

TWELVE TIPS

Twelve tips for giving feedback effectively in the clinical environment

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Abstract

Background: Feedback is an essential element of the educational process for clinical trainees. Performance-based feedback enables good habits to be reinforced and faulty ones to be corrected. Despite its importance, most trainees feel that they do not receive adequate feedback and if they do, the process is not effective.

Aims and methods: The authors reviewed the literature on feedback and present the following 12 tips for clinical teachers to provide effective feedback to undergraduate and graduate medical trainees. In most of the tips, the focus is the individual teacher in clinical settings, although some of the suggestions are best adopted at the institutional level.

Results: Clinical educators will find the tips practical and easy to implement in their day-to-day interactions with learners. The techniques can be applied in settings whether the time for feedback is 5 minutes or 30 minutes.

Conclusions: Clinical teachers can improve their skills for giving feedback to learners by using the straightforward and practical tools described in the subsequent sections. Institutions should emphasise the importance of feedback to their clinical educators, provide staff development and implement a mechanism by which the quantity and quality of feedback is monitored.

Background

In medicine, the educational focus has shifted away from knowledge acquisition and duration of training towards the achievement of learning outcomes and preparation of physicians for meeting individual and population healthcare needs (Krackov & Pohl 2011). In this outcome, or competency-based approach to education, learners are expected to reach specific milestones, as they develop the competencies expected of a physician. Detailed and prompt feedback on performance, coupled with opportunities to improve, helps them achieve these milestones (Krackov 2011; Krackov & Pohl 2011).

Ende (1983) defines feedback as, 'information describing students' or house officers' performance in a given activity that is intended to guide their future performance in that same or a related activity'. Hesketh and Laidlaw (2002) describe feedback as an essential element of the educational process that can help trainees reach their maximum potential. It enables learners to achieve the course or program goals by reinforcing good performance and providing the basis for remediation when needed. Feedback links the teaching and assessment roles of teachers and demonstrates their commitment to the learners (Krackov 2009).

Krackov and Pohl (2011) presented a curriculum development model in which deliberate practice (Ericsson 2004) plays a critical role in building expertise as the learner develops knowledge, skills, attitudes and behaviours in an iterative process over time. In this curriculum model, students should receive regular feedback and have an opportunity to discuss their abilities with their teachers in conjunction with both formative and summative assessments. When we think about

Practice points

- Establish a respectful learning environment.
- Communicate goals and objectives for feedback.
- Base feedback on direct observation.
- Make feedback timely and a regular occurrence.
- Begin the session with the learner's self-assessment.
- Reinforce and correct observed behaviours.
- Use specific, neutral language to focus on performance.
- Confirm the learner's understanding and facilitate acceptance.
- Conclude with an action plan.
- Reflect on your feedback skills.
- Create staff-development opportunities.
- Make feedback part of institutional culture.

feedback in this way, we see that constructive feedback helps learners increase their skill set while working to achieve the expected outcomes. It raises their awareness about their performance and directs their future actions.

Medical students and residents have stated that feedback, when given effectively, is useful in helping them gauge their performance and making action plans for improvement (Bing-You et al. 1997; Hewson & Little 1998; Bing-You & Trowbridge 2009). Yet, trainees report that feedback is given infrequently and/or ineffectively (Hewson & Little 1998; Branch & Paranjape 2002), whereas teachers themselves believe that they provide frequent and adequate feedback (Branch & Paranjape 2002).

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Barriers to effective feedback

Hesketh and Laidlaw (2002) state that there are several barriers that prevent effective feedback from taking place. The purpose of feedback may not be clear to the teacher or learner. There may be no appropriate time or place for a feedback session. The teacher may have minimal or no formal training in giving effective feedback, may lack confidence about his/her observations, or may not know how to translate observations into specific, nonjudgemental and constructive feedback (Brukner et al. 1999; Cantillon & Sargeant 2008). Consequently, feedback may be very general and not helpful to a learner seeking to improve performance (Brukner et al. 1999). The hierarchical culture of medicine promotes a one-way flow of information from teacher to learner instead of a two-way conversation (Krackov 2011). As a result, the learner may view feedback as a negative experience in which performance will be criticised.

Objectives

In this article, we provide 12 key strategies that will help clinical teachers give effective feedback to learners, increase acceptance of feedback and enable the improvement of performance based on the feedback.

Tip 1

Establish a respectful learning environment

A positive learning climate is essential in order for feedback to be maximally effective (Hewson & Little 1998). The learning climate should promote the concept that the teacher and learner are working together to help the learner achieve the expected outcomes, with an expectation that teachers will observe performance and give feedback regularly in an atmosphere of mutual trust and respect. Teachers and learners should be partners in the process of feedback. A feedback session should be viewed as a two-way conversation in which the learner plays an important role in assessing his/her own performance (Krackov 2011). The teacher should be genuinely receptive to feedback from trainees.

When medical residents were surveyed, they stated that trust and respect for the teacher are factors that would make them more receptive to feedback (Bing-You et al. 1997; Hesketh & Laidlaw 2002). Feedback that was termed effective was given in a private setting and featured a considerate tone and good interpersonal skills on the part of the teacher (Bing-You et al. 1997). Learners also found it helpful if feedback was even-handed (addressed both strengths and mistakes) and was given gently, supportively, caringly and with concern for their situation (Hewson & Little 1998).

Tip 2

Communicate goals and objectives for feedback

Wood (2000) stated that the teachers and learners should work together to create a learning model in which feedback will be effective. The first step is to orient the learner to the work

environment, the goals and objectives of the learning experience and the expectations for what the learner is expected to achieve during the experience.

The teacher should inform the learner in advance about the feedback session, schedule the meeting at a mutually convenient time and private location and get agreement on the session goals, agenda and expected outcomes (Hewson & Little 1998). This preliminary orientation and discussion of responsibilities and goals sets the stage, makes the learner more comfortable and responsible and engages the learner as a moving force for learning (Wood 2000).

Tip 3

Base feedback on direct observation

A major responsibility of faculty is to ensure that trainees are competent to move on to the next level and ultimately to independent practice as a physician (Hauer et al. 2011). Trainees in medicine learn key clinical skills such as history-taking, physical examination, communication and patient counselling skills through patient care and in simulated experiences. As the learner progresses from a novice to a competent practitioner and beyond, more experienced physicians should observe the performance and note important areas of success or remediation. This direct observation forms the basis for the feedback session.

Feedback on behaviours based on direct observation by the teacher has been reported to be more acceptable and instructive to trainees than feedback based on second-hand reporting (Ende 1983; Van Hell et al. 2009). When Bing-You et al. (1997) surveyed medicine residents, they found that trainees tended to discount feedback if they did not believe that the statements arose out of first-hand observation.

Tip 4

Make feedback timely and a regular occurrence

An important purpose of feedback is formative, to enable the learner to make needed changes before the end of the course/rotation. If a behaviour needs correction, the teacher should provide feedback as soon as possible after the encounter so the learner has sufficient time to act. If feedback is not given until the very end of the experience, the learner will not have an opportunity to remediate the behaviour during the course/rotation.

Formative feedback can take place in several ways. A brief, informal formative feedback session takes place immediately or as soon as possible after the observation of a behaviour, when both teacher and learner recall the events accurately and the learner can make adjustments in performance before the final evaluation (Perera et al. 2008). This session can be related to correcting a specific skill, for example, cardiac auscultation technique (Branch & Paranjape 2002). A longer formative feedback session should be scheduled at the mid-point of the course/rotation. This meeting can address a range of skills and behaviours, but still have the purpose of enabling mid-course

improvement. Summative feedback should accompany the final evaluation so the learner can continue to grow.

The deliberate practice model (Krackov & Pohl 2011) focuses on learning outcomes, feedback, mentoring and reflection for the achievement of curricular milestones. As the model also promotes a culture of continuous learning and improvement, regular ongoing feedback is essential to promote the highest quality medical care and professional satisfaction.

Tip 5

Begin the session with the learner's self-assessment

A key goal of clinical training is to promote a reflective practitioner. Opening the feedback session by inviting the learner to self-assess can help achieve this goal. Use open-ended questions to start the meeting as a conversation and promote the learner's reflection on his/her practices. The learner may raise issues requiring a response from the teacher, which can help begin the dialogue (Branch & Paranjape 2002). The learner may well bring up the same points that the teacher had planned to address, thus providing a useful entrée.

This self-assessment can soften the perception of harshness and help make sensitive, corrective feedback feel more acceptable (Branch & Paranjape 2002). Feedback initiated solely or jointly by learners was seen as more instructive than that initiated mainly by teachers (Cantillon & Sargeant 2008; Van Hell et al. 2009).

Tip 6

Reinforce and correct observed behaviours

Begin by acknowledging and reinforcing exemplary behaviour. This approach can support good practices, motivate the learner to repeat them and prompt him/her to seek more feedback (Cantillon & Sargeant 2008; Krackov 2009). Trainees stated that positive feedback on what they were doing correctly gave them confidence in their skills and created a better learning environment (Bing-You et al. 1997).

Next, highlight necessary corrections, providing specific examples and suggestions for improvement. Learners have reported that constructive feedback was beneficial especially when it focused on specific performance accompanied by reasons why the performance was incorrect or faulty (Bing-You 1997) and when it dealt with behaviours that the learner was able to control or modify (Wood 2000).

Pendleton et al. (2003) described a similar four-step process for carrying out a feedback session. Ask the learner what he/she feels was done well; agree as appropriate and add reinforcing comments; then, ask the learner to identify areas of improvement; agree as appropriate and add more corrective feedback.

Tip 7

Use specific, neutral language to focus on performance

Positive communication strategies are essential. The message sent by body language is important; sitting down beside the learner will minimise a position of power on the part of the teacher. Base feedback on directly observed performance, as recommended earlier in the text. When delivering reinforcing or corrective feedback, use a respectful, supportive tone and precise, descriptive and neutral wording. Focus on behaviours that can be changed, not the person or personality (Wood 2000) and provide clear examples (Cantillon & Sargeant 2008; Krackov 2009). When Internal Medicine residents were interviewed on their perceptions of useful feedback, they felt that timely, specific feedback was most effective when accompanied by suggestions for change (Bing-You 1997).

Be sure to give positive feedback too. Make the session a two-way conversation. The learner should be a partner in the feedback process who initiates and responds to questions. Be aware of the learner's response, personality and temperament. Limit the feedback given in the session to what the learner can absorb (Wood 2000; Krackov 2009). When feedback is handled well, it can enhance the teacher-learner relationship and lead to beneficial changes in the learner's behaviour (Cantillon & Sargeant 2008).

Tip 8

Confirm the learner's understanding and facilitate acceptance

A feedback session can be loaded with emotion on the part of both teacher and learner, particularly when corrective feedback is given. It is important to learn about the learner's perspectives and possible reasons for a specific behaviour (Krackov 2009). Consider the learner's background, temperament and readiness to change (Milan et al. 2006). Invite the learner to ask questions to assure that he/she has a firm understanding.

The ECO model (emotions, content and outcome) is a three-step process developed from the counselling literature to facilitate acceptance and use in multisource feedback (Sargeant et al. 2011). Step 1 focuses on acknowledging and exploring the emotional reaction to the feedback received. Step 2 aims to clarify the specific content of the feedback as it relates to the trainee's performance. Step 3 seeks to confirm the trainee's identified learning and development needs and coach the creation of an outcomes plan that will meet the needs and improve performance.

Tip 9

Conclude with an action plan

The feedback session should end with an action plan for improvement (Bing-You et al. 1997; Krackov 2009). Ask the learner to generate ideas and then endorse or modify them

as necessary. Inviting the learner to generate a plan for improvement as opposed to the teacher giving him/her a list of items to accomplish will help develop the trainee's skills of reflection, summarise the meeting by repeating the learner's areas of strength and the agreed-upon plan to address deficiencies. Then, set a time for a follow-up meeting where you can review progress and continue to work together to achieve the desired outcomes.

Tip 10

Reflect on your feedback skills

Reflection by the teacher should follow every feedback session. After the session ends, the teacher should reflect on what went well, what to change the next time and what new strategies he/she will adapt for future sessions (Krackov 2009). It is also useful to discuss challenges and acquire new tricks from peers and senior educators.

Despite the best preparation and use of recommended strategies, all feedback sessions do not go perfectly. The learner may be defensive and may not accept corrective feedback (Ende 1983; Krackov 2009). He/she may try to assign blame elsewhere to account for the performance. Even successful feedback sessions will benefit from the process of reflection to help assure that future meetings also turn out well. Making reflection a part of every feedback encounter will improve the teacher's skills at giving feedback.

Tip 11

Create staff development opportunities

Staff development is key for training faculty to give effective feedback. Workshops are a useful mechanism (Brukner et al. 1999; Krackov 2009; Krackov 2011) and can be scheduled at a convenient time for faculty. They can emphasise the application of adult learning theories to on-the-job teaching strategies and provide opportunities for peer discussions and skills practice. Reviewing the literature that reports learner opinions on effective feedback strategies is a form of staff development that can help teachers as they plan future feedback sessions with their learners. Teachers may consider partnering with a colleague who could observe their feedback sessions and then debrief the encounter.

Clinical teachers should consider giving feedback as similar to any other skill, which can be acquired and honed through repeated practice (Cantillon & Sargeant 2008). This skill can be further improved through the teacher's reflection on his/her performance as described earlier in the text.

Tip 12

Make feedback part of institutional culture

Institutional and departmental leaders should establish expectations that regular feedback is part of the learning process (Krackov & Pohl 2011). Faculty should be required to provide feedback to trainees and they should also expect to receive

feedback from learners, peers and their superiors on their performance as teachers. The institution should develop a process for monitoring the feedback process in individual courses/rotations. Videotaping feedback sessions and/or peer observation with debriefing can be very useful techniques that should be implemented at an institutional level. Trainees should be oriented to the expectations of regular feedback at the institution and strongly encouraged to be proactive in asking for feedback (Milan et al. 2011).

The institution can promote the importance of feedback by organising a variety of staff development opportunities for teachers as described earlier and by supporting faculty's attendance at sessions offered at other institutions and educational conferences.

Conclusion

Even the most experienced teachers find it challenging to provide feedback to learners. Frequently, there is a mismatch between teachers' and learners' perceptions of the adequacy and effectiveness of feedback. Staff development is key in increasing teachers' comfort and skills in this area. Moreover, the institution should make the soliciting and giving of feedback an expectation of teachers and learners alike. The tips described in this article will provide clinical teachers with a framework of strategies to provide brief, or more detailed formative and summative feedback to learners.

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References

- Bing-You RG, Paterson J, Levine MA. 1997. Feedback falling on deaf ears: Residents' receptivity to feedback tempered by sender credibility. *Med Teach* 19:40–44.
- Bing-You RG, Trowbridge RL. 2009. Why medical educators may be failing at feedback. *JAMA* 302:1330–1331.
- Branch WT, Paranjape A. 2002. Teaching methods for clinical settings. *Acad Med* 77:1185–1188.
- Brukner H, Altkorn DL, Cook S, Quinn MT, McNabb WL. 1999. Giving effective feedback to medical students: A workshop for faculty and house staff. *Med Teach* 21(2):161–165.
- Cantillon P, Sargeant J. 2008. Giving feedback in clinical settings. *BMJ* 337:a1961.
- Ende J. 1983. Feedback in clinical medical education. *JAMA* 250:777–781.

- Hauer KE, Holmboe ES, Kogan JR. 2011. Twelve tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounters. *Med Teach* 33:27–33.
- Ericsson KA. 2004. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains, 2003 Research in Medical Education invited address. *Acad Med* 79(10):S70–S81.
- Hesketh EA, Laidlaw JM. 2002. Developing the teaching instinct: Feedback. *Med Teach* 24(3):245–248.
- Hewson MG, Little ML. 1998. Giving feedback in medical education: Verification of recommended techniques. *J Gen Intern Med* 113:111–118.
- Krackov SK. 2009. Giving feedback. In: Dent JA, Harden RM, editors. *A practical guide for medical teachers*. 3rd ed. Churchill Livingstone Elsevier.
- Krackov SK. 2011. Expanding the horizon for feedback. *Med Teach* 33:873–874.
- Krackov SK, Pohl H. 2011. Building expertise using the deliberate-practice curriculum-planning model. *Med Teach* 33(7):570–575.
- Milan FB, Parish SJ, Reichgott MJ. 2006. A model for feedback based on communication skills strategies: Beyond “the feedback sandwich”. *Teach Learn Med* 18:42–47.
- Milan FB, Dyché L, Fletcher J. 2011. “How am I doing?” Teaching medical students to elicit feedback during their clerkships. *Med Teach* 33:904–910.
- Pendleton D, Schofield T, Tate P, Havelock P. 2003. *The consultation: An approach to learning and teaching*. Oxford: Oxford University Press.
- Perera J, Lee N, Win K, Perera J, Wijesuriya L. 2008. Formative feedback to students: The mismatch between faculty perceptions and student expectations. *Med Teach* 30(4):395–399.
- Sargeant J, McNaughton E, Mercer S, Murphy D, Sullivan P, Bruce DA. 2011. Providing feedback: Exploring a model (emotion, content, outcomes) for facilitating multisource feedback. *Med Teach* 33(9):744–749.
- Van Hell EA, Kuks JBM, Raat AN, Van Lohuizen MT, Cohen-Schotanus J. 2009. Instructiveness of feedback during clerkships: Influence of supervisor, observation and student initiative. *Med Teach* 31:45–50.
- Wood B. 2000. Feedback: A key feature of medical training. *Radiology* 215:17–19.

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