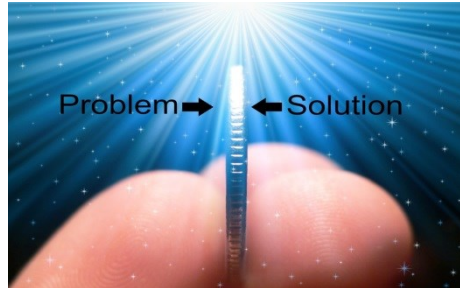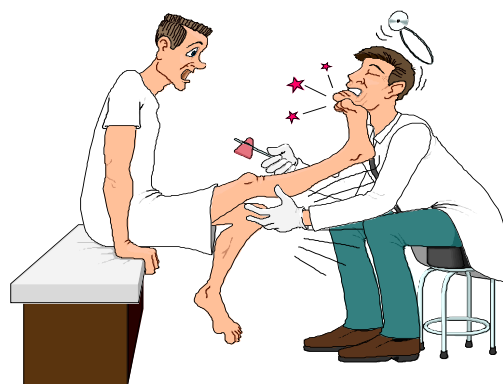# Giving and Receiving Feedback & Evaluation:
Two Sides of the Same Coin?

Ten Best Practices for Teachers to *Give*

and

Ten Best Practices for Learners to *Receive*

Feedback & Evaluation

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Ten *Best Practices* for *Giving* Feedback & Evaluation

The following are guiding principles *for teachers* in providing effective feedback and evaluation.
(JAMA 1983;250:777-81; Medical Teacher 2012;34:787-791)

1) Feedback should be undertaken with the teacher and trainee working as allies, with common goals. One of the basic principles of adult learning is that motivation is increased when learners participate in setting their own educational goals. Orient them to what you expect and mutually agreed upon.

2) Feedback should be well-timed and expected. Set the time, place and scope of when feedback and evaluation sessions will occur. These can be frequently negotiated between resident teacher and student learner. Delaying feedback tends to vanish and minimizes the impact, or feedback loop, on the learner. Ideally feedback occurs in a day-to-day basis as part of the natural flow of a teaching rotation. Evaluation sessions, especially if negative or harsh, that come unexpectedly or are ill-timed (for example, post-call days) are frequently met by emotional and defensive reactions. Major feedback should not take the student by surprise.

3) Feedback should be based on first-hand data. Data used for feedback and evaluation should not be hearsay or second hand. For example, the only way to confirm physical exam findings in a patient is to examine the patient yourself.

4) Feedback should be regulated in quantity and limited to behaviors that are remediable. One can only hear only so much bad, or for that matter good, news at once. Discuss behaviors that are remediable. For example, as one evaluator wrote "quiet but nice." But what does that mean? We are not expected to change other people's personality types but rather to enhance desirable behaviors and attitudes.

5) Feedback should be phrased in descriptive non-evaluative language. Feedback or "formative evaluation" is said with the intent of trying to improve the learner's performance. It uses nouns and verbs and minimizes adjectives and adverbs. For example, "your choice of antibiotics indicates a lack of understanding and appreciation for the possibility of enterococcus as an infecting organism" versus "The antibiotic regimen should cover the possibility of enterococcus as an infecting organism."

6) Feedback should deal with specific performances, not generalizations. For example, "you seem disorganized" versus "On work rounds, it may be more efficient to first see all the patients, then write the orders, then review the X-rays, and call the consultants."

7) Feedback should offer subjective data, labeled as such (use "I" statements). For example, "you are impatient when the other students are presenting their new patient write-ups" versus "I think you appear to me to be impatient when the other students are presenting their new patient write-ups. Is this true?"

8) Feedback should deal with decisions and actions, rather than assumed intentions or interpretations. For example, "you seemed bored on rounds" versus "I notice you frequently leave rounds before we're finished discussing the other students' cases."

9) The best feedback comes from self-assessment. Many learners have already self-evaluated their performance and asking the learner for self-assessment can be an excellent approach. This rapidly moves past the recognition phase of a problem area and allows more time for the solution and correction phase of the problem. Simply ask the learner "how do you think you're doing so far in the rotation? what do you think you are doing well? what do you think you should work on?"

10) Most feedback needs follow-up. If the goal of feedback is to improve the learner's performance, following-up on suggested areas in need is critical to closing the feedback loop.
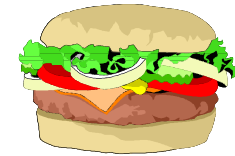
Ten *Best Practices* for Receiving Feedback & Evaluation

The following are guiding principles for learners to prepare for receiving effective feedback and evaluation. (Med Educ Online 2014;19:25141 and Med Teach 2013;35:348-351)

1) Self-assessment. This is the critical first step in taking external feedback, comparing it a particular goal/standard and then deciding whether to change. Rather than looking at the global picture (e.g. am I a "poor communicator"), break down the task into different, smaller components (e.g. do I ask open-ended questions, do I sit down at eye level when I'm talking with patients, how much time do I spend talking with my patients? etc.)

2) Do I really need feedback? Realize self-assessment for all individuals (including physicians) is often poor. All of us have blind spots about our own abilities that prevent us for reaching the next stage of growth and development.

3) Connect well with your instructors. Building rapport with your teachers creates a more positive & healthy environment that is essential to the credibility of the feedback process.

4) Ask for feedback. A proactive approach will encourage more feedback, stimulate teachers to directly observe tasks performed by learners, and lead to increase opportunities for higher quality, more productive feedback.

5) Take positive feedback wisely. Appear confident and thank your instructor. Be attentive to the details. Make sure specific behaviors are addressed and not just "vanishing" praise (e.g. "you did great!") – see #9.

6) Control your emotions, especially with negative feedback. Feedback, especially negative feedback, is often accompanied by strong emotions which may impede our ability to accurately reflect and self-assess. Be sure to remain calm and hear the entire feedback. If you are upset, give yourself some time to calm down and try to think later objectively about the feedback provided.

7) Make an action plan. What is most important about constructive feedback is to develop an action plan to change and correct the identified issue. Work with your instructor to develop plans that are ISMART (important, specific, measurable, achievable, relevant and time-bound).

8) Acknowledge generational differences and expectations for feedback. The medical field is populated with different generations, raised with different ideas and values including those related to feedback. Knowing how different generations think about the feedback process can enhance your success in receiving quality feedback. Millennials (or Gen Y born 1981- 2000) and Generation X (born 1965-1980) often want feedback immediately, frequently and either face to face or electronically. Baby Boomers (1946 - 1964) want it planned, in writing and face-to-face. The Silent (or Greatest Generation, born 1900 – 1945)) do not seek routinely seek feedback since they are self-motivated and self-monitor/

9) Be specific and ask for more details when given general feedback. Not every physician is good at providing feedback. If overly general feedback is not helpful (e.g. "good job!" or "you're disorganized"), don't just dismiss it but instead try to probe deeper by asking for specific details (e.g. "what did I specifically do a good job at?" or "what would you recommend I do next time to improve my organization?")

10) Be ready! Feedback is not one type and can be given at any time. Typically formative feedback is traditionally given at the midway course of the rotation and a summative evaluation at the end of the rotation. Ideally, feedback can occur anytime during the rotation. Sometimes unexpected situations that made you feel either good or bad about yourself warrant a more immediate feedback.

"Feedback Sandwich" Menu

"Traditional" Sandwich

The instructor tells the learner:
What was done right
What was done wrong (or in need of improvement)
What to do next time

What was done right: Tell them specifically what action or behavior the student learner did well. Example: *"Your oral presentations are well organized with the chief concern coming first, the temporal sequence of events is maintained, and you explain how the psychosocial issues impact on the patient's disease."*

What was done wrong (or in need of improvement): Tell them specifically what action or behavior the student learner did not do so well (or is in need of improvement). Example: *"Your written notes, however, are missing some of the details reported in the history such as the psychosocial issues which can be very important in the overall management of the patient."*

What to do next time. Tell them specifically what they can do to improve on the identified problem area(s). Ideally set up a time for follow-up so the student can demonstrate their improved abilities – i.e. "close the feedback loop." Example: *"The next time the patient's psychosocial history impacts on the patient, let's include the information in both the oral presentation and the written note."*

ADAPT Sandwich

Ask
Discuss
Ask
Plan
Together

ASK: Learners start first! Instructor asks learners to evaluate their own work and asks for specific feedback. Learners need to be encouraged to reflect on what they did well, what needs improving, and how they will make these improvements. Example: *"Let's talk about that well-baby exam. What specific aspects of the exam went well? Were there parts you were uncomfortable doing or think might need improvement?"*

DISCUSS: Have a conversation comparing the learner's observations with an external standard or the instructor's observations. Example *"I agree with you about . . . I also thought you asked all the important questions to assess her nutritional status but I noticed you had a difficult time auscultating the infant's heart."*

ASK: What are the next steps to improve and

PLAN TOGETHER for improvement. While providing guidance, ask the learners to first come up with strategies to improve their performance. Example *"I know it is difficult to listen for murmurs in a restless baby. Next time, try listening for heart murmurs at the beginning of the appointment while the baby is laying quietly with the mother."*

ECO Sandwich

Exploring **E**motional reactions
Clarifying feedback content
Outcomes promotion

After the instructor provide the specific external feedback to the learner:
Step 1: Explore emotional reactions incorporates the growing recognition that most feedback, particularly unexpected negative feedback, has an initial affective reaction that may either impede or facilitate the acceptance to change and improve with external feedback. Example: *"What do you think of this feedback? How does it make you feel?"*

Step 2: Clarifying feedback content. Check for understanding of the feedback by initiating a reflective discussion. Example: *"I want to be sure you understand what I've just told you. Do you have any questions? Can I help clarify anything I've told you so far?"*

Step 3: Outcomes promotion seeks to confirm the learning and developmental needs of the student and coach an outcomes plan to meet these needs and improve performance. Be specific and involve the learner in developing the improvement steps. Examples: (1) *"To become more efficient with your time, what will/might you do differently next time? Here's some additional suggestions ..."* (2) *"To pass boards, I'd like you work on learning more about childhood pneumonias. I suggest you read . . . How will you demonstrate your understanding of the material?"*

"Feedback Sandwich" Menu: R2C2 Model

(Academic Medicine 2015; 90:1698-1706)

Build **R**elationship
Explore **R**eactions
Explore **C**ontent
Coach for performance change

Phase	Goal	Sample Faculty Phrases	Guiding Notes
1: Build rapport and **r**elationship	For the faculty to engage the learner by building relationship and trust, and establish the credibility of the assessment.	• "Tell me about your experience on this rotation." • "I would like to hear about what you thought of this rotation." • "Tell me about yourself."	- Confirm what you hear, empathize show respect, build trust, validate. - Relationship building is central and needs attention throughout.
2: Explore **r**eactions to and perceptions of the information	For the learner to feel understood and to know his/her views are head and respected.	• "What are your initial reactions? Anything particularly striking?" • "Did anything I just said surprise you? Tell me more about that." • "How did this information compare with how you think you were doing?"	- Be prepared for negative reactions. - Negative reactions/surprises tend to be more frequently elicited by subjective data or lower than the group mean.
3: Explore learner understanding of the **c**ontent of the feedback	For the learner to be clear what the data means for his/her future and the opportunities for change.	• "Was there anything I just told you that didn't make sense to you?" • "Anything you're unclear about?" • "Anything that struck you as something to focus on?"	- Be aware of specific areas in which opportunities for improvement frequently arise.
4: **C**oach for performance change	For the learner to engage in "change talk" and develop an action plan that (s)he feels is achievable.	• "What one thing would you like to target for immediate action?" • "What might be your goal?" • "Anything that might get in your way?"	- Remember that learners need to first understand, reflect on and assimilate the content of feedback, before being able to plan for change.