Giving Effective Feedback W. Fred Miser, M.D.

The feedback we give to students should be for one primary purpose - to keep them on course so they arrive successfully at their predetermined destination (the attainment of the skills, attitudes and behaviors that will make them outstanding physicians).

Feedback is not "rocket science." It is an objective description of a student's performance intended to guide future performance. Unlike evaluation, which judges performance, feedback is the process of helping our students assess their performance, identify areas where they are right on target and provide them with tips on what they can do in the future to improve in areas that need correcting.

Students will invariably say they do not receive enough feedback from us as teachers. Think about your own training. Did your teachers let you know what you were doing right, and what areas needed improvement? Did you receive enough feedback? Chances are your teachers let you know when you strayed off course, but did they focus on what could be done in the future so that you would not repeat the error? To be effective, feedback should consist of these characteristics:

- 1. Good feedback should be timely. The best feedback occurs on a daily basis, not just at the end of the rotation. If done frequently, our comments will seem less like an evaluation, and more like helpful suggestions. Take time after an encounter or procedure to provide feedback to the students.
- 2. Feedback is meant to be constructive. It is intended to improve future performance, and should be given for no other reason. It is not meant to demean or punish the student. Describe your observations and your own reactions.
- 3. The best feedback is specific. Use precise language about what specifically they did right or what they need to do to improve. Students may momentarily feel good about themselves when you say, "You did a good job." However, they will also wonder what specifically they did that earned your praise. Instead of saying, "You are clumsy," provide specific feedback such as, "The patient appeared uncomfortable when you were using the otoscope."
- 4. Feedback is focused on behavior, preferably ones that can be repeated, and not on the individual. Focusing on the behavior allows a dispassionate dialogue with the student.
- 5. Good feedback should be based on personal observations, not on hearsay.
- 6. Feedback should be verified. Make sure the student understood your feedback, and then follow up with a plan to monitor and assist the student in those areas that need correcting.

There is an art to giving feedback. If not done properly, or done with the wrong intention, the student will take your comments as criticism. At the beginning of the rotation ask the students how often they would like feedback, and develop a plan on providing that feedback to them.

Then, before you provide feedback, take a few moments to choose the words you will use, and confirm your motivation that you are providing that feedback to improve their performance. Avoid evaluative language; its use can cause the student to respond defensively.

Feedback should be done as soon as possible, unless emotions will interfere with the session. Excellent feedback given at an inappropriate time may do more harm than good. Often after a bad outcome, students are working through their own emotions, and are often quite critical of their performance. At this time, brief feedback and emotional support are best, followed later by a more detailed feedback session. Feedback should also be done in private, unless it can be given in such a manner as to not be embarrassing. An old axiom is to "praise in public" and "critique in private."

It is often helpful to ask the students to assess their own performance. Often they will be more harsh about their performance, which then allows you to be more positive in your approach. It is much easier and more effective for you if the students identify areas for improvement; you can then help them develop a plan of action as to how they can do things differently in the future.

When assessing performance, focus on what went well, and what can be improved. Gain consensus with the students; feedback is more effective if you and the students agree on this assessment. Some educators advocate the P-N-P (positive-negative-positive) sandwich approach to providing feedback. Begin with a positive statement, then give corrective feedback and conclude with another positive assessment. However, the positive comments must be genuine, or you will lose credibility with the student. Remember to focus on the performance and behavior, not on the person. Also, focus on those behaviors that the student can do something about. Reminders about shortcomings over which the student has no control only leads to frustration.

When determining a plan of action for improvement, ask the students what they can do. Again, gain consensus with the students; future performance is more likely to improve if they agree with the plan. It is helpful to set goals for future performance. "Next time you encounter this, try this...," then verify that the students understand, and if the opportunity arises, confirm that they did change their behavior.

In conclusion, Jack Ende has written, "The goal of clinical training is expertise in the care of patients. Without feedback, mistakes go uncorrected, good performance is not reinforced and clinical competence is achieved empirically or not at all." (Ende J: Feedback in clinical medical education. *JAMA* 250(6):777-81, 1983).

We should provide feedback often to our students, helping them to stay on track so they can achieve their ultimate goal of being outstanding physicians. It is a skill that can be developed, and I encourage you to keep this foremost in your mind as you work with the students in your office.