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Giving feedback: a skill for all

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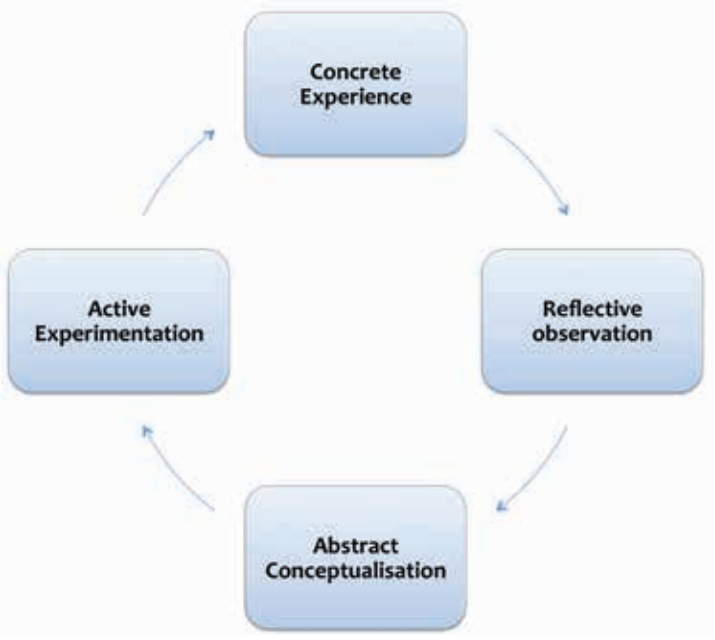
In the first of this series of articles on postgraduate medical education, Cooper and Dorman reminded us of the features of adult learning.[1] In particular, all adult learners require feedback with clear aims and objectives on how to enhance their performance. On a personal level, I have found that delivering useful feedback is not something that comes naturally or easily; it is a skill to be mastered. So, this article hopefully serves two aims; firstly, to remind you of the need for feedback in the process of lifelong-learning, and secondly, to encourage you to reflect on your own ability to provide effective feedback. The article will describe the underpinning educational theory, and will provide you with a framework which you can use to develop your own feedback skills.

Why feedback?

Feedback costs nothing. From the learner's perspective, feedback should guide deliberate practice so that competent levels of performance are achieved swiftly, and expert levels of performance are acquired efficiently in the longer term.[2] Effective feedback promotes learning by improving learner motivation and self-esteem, by raising learner awareness of their progress, strengths and weaknesses, and by developing positive attitudes to learning and continuous professional development.[3] Ultimately, improved levels of technical and non-technical performance in medicine should translate to improved patient safety and outcomes.

Figure 1 The Kolb learning cycle



What is feedback?

It is only in recent years that medical educationalists have tried to define what feedback actually is. Van de Ridder defined feedback as, 'specific information about the comparison between a trainee's observed performance and a standard, given with intent to improve the trainee's performance'.[4]

If you consider the Kolb learning cycle (Figure 1), you can see that reflection and abstract conceptualisation are both key facets of the learning process.[5] This may seem to offer a means to avoid giving feedback, in as much as learners can reflect and conceptualise on their own. Alas, self-assessment is typically not very accurate unless the individual is trained in the technique.[6–7] For example, self-assessment can be influenced by factors such as gender and personality traits which affect an individual's self-perception, so that they may find it difficult to compare their performance with a given standard.[8–9] Your role is to guide learners through their learning cycle by assisting them to reflect on their performance and to develop strategies to improve.

Features of effective feedback

The features of effective feedback are listed in Table 1. Remember, the aim of your feedback is to improve the performance of the learner and to maintain patient safety; be clear in your mind what you want to achieve by delivering your feedback. It is especially important that you feedback only on what you have seen and heard. You should never infer what the learner was thinking, although it is worth pointing out that you should be mindful of the tone in your voice

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when you ask a learner, 'what were you thinking?...!'

The timing of feedback is considered to influence its effectiveness, although it is not a simple relationship.[11] It is thought that immediate feedback may be more effective in the development of psychomotor skills, whereas delayed feedback is more useful for the transfer of knowledge and for high-achieving learners performing complex tasks, e.g. running an operating list or leading a trauma team.[11] As a general rule, you should aim to minimise any interruptions to the learner during task completion. However, you need to balance this with the potential risk of harm to the patient, while being mindful of the learner's psychosocial needs. Many of us will remember the cold silence after being elbowed out of the way when a procedure proves difficult in the anaesthetic room; this was immediate feedback. Consider how, in your practice, you can turn these particular situations around to everyone's advantage.

Feedback models

There are a variety of feedback models available to use (see Table 2), which in broad terms are based on the assumption that the learner is wrong, and that you, the trainer, are right. Many of you who are life support instructors will be familiar with Pendleton's rules.[12] In a nutshell, Pendleton's rules focus on what the learner felt went well and on what could be improved, while the trainer provides suggestions on how these improvements could be made and sets relevant objectives. While Pendleton's rules are appealing in terms of their simplicity, many question whether their use is associated with effective learning.[13] In particular, it is felt that Pendleton's rules are inflexible and artificial, and that they fail to focus adequately on what the learner perceives as their difficulties and agenda. Similar criticism could also be angled at the 'feedback sandwich', which typically consists of a thin slice of pseudo-negative feedback between two thick slices of praise.

Table 1 Features of effective feedback[10]

Regular
Timely
Elicit the learner's thoughts and feelings before giving feedback
Observational and not inferential; focus on behaviours, decisions and actions; avoid interpretation
Non-judgmental
Small and digestible quantities
Specific and clear
Respectful and supportive
Realistic
Understood by the learner
Must set goals and standards for future performance
Provide ideas on how to achieve goals

A non-judgmental approach to feedback is considered as a means of delivering a critical message whilst avoiding the negative emotions and defensiveness associated with judgmental feedback.[15] However, truly non-judgmental feedback is rare, as we all have 'tells' which give away what we really think of a learner's performance, e.g. facial expression, body language, voice tone. In effect, a non-judgmental approach attempts to sugar-coat unpalatable feedback in a similar way to Pendleton's rules and the feedback sandwich. In doing so, non-judgmental feedback can confuse the learner by glossing over real concerns regarding their performance; learning does not occur.

Table 2 Feedback models

Pendleton's rules[12]
Feedback sandwich
Agenda-led, outcome-based[14]
Feedback with good judgment[15]

In the light of these weaknesses, Rudolph and colleagues proposed a model of feedback with 'good judgment' which has an evidence-base in educational research and the social and cognitive sciences. This approach consists of three elements:

1. A learner's actions are driven by cognitive 'frames' which consist of knowledge, assumptions and feelings.
2. The trainer establishes what the learner's cognitive frames are. In doing so, the trainer can then collaborate with the learner to reshape their cognitive frames in order to improve their subsequent performance.
3. The trainer uses inquiry to determine why the learner has the cognitive frames that they described. This is coupled with advocacy, which is a form of speech that combines an objective observation and subjective judgment of the learner's actions.

The intention of this feedback model is to ensure that the learner receives a clear message about their performance without creating confusion, embarrassment or defensiveness in their mind.

Regardless of the feedback model you use, there are a number of skills which you need to develop. These include respectful listening, questioning and challenging appropriately, recognising and responding to non-verbal cues, and generating mutual trust through empathy and emotional connection.

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Importantly, you need to be aware of the requirements and standards which relate to the learner, e.g. the Curriculum for a CCT in Anaesthesia.

Feedback pitfalls

Delivering useful feedback is not easy, and there are numerous pitfalls which await you. I remember being the recipient of feedback on a feedback session I had delivered during a faculty development course; I was none the wiser at the end of the day on how I could improve. Many learners do not recognise that they have had feedback as the trainer disguises it amongst general chat. It is always worth telling your learner that you intend to provide them with some feedback on a particular aspect of their performance. This statement could form part of a conversation which identifies and sets learning objectives for a particular session, and your feedback could be delivered as part of a formative assessment of performance, e.g. DOPS, A-CEX.

Many feedback pitfalls occur as a result of the trainer wishing to avoid confrontation, feeling awkward or fearing that they will hurt the learner's feelings. They include:

1. Minimising – the trainer plays down the significance of a lacklustre performance.
2. Colluding – the trainer plays down their response to poor performance.
3. Bullying and fudging – the trainer takes a long time to make the point and in doing so, covers many irrelevant points along the way.
4. Chat *vs* Challenge – the trainer avoids any areas of concern/ contention by providing very broad feedback.
5. Rescuing too soon – none of us likes to see another in distress when they have received well-delivered feedback on poor performance. In this situation, the temptation is to withdraw or play down your comments. Silence is a better strategy in this context, as it is important that the learner knows their performance was sub-standard.
6. Dampening key messages by over-emphasis of positives.
7. Over-emphasising the negative aspects.
8. Giving feedback on behaviours which you have not observed. College tutors and educational/ clinical supervisors are most likely to find themselves in this situation when they are approached by colleagues who express concerns about a particular doctor. Ideally, the feedback should be sensitively delivered by the trainer concerned. However, a pragmatic approach is sometimes required, so it is best to first elicit both sides of the story and to have a two-way conversation.
9. Failing to read verbal and non-verbal cues – it is important to constantly read the learner's responses to your comments during feedback, as they might indicate their lack of engagement with the process.
10. Being unable to offer support or a way forward – feedback should always end with objectives aimed at improving performance, and the means to achieve that end, e.g. practice on a manikin.

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Ultimately, we are obliged to be honest and objective in our feedback to colleagues, and to support those with performance-related difficulties.[16] Feedback on specific elements of a learner's technical or non-technical performance is an essential step in the learning process, but its role is seldom recognised or acknowledged.[10] As a next step, consider how you can improve your own feedback skills and how you can weave feedback into the time you spend with learners. Remember, feedback is a skill like any other; the only way you are going to improve is by regular practice.

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