatric-specific hydration history. And you were able to complete the visit by giving the family instructions and what to watch for.
This feedback includes specific, competency-based comments on the student's performance and skills, explaining why what they did was effective in the particular situation that was observed.

5. I had a good discussion with the student on differential diagnosis. Focus on improving clinical-reasoning skills with regard to classifying different types of data and weighing their relative reliability. It is helpful to remember the practical aspects of cost, risks, and benefits. *This comment addresses specific competencies and how the student can improve.*

6. You did a great job presenting the patient with major depressive disorder in the team meeting. Your history was as complete as possible given the patient's memory lapses. I particularly appreciated noting the recall deficits in your MSE. As we discussed, the differential diagnosis could be expanded, including both mood and cognitive disorders. *This comment specifies the skill observed, outlines the competencies and strengths the student demonstrated, and gives concrete suggestions for improvement.*

7. Patient with XXX. Able to obtain pertinent information regarding these acute complaints - Laid out the history since both were new to her and me - Discussed tx to date where patient currently is on that treatment - appropriately focused on the acuity of event and history that relates to this - Follow appropriate layout for each of CC, quantity, quality, aggravating, alleviating, preceding events, etc. - Overall demonstrated strong skills in history taking relating to acute complaint.

Outlines what was observed, comments on competencies and strengths the student demonstrated and how those details added up to strong skills in history-taking.

8. You did a great job taking a H&P for patient, specifically, I liked that you started with an open-ended question "What has been going on that brought you to the hospital?" but then switched gears to asking more focused questions when we realized his cognitive impairment was going to limit his ability to give a thorough history. Your questions that addressed pertinent positives for CHF symptoms were also excellent. As we discussed, I like to start the social history by asking more general questions about their living situation/prior profession/interests and hobbies before asking about HRB, I find that this helps develop rapport.

Comment clearly defines what was observed, details the student's competency-based strengths with specific examples, offers a suggestion for how to improve, and gives an example of something the student did well and its positive effect on the team's ability to provide patient care.

9. Excellent note: details show that she was listening and engaged in the patient interview, and clearly present to have noticed so many details. The history was written in chronological order despite the patient jumping around when sharing his narrative. Assessment paragraph was a very good, solid attempt at trying to justify certain diagnoses while considering others as less likely. Could integrate more bio-psycho-social factors into the assessment, but this particular patient was complex and there was a lot to address.

Comment is specific to the activity observed, explains why the note was “excellent,” outlines the specific skills the student demonstrated, and offers suggestions for improvement.

Less helpful comments are generally not specific, lack context, cheerlead without citing concrete skills, are not competency-based, and/or give criticism without feedback on how to improve.

1. Outstanding. Great bedside manner! [XXX] is an amazing medical student. He is one of the brightest and most knowledgeable third-years I have ever met. He is intellectually curious, cares about the patient, and contributes much to work and teaching rounds
What specific activity was observed (exam? presentation?) and what specific, competency-based skills did the student demonstrate that elicited superlatives? What exactly did the student do that the evaluator found outstanding? Was there room for improvement? This feedback is to help the student understand their specific strengths, what they can improve on, and how.
2. Active and key team member in clinic to figure out a patient’s history. When asked questions about her patients or other patients with typical presentations, [student’s] knowledge appears to be at expected level for an MS3. She engages with the questions well and is able to explain her reasoning in a logical fashion if the answer is not correct.
This comment is on the right track by offering some competency-based comments, but not does give specific examples of how the student was “active” or a “key team member” in figuring out a patient’s history. What specifically, did the student do well, and how could they continue to improve? Noting that her knowledge is “at expected level for an MS3” compares the student to an unknown “standard” of knowledge and does not give specifics to the student on strengths/deficits or ways to improve her fund of knowledge.
3. Good rapport. Mostly complete interview.
What is the context? (Type of clinic/patient problem/specialty). How did the student establish good rapport? Was the rapport with the patient, the team, or both? If the interview was “mostly” complete, what was missing and how could the student improve their interview skills in the future?
4. Mr. XXX did an excellent history presentation. His physical exam was appropriate at the level of his training.
What specific skills did the student demonstrate in his history taking that made it “excellent?” The comment that the physical exam was appropriate for the “level of his training” does not indicate what specific, competency-based skills they showed in doing a physical exam. The idea is not to “rate” the student along a scale, but to give feedback specifically for the student on what they did well on this specific task and how they can improve.
5. Feedback provided directly in person.

The purpose of the BBOT is to provide both in person and written feedback. The student then has access to a written record of this feedback for future reference.

6. Major learning goal is to understand what the key comorbidities are and how to assess their severity.

Is this the learning goal that the student set for themselves? If so, the evaluator could outline that here and offer tips for how to achieve this goal. If this comment is constructive (ie: the student should make this a learning goal), the evaluator could contextualize how this goal came up. What did the evaluator observe the student doing that generated this suggestion?

7. [Student] did a great job with a complete history taking and some aspects of physical exam. His presentation to me was clear and accurate.

Which parts of the physical exam were missing and how could the student improve?

8. Quite a good note especially given complexity of patient.

What, specifically, made this a good note? What specific details did the student include, or what skill (synthesis? history-gathering? ddx?) did the student demonstrate in this note that made it so good? How was the patient complex and what did the student do well given that challenge?

9. We saw patient together and since we only had two sessions and clinic was busy, she was not able to see examine patient on her own but was able to gather history.

The observer should focus on what they observed (not what they weren't able to observe.) If the student was able to gather history, what, specifically, did they do well and how could they improve in this skill?

10. She is eager to learn and does good job interviewing and charting.

This feedback is meant to be directed to the student so they can recognize what they do well, and ways they can improve and grow. How did this student demonstrate that she was eager to learn? What, specifically, does she do that makes her interviews and charting good?