

## Notes for the Primary Care Teachers GIVING FEEDBACK

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### DEFINITION

Feedback refers to information describing trainees' performance in a given activity.<sup>1</sup> Giving feedback means letting them know, in a timely and ongoing way, how they are performing.<sup>2</sup> If in doing this, one is able to change the general method and pattern of performance, then we have a process termed as Learning.

### IMPORTANCE OF FEEDBACK IN MEDICAL EDUCATION

Many diverse methods of instruction are used throughout a training experience but the most available and influential method of learning is feedback. The attending physician observes how the trainee performs history or physical examination, presents a case, makes decision about patient's therapy or interacts with other members of the medical team. He then provides insight to the trainee to highlight the disparity between the intended result and the actual result thereby providing impetus for change.

When used properly feedback can be a powerful tool in clinical medical education. It involves an aspect of the clinical process not readily examined by tests of cognitive skills. It conveys an attitude of concern for the progress and development of the person in a real sense, not only as a function of grades or test scores.<sup>1</sup>

Without feedback mistakes go uncorrected, good performance is not reinforced and clinical competence is achieved empirically or not at all.

### NATURE OF FEEDBACK

Feedback is immediate information that is designed to influence, reinforce or change behaviour, concepts or attitudes. It may include the words used, body language, specific actions and decisions that have been made but it does not interpret behaviour.<sup>3</sup>

Both teacher and learner contribute opinions and suggestions to transform the feedback situation to a discussion of actions and problems. Open discussion allows clarification, disagreement and learner "buy in" to objectives and plans of change.<sup>3</sup>

Feedback is a modifier of behaviour but not estimate of personal worth. The wise learner welcomes it, uses it effectively and learns to develop self reflection and self awareness to plan for future learning and practice. Feedback should not lead to anger, defensiveness or other emotions.<sup>3</sup>

### Differences between feedback and evaluation

Feedback is an ongoing formative process that allows trainee to reach a goal while remaining on the course while evaluation is a summative process that comes after the fact how well or poorly the trainee has performed. Feedback presents objective appraisal of performance intended to improve clinical skills but not judgment or interpretation of behaviour. Evaluation presents information and judgment with intended estimate of a trainee's personal worth.

### Barriers to provision of feedback

Teacher may be concerned that the learner will be hurt by negative feedback, that it will result in more harm than good, that it will damage the learner-teacher relationship or the teacher's popularity. Anxious about the impact of their information on the trainee, but committed to the need for feedback, the well intentioned teacher may talk around the problem or use such indirect statements as to obfuscate the message entirely.<sup>1</sup>

Learners may view feedback as a statement about their personal worth or potential. They may want information about their performance but in so far as it confirms their self-concept. Fearing a negative evaluation, the learner may support and reinforce the teacher's avoidance. It appears that learner satisfaction is not an accurate measure of the quality of feedback. Satisfaction ratings respond to praise more than feedback, while learning is more a function of feedback.<sup>4</sup>

### Tips for giving feedback<sup>3</sup>

Good feedback should observe the following guidelines:

1. Comments on *observable behaviour* and not on assumed intentions or interpretations.
  - o Instead of saying "You were nervous about explaining the consent form to the family"
  - o "I thought you look uneasy when you were explaining the procedure; how did you feel?"
2. Provide *positive comments first* to give the learner confidence.
3. Emphasise the *sharing of information* between the teacher and learner.
  - o Ask learner what he / she thought of his / her performance, encourage him / her to be his / her own critics and offer observations when needed. This will transform feedback situation to a discussion of actions and problems.
4. Feedback should be given at an *appropriate place and time* and in private. It is a personal learning matter, the learner must not be made to feel uncomfortable or embarrassed.
5. Discussion of *specific behaviours* helps to avoid meaningless commentary. Both learner and teacher are more comfortable with factual approach. Instead of saying, "Good job"; be more specific, "Your case presentation was clear and well organised".
6. Focus on *behaviours that the learner can control and modify*, it should deal with decisions and actions. It is frustrating or demeaning to the learner to expect a change that is beyond their control.
7. Learners should be asked to *verify feedbacks*. By asking the learner to agree or disagree and restate the feedback the teacher can be assured that the learner has understood the nature and content of the feedback.
8. Feedback *requires preparation and ability to tolerate discomfort and criticism*. The teacher must establish a bond of constructive understanding that enables the learner to appreciate that feedback is not personal judgment but aimed at improved performance.

### COMMUNICATION SKILLS FOR PROVIDING EFFECTIVE FEEDBACK<sup>5</sup>

#### Focused on specifics

Avoid: "You seem disorganised".

Instead: "When you present a case, go through your findings on the history taking and physical examination before suggesting a treatment plan".

#### Non judgmental

Avoid: "Sometimes you are too abrupt with patients".

Instead: "There are some things that can make the patient feel more comfortable. When she walks into the consultation room, greet her, introduce yourself, ask open ended questions first to allow the patient to tell you her problems in her own way".

### Objective

Do not infer things about the learner that may not be true.

Avoid: "You seem disinterested when patient talks to you".  
Instead: "I notice sometime that you look at your watch when patient talks to you. Were you in a hurry?"

### Limited

Choose one or two important items to focus on rather than several items.

### Expected

When rotation begins announce that you will give periodic feedback.

Preface specific observations with "I would like to give you some feedback".

### Timely

Immediate feedback is important for formative learning as it will still be in the learner's immediate memory.

### Ask, Tell, Ask Model

- o **ASK** the learner how he thought he did  
"How did you think the history taking part of the interaction appear to be?"
- o **TELL** the learner what you observed  
"The questions you asked were very thorough. You gathered all the necessary information. One thing I noticed was that when the patient expressed his frustrations you did not acknowledge that frustrations. I found relationship with a patient is strengthened when I simply acknowledge the difficulties he is having. Saying something like, "I can tell this is frustrating for you. I think we are able to provide you some ways to make life a bit easier"
- o **ASK** the learner how you can help her improve  
"What could I do to help you feel more comfortable in a situation like that in future?"

### CONCLUSION

Giving feedback whether reinforcing or corrective is an essential component of clinical education. We are training physicians to develop a lifelong process of monitoring skills and decisions and an effective feedback system is the mainstay of such an action.<sup>4</sup>

### REFERENCES

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