

Providing Feedback to Learners: Practicalities of Providing Constructive Feedback

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Introduction to Feedback in Health Professions' Education



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Hello, I am Mark James, Lecturer in Ophthalmology for the School of Medicine at UCC. Welcome to the 'Providing Feedback to Learners' component of your Masters in Health Professions Education. Together with Robert Gaffney, Director of Clinical Skills here at the school, and a couple of our undergraduate medical student volunteers, we hope to give you some useful pointers in the practicalities of providing constructive feedback.

Learning Objectives

What this session will cover:

- Why give feedback
- Who should give feedback
- When to give feedback
- Different types of feedback



Our first session will include the following topics: Why it's important that feedback forms part of our daily teaching schedule, Who is best placed to deliver this feedback, and When and where this feedback should take place. We'll also discuss the various different types of feedback in terms of duration / complexity.

WHY give feedback?

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

Ende, 1983

- To improve individual performance and aim for best practice within a department
- Helps achieve competence in the performance of clinical medicine
- Feedback, when used properly, can be a powerful clinical tool
 - Provides the learner with vital information
 - Lays the foundation for further development, and development in a real sense, not just with respect to test scores



It is always easier to work at changing how we approach a task, if we understand the reasons for doing so. To this end, the following quote from Jack Ende in his seminal 1983 article in the Journal of the American Medical Association effectively synopsis the main reasons why we should give feedback. The purpose of the article was threefold: (1) to provide both teachers and students with an understanding of the feedback process; (2) to analyze both the barriers to providing effective feedback, and the negative consequences if feedback is poorly handled or ignored completely; (3) to provide practical guidelines for offering feedback as a part of clinical medical education. While his focus was on clinical medical education in particular, the same key points are applicable to any educational discipline, and these include how individual performance can be improved through providing effective feedback, with the aim of facilitating best practice within a department, and this can help someone achieve competence, whether that be in clinical medicine or some other discipline. Feedback, when used properly, can be an invaluable tool, as it offers insight into what the learner did well, but also informs them of any disconnect between what they intended to do and what was actually observed, for example on communicating with patients or colleagues, performing a particular clinical task, and so on. This lays the foundation for further development, and development in a real sense, not just with respect to test scores.

WHY give feedback?

- To reinforce good performance
 - Qualitative feedback on observed behaviours in a formative assessment can reinforce good clinical practice
- To address poor habits which may otherwise go uncorrected



If observations are made but not commented on, all we have is data available for criticism. However, if this information is used to change the method and subsequent performance - well now we have a learning process! This can be qualitative feedback on observed behaviours in a formative assessment that can reinforce good practice, or it can address poor habits which may have otherwise gone uncorrected.

WHY give feedback?

- Failure to give feedback can lead to mixed messages, which may be especially worrying with respect to the learning of our junior doctors or trainee nurses
- Students may fill absence of feedback with their own methods of self-evaluations, which makes them feel they are capable of judging their own performance leading to a false interpretation of their own abilities
- Lack of feedback can engender a lack of trust in the educator or supervisor to the point where the learner ultimately resists or disparages feedback when it does eventually arrive, downplaying it as just a difference in style, or downgrading the issues in question as irrelevant
- To develop habit of looking for, accepting and implementing the content of the feedback
- To lessen reliance on summative assessments which may otherwise be the key priority for learners
 - Absence of feedback encourages belief that summative assessments are the only indicator of their progress towards achieving their goals



So what are some of the negative aspects if we fail to routinely and regularly provide feedback to those who are working under our supervision. Well firstly, failure to give feedback can lead to mixed messages, which may be especially worrying with respect to the learning of our junior doctors, trainee nurses or pharmacists. Learners may fill absence of feedback with their own methods of self-evaluations, which makes them feel they are capable of judging their own performance leading to a false interpretation of their own abilities. What they end up with may depend on their own personal traits, i.e. further anxiety and uncertainty in their abilities or at the other extreme, over-confidence and failure to recognize limitations.

This lack of feedback can engender a lack of trust in the educator or supervisor to the point where the learner ultimately resists or disparages feedback when it does eventually arrive, downplaying it as just a difference in style, or downgrading the issues in question as irrelevant. So to counter this, we need to encourage them to develop the habit of looking for, accepting and implementing the content of the feedback. Also of importance is to lessen reliance on summative assessments which may otherwise be the key priority for learners.

Absence of feedback encourages belief that summative assessments are the only indicator of their progress towards achieving their goals. Here is where it is important to remember the difference between feedback and evaluation:

evaluation is where there is a simple reaction to what is being observed, as opposed to comment with explanation = feedback. A useful statement to remember here is that while evaluation is summative, usually involving an educator's judgement on a particular performance, feedback is formative: feedback presents information in a non-judgmental fashion, and is integral to one achieving their goals.

WHO should give feedback?

- Simple answer is to say *'everyone who has an interaction with a learner'*
- Ende raises an interesting point in his feedback article:
 - While those in overall charge of the educational system have probably the most experience in terms of feedback (e.g. the director of training or dean), paradoxically, their ability to provide informed feedback may be compromised by the very nature of their position.
 - How effective is their feedback when invariably they rely on second or third-hand reports?



Simple answer is to say 'anyone and everyone who has an interaction with a learner'. However, Ende raises an interesting point in his feedback article:

While those in overall charge of the educational system have probably the most experience in terms of feedback (e.g. the director of training or dean), paradoxically, their ability to provide informed feedback may be compromised by the very nature of their position.

This is because the many obligations inherent in their role means they are unlikely to observe the learner in action themselves, and so how effective can their feedback be when they invariably rely on second or third-hand reports? Therefore it behoves us all to develop the habit and skills in providing effective feedback, especially if we're the ones most likely to observe first-hand the performance of those under our supervision.

WHEN to give feedback

- **Frequently / Regular**
 - Avoid only feedback after negative events
 - Should not be an unexpected or difficult process
- **Close to the event or issue to be addressed**
- **But not too close!**
 - Avoid 'surprising' someone by assessing them out of the blue
 - May need to be given a particular time and venue



As the saying goes, timing is everything. So when should we give feedback? Undoubtedly it should be frequent and at regular intervals. It should definitely not occur exclusively after negative events, otherwise it will just become a profoundly negative experience for the learner. If it occurs routinely and at pre-determined intervals, they shouldn't be surprised by receiving feedback. That way a lot of positives regarding their performance can be reinforced. Now of course, that doesn't mean negative events don't need to be addressed as part of their training to reduce the risk of similar events occurring in the future. But it should be done in a way that isn't overly difficult for them, but this can be difficult in these types of situations, and we'll come across some of the reasons for these when we talk later in the presentation about what some of the barriers are to providing effective feedback. There are a lot of heightened emotions associated with a negative event, so the feedback to address this should be scheduled at a point where things can be addressed in more controlled fashion. It does need to be close to the event, so that the issue isn't hanging over the learner for a prolonged period of time, but not too close!

Avoid 'surprising' someone by assessing them out of the blue – it is way more appropriate to advise them regarding a particular time and venue when the feedback is due to take place.

Types of Feedback

- **Brief Feedback**

- Lasts 2-5 minutes
- e.g. on a clinical skill
- May not be recognized as feedback by the learner
- Need to explicitly tell them they are about to receive some feedback

- **Formal Feedback**

- Lasts 5-15 minutes
- e.g. on a case presentation

- **Major Feedback**

- Lasts 15-30 minutes
- e.g. scheduled appointment mid-way through a learning experience



Branch et al propose that there are 3 types of feedback in the context of clinical settings (see [Branch WT et al. Feedback and reflection - teaching methods for clinical settings. Academic Medicine 2002; 7: 1185-1188](#)).

The first type is referred to as 'Brief' feedback, and is probably the one we are most familiar with and is encountered most often. It occurs, for example, when cases are being discussed on the ward round, or a learner is asked to perform a clinical task or physical examination at the bedside. This less formal feedback may last only 2-5 minutes, but can be very useful as it can provide the best opportunity for responding to observations of a learner's performance. The danger here however is that it may not be recognized as feedback by the learner unless it's specifically flagged as such. To this end, it is vital to **explicitly tell them they are about to receive some feedback**. Formal feedback usually lasts a bit longer, maybe between 5 and 15 minutes, and may occur after activities such as a case presentation delivered by the learner. Time is usually set aside for this activity, and therefore it is usually more recognizable as feedback, and a more private setting is usually easier to come by. Major feedback, as its name suggests, is a more in-depth form of feedback lasting 15-30 minutes, often scheduled mid-way through a learning experience (for example, 3 months into a 6 month clinical attachment). These sessions are always given in private, and the learner is aware that feedback will occur. It provides an opportunity to see if specific

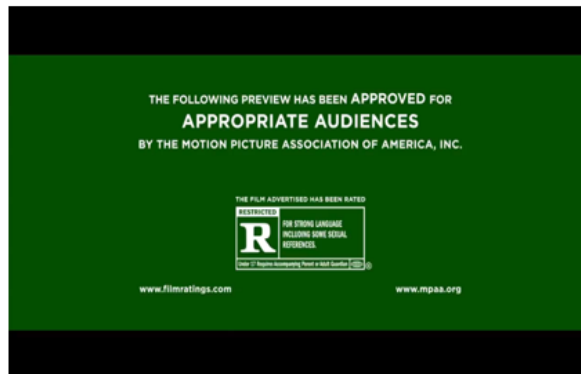
learning objectives which have hopefully been agreed upon at the start of their attachment have been met, and to offer suggestions on how any corrections can be made to address areas of under-achievement.

Feedback Clip #1

Feedback – example 1:

Have you personally witnessed feedback similar to that which JK Simmons' music teacher gives 30 seconds into the following clip of the Oscar-nominated Whiplash?

- Would you classify this type of feedback as brief, formal, or major?
- Was feedback here designed to re-inforce good practice or to address poor habits which may otherwise go uncorrected?
- Was JK Simmons' character the appropriate person to give feedback in this situation?
- What do you think about the timing of the feedback?
- Was the setting appropriate?



The clip referenced in this slide is from the movie Whiplash, which sees the Oscar winning performance of JK Simmons giving his feedback on a student who may or may not have been under-performing in one of his classes. Have you personally witnessed feedback similar to that which JK Simmons' music teacher gives around 30 seconds into the clip? Take a few minutes to think about his approach with regards to the questions listed on this slide:

Would you classify this type of feedback as brief, formal, or major?

Was feedback here designed to re-inforce good practice or to address poor habits which may otherwise have gone uncorrected?

Was JK Simmons' character the appropriate person to give feedback in this situation?

What do you think about the timing of the feedback?

Was the setting appropriate?

Discussion on Feedback Clip #1

How not to give feedback – example 1



While worthy of an Oscar-winning performance in the terms of his acting, it is probably fair to say that JK Simmons' approach here would not have won any teaching awards from academic institutions. The type of feedback could be classified as 'brief'. The motivation for providing this feedback is less clear, although at least comments made by him (fair or otherwise) were based on first-hand observations rather than here-say, which is a positive. The timing and tone of the feedback may not have been ideal to say the least, nor the setting where comments were made within earshot of the learner's peers. We probably have seen similar instances of this type of educator-learner interaction at some stage during our own training to a lesser (and possibly greater?) degree. I can definitely recall a couple of educators over the years known to have a reputation for instilling fear into their learners because of what we could term an 'unpredictable' manner of delivering feedback. Maybe we are guilty of having delivered a similarly themed impromptu feedback to a learner under our care during a moment of exasperation. It will definitely be remembered by the learner, but will the message we're trying to relay be effectively acted upon to the benefit of the student?