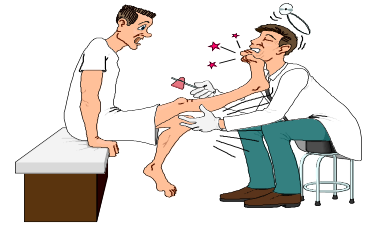


Ten *Best Practices* for Giving & Receiving **FEEDBACK & EVALUATION**



The Teachers' Role in Guiding and Evaluating Learners' Performance (Revised February 16, 2017 – Lawrence Loo, MD)

Introduction:

Since its early inception and recognition by rocket scientists in the 1940s, the concept of feedback has been widely disseminated in business administration, organizational psychology, and health care.

*"Feedback is the control of a system by reinserting into the system the results of its performance . . . If the information which proceeds backwards from the performance is able to change the general method and pattern of the performance, we have a process which may very well be called learning."*¹

Feedback loops are as important physiologic regulators in the human body as they are in the medical education environment. Feedback helps us learn and improve.

Summary of the "Evidence" (What the Medical Literature Reports):²⁻⁵

- 1) Learners overwhelmingly want feedback and say it is important for their learning
- 2) Learners often don't specifically ask for feedback
- 3) Teachers recognize the importance of giving feedback and say they do it.
- 4) Learners say teachers don't give enough feedback and want more.

Feedback & Evaluation Defined:

FEEDBACK: The process by which the teacher provides information to the learner for the purpose of improving the learner's performance and guiding their future clinical performance. Occurs during the course of the rotation and ideally on a daily basis. Uses nouns and verbs. It is sometimes called "formative evaluation."

EVALUATION: The process by which the teacher assesses or compares the learners' knowledge, skills, and attitudes, based on educational goals. Occurs commonly at the end of the course of the rotation. Uses adjectives and adverbs. It is "comparative" or sometimes labeled "summative evaluation."

Example:

"Your differential diagnosis is poor."

(Note the use of adjectives and adverbs. This is an evaluative statement.)

versus

"Your differential diagnosis should include tuberculosis."

(Note the use of nouns and verbs. This is a formative statement with the intended goal of helping the learner improve his/her performance.)

Rationale: Without feedback or evaluation . . .

- 1) Poor performance goes uncorrected.** How does the student know when he/she has done something wrong and correct it?
- 2) Good performance is not reinforced.** More importantly, how does the student know when he/she has done something well and the teacher wants to encourage, highlight, and see the behavior repeated?
- 3) Clinical competence is achieved empirically or not at all.** If feedback and evaluation are not given, learners are inclined to fill the vacuum with their own assumptions which may or may not be correct.
- 4) A sense of being adrift in a strange environment is amplified.** To paraphrase that great American baseball player, Yogi Berra, "If you don't know where you're going, you could end up somewhere else."
- 5) Worst - students may develop their own system of self-validation which excludes evaluation and feedback from external sources.** Be very careful, because, if you ever reach this stage, no one around you can alter or influence your opinion about yourself. You become "immune" to feedback.

Barriers to Feedback and Evaluation: Why is it sometimes hard to give feedback and evaluation?²

- 1) Few prior role models.** Many physician learners and other health care professionals report receiving very little constructive feedback during their educational experiences.
- 2) Past negative experiences.** If people have received repeated destructive feedback, they will later in their careers avoid giving feedback or not be particularly effective in providing feedback to others.
- 3) Failure to obtain data firsthand.** Good feedback and evaluation is based on first hand information (not hearsay), but this requires time and effort. Busy schedules may limit the abilities of teachers to observe and gather first hand information. It is just too much "hassle."
- 4) Effects beyond its intent.** Resident teachers may feel giving feedback has the potential to damage the student-resident relationship or damage the resident's popularity. Remember, however, the consequences of not giving feedback (see above "Rationale: Without feedback and evaluation . . .").
- 5) Belief learners already know how they're doing.** This may be the most common reason offered by resident teachers. Even when teachers report giving feedback, learners often do not recognize it as such. Be as explicit as possible.

Without feedback and evaluation, what occurs is "vanishing feedback" or "feeding." A well-intentioned teacher, who for whatever reason, talks around the learner's problems, uses indirect statements or speaks in such generalities or abstraction, that the message is never clearly communicated. Do you recognize any of the more common "vanishing feedback" statements, such as "You seem to be doing fine for your level of training" or "You clearly tried very hard on this rotation" or "You made satisfactory progress." "Feeding" is when the teacher only relates information about the learner's performance in so far as it confirms the learner's own self-image or self-concept. This tells the learner only what they want to hear or expect to hear, not what they need to hear to improve their own performance.

Preparing to Give Feedback or Evaluation: At the start of any rotation, consider the following:

- 1) Orient individuals to guidelines and expectations of the rotation.** For example, when will you give feedback and evaluation? Feedback or "formative evaluation" is done throughout the rotation. When will you offer statements to improve student presentations? write-ups? knowledge and judgment? interpersonal skills? "Summative" or comparative evaluation is traditionally done midway and at the end of the rotation.
- 2) Establish mutual learning goals.** Adult learners like to set their own goals. If resident and student agree there are mutual areas of interest for learning and teaching, how will you offer feedback and evaluation on these topics?
- 3) Prepare Learners: Tell them you're going to give feedback & evaluation.** Will you encourage your learner's to ask for mid-course feedback and evaluation, if they perceive you have not yet done so?
- 4) Explain how and when you are going to give feedback & evaluation.** Will corrections in presentations occur during walking rounds? Will corrections in written work-ups be conveyed verbally or will you annotate their written work-ups? Will you ask other house officers, nurses, clerks, etc. to provide you input for your feedback and evaluation sessions?

Ten “Best Practices” for *Giving* Feedback & Evaluation:¹ The following are guiding principles *for teachers* in providing effective feedback and evaluation.

- 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.

Framework for Organizing the Ten “Best Practices” for Effective Feedback:⁶

- A) **Work as an ally with the learner:** see above #1, #2, #9, #10
 - a) Major feedback should not take the student by surprise. Set a mutually agreed upon place & time.
 - b) Solicit feedback of your own performance.
 - c) Have the student give an assessment of his/her own performance before giving one’s opinion.
 - d) Use well-defined, mutually agreed upon & previously established goals & objectives to guide the feedback.
- B) **Base feedback on observed situations and on modifiable behaviors:** see above #3, #6, #7 #8
 - a) Give feedback on specific behaviors, not generalizations
 - b) Give feedback on decisions & actions, not on one’s perceived interpretation of the student’s motives or attitudes.
 - c) Subjective data should be labeled as such.
- C) **Give feedback in small, digestible quantities:** see above #4
- D) **Use language that is non-evaluative and non-judgmental:** see above #5

Updated Ten “Best Practices” for *Giving* Feedback & Evaluation:^{1,18} The following are reformatted guiding principles *for teachers* in providing effective feedback and evaluation.

- 1) Create a climate of respect and trust.** Establishing a climate of trust and respect facilitate collaborative relationships that foster open communication necessary for effective feedback & evaluation.
- 2) Feedback should be undertaken with a common understanding of the learning goals and objectives.** 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.
- 3) Feedback should be timely, expected, and occur regularly.** 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. 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.
- 4) Begin the session with the learner’s self-assessment.** Many learners have already self-evaluated their performance and asking the learner for self-assessment is 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?”
- 5) Feedback should be based on direct observation.** 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.
- 6) Feedback should deal with specific observed behaviors, not generalizations or assumed intentions.** 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.” Another example, “you seemed bored on rounds” versus “I notice you frequently leave rounds before we’re finished discussing the other students’ cases.” 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.
- 7) Use specific, neutral language to convey the feedback (i.e. emphasize use of nouns and verbs, not adjectives and adverbs).** 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.”
- 8) Confirm the learner’s understanding of the feedback and facilitate acceptance.** Acknowledge that feedback, especially critical or negative feedback can elicit strong emotions in the learner and impede hearing or understanding the feedback. Ask “Do you have any questions about what I just said?” or “How are you feeling about what I said?” or “What do you think at this point?”
- 9) Most feedback needs a corrective action plan and 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.
- 10) Reflect on your own feedback skills.** Ask yourself “What went well? or “What did not and why?” or “What will I do next time differently?”

Seven Principles of Adult Learning²¹

- 1) **Establish an effective learning climate**, where learners feel safe and comfortable expressing themselves.
- 2) *Involve learners* in **mutual planning of** relevant methods and **curricular content**.
- 3) *Involve learners* in diagnosing their own needs - this will help trigger internal motivation.
- 4) *Encourage learners* to **formulate their own learning objectives** – this gives them more control of their learning.
- 5) *Encourage learners* to **identify resources** and devise strategies for using the resources **to achieve their objectives**.
- 6) *Support learners* in carrying out their **learning plans**.
- 7) *Involve learners* in **evaluating their own learning** – this can develop their skills of **critical self-reflection**.

Five Assumptions of Adult Learning²¹

- 1) Adults are independent and **self-directing**.
- 2) Adults have accumulated a great deal of **experience**, which is a rich source of learning.
- 3) Adults value learning that integrates with the **demands of their everyday life**.
- 4) Adults are more interested in immediate, **problem-centered** approaches than in subject centered ones.
- 5) Adults are more motivated to learn by **internal drives** than by external ones.

Choosing from the “Feedback Sandwich” Menu: The following is a “menu” of *how to* to serve the “feedback sandwich” that can be adapted to various situations and different learners:

1) The **“traditional” (or historical) “feedback sandwich”**: Approach the learners as follows

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.

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).

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.”

2) A **second “feedback sandwich”** proposed by others that **incorporates modern theories of adult learning**.^{9,22}

How did this ____ (encounter) go for you?

What worked well (or was clinically effective)? What could have been done differently?

I recommend you add/continue / do more of /do less of (cut out) ____

How did this encounter go for you? Starts with self-feedback or reflection and self-awareness and the ability to self-assess and reflect.

What worked well? What could have been done differently? Helps the teacher explore and probe for the accuracy of the self-assessment and reflection. When learners are accurate, this facilitates and makes easier for the teacher to address the next step.

I recommend you do . . . This final step helps summarize and focus what the teacher would like the learner to do to improve.

3) A **third “feedback sandwich”** the **ADAPT model** (modified from the ACGME’s *Clinical Competency Committees. A Guidebook for Programs*. January 2015) also incorporates the principles of adult learning:

Ask

Discuss

Ask

Plan Together

ASK learners to evaluate their own work and ask for specific feedback. Learners start first! 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 about the learner’s observations and self-assessment. Then compare this to an external standard and/or instructor’s observations. Share with what the learner did right and what needs improving.

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 their own 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.”

4) A fourth “feedback sandwich” option – **ECO Model**:¹⁵ Developed originally from the counseling and personal development literature using facilitative learner-centered approaches to enhance the individual’s understanding and integration of external feedback. This approach recognizes the importance of the receptivity of the learner to feedback to change and the influence of emotions on the process:

Exploring Emotional reactions

Clarifying feedback content

Outcomes promotion

After providing the specific external feedback to the learner:

Step 1: Exploring 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. This step focuses on acknowledging and exploring the emotional reaction to the external feedback.

Example: “*What do you think of this feedback? How does it make you feel?*”

Step 2: Clarifying feedback content aims to clarify the specific content of the feedback as it relates to the trainee’s actual workplace performance to enable them to use it for improvement. 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. First, clearly define the task goal/objective, then include specific measureable steps to achieve the goal, and finally check for understanding. Involve the learner in setting 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?*” (3) “*Good communication with patients enhances patient rapport leading to improved patient satisfaction and less lawsuits. To achieve this, begin the conversation with open-ended questions, let the patient finish . . .*”

5) “**Beyond the feedback sandwich**” is another proposed framework for presenting feedback based on fundamental communication strategies is summarized in the **PEARLS** mnemonic:^{10,13}

Partnership for joint problem-solving

- For example, “*I want to partner with you on overcoming these triggers that keep you from realizing your dream.*” Or “*we will work together to make this work, find solutions.*”

Empathic and Emootional understanding

- For example, “*I imagine it is frustrating to come this far and only now be told that you may not pass this rotation, [clerkship, year, etc.]*”

Appreciation or Apology for barriers to the learner’s success

- For example, “*I can appreciate how much effort you put into this.*” Or “*I’m sorry it has been such a difficult time for you.*”

Respect for learner’s values and choices

- For example, “*I give you lots of credit remaining open to the feedback that I’ve just shared with you.*” Or “*I respect your efforts of persisting given all the distractions you have.*”

Legitimation of feelings and intentions

- For example, “*Anyone in your position would feel worried about what comes next.*” Or “*Anyone in your situation would be feeling stretched right now.*”

Support for efforts at correction

- For example, “*I am here to support you in achieving your success.*” Or “*I am committed to work with you in providing you with my reflections and to connect you with helpful resources.*”

6) “**Beyond the feedback sandwich**” is another recently proposed framework for presenting summative feedback which uses a sociocultural lens, is evidence-based and theory-informed model that goes by the **R2C2** mnemonic.¹⁸

Build Relationship
Explore Reactions
Explore Content
Coach for performance change

Phase	Goal	Sample Faculty Phrases	Guiding Notes
1: Build rapport and relationship	For the faculty to engage the learner by building relationship and trust, and establish the credibility of the assessment.	<ul style="list-style-type: none"> • “Tell me about your experience on this rotation.” • “I would like to hear about what you thought of this rotation.” 	<ul style="list-style-type: none"> - Confirm what you hear, empathize show respect, build trust, validate. - Relationship building is central and needs attention throughout.
2: Explore reactions to and perceptions of the information	For the learner to feel understood and to know his/her views are heard and respected.	<ul style="list-style-type: none"> • “What are your initial reactions? Anything particularly striking?” • “Did anything I just said surprise you? Tell me more about that.” 	<ul style="list-style-type: none"> - 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 content of the feedback	For the learner to be clear what the data means for his/her future and the opportunities for change.	<ul style="list-style-type: none"> • “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: Coach for performance change	For the learner to engage in “change talk” and develop an action plan that (s)he feels is achievable.	<ul style="list-style-type: none"> • “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 planning for change.

Ten “Best Practices” to Prepare for *Receiving* Feedback & Evaluation: The following are guiding principles *for learners* to prepare for receiving effective feedback and evaluation, slightly modified from the original author’s proposal.^{19,20}

- 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.

Generation (Year born)	Feedback Style
Silent or Greatest (1900 – 1945)	“No news is good news.” Do not seek feedback. Self-motivated and self-monitored
Baby Boomers (1946 – 1964)	“Feedback once a year” – planned, scripted, face-to-face and in writing
Generation X (1965 – 1980)	“Sorry to interrupt. How am I doing” Frequent, immediate, face-to-face and/or electronic
Generation Y or Millennials (1981 – 2000)	“Feedback at the push of a button” – Immediate, frequent, on demand, face-to-face and/or electronic
- 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.

Key Points from *Thanks for the Feedback. The Science and Art of Receiving Feedback Well*.²²

“Why is it when we give feedback, we so often feel right, yet when we receive feedback it so often feels wrong?”

1) **Feedback can elicit strong emotions that block the acceptance of feedback.**

2) **Recognize 3 common triggers that block feedback:**

- a) “Truth” Triggers: It’s just plain wrong; but is it really?
- b) Relationship Triggers: It’s not about What was said but WHO said it.
- c) Identity Triggers: The feedback threatens our very identity of who we think we are.

2) **“Truth” Triggers:** It’s just plain wrong . . . but is it?

- a) Before rejecting feedback as “it’s just wrong,” consider the limitations of accurate self-assessment. Studies from the fields of cognitive psychology and behavioral neuroscience strongly suggest our ability to self-evaluate is limited by
 - i) self-serving bias (or fundamental attribution error): we attribute negative situations or outcomes to external influences (e.g. too busy, not enough resources, the “system,” etc.) and we attribute positive outcomes to our own personal abilities
 - ii) confirmation bias: our human memory tends to remember the situations that fit who we think we are and ignore or forgot those that are not
 - iii) blind spots: we all have them. How do you recognize them?
- b) The **“Gap Map”**: We judge our actions more by our internal intentions, thoughts and feelings rather by our behaviors. Others see our behaviors but don’t generally know our intentions, thoughts and feelings. The feedback others give us is based on their observation of our behaviors. We don’t see our own behaviors. We don’t hear ourselves speaking because that part of our brain that understands and interprets language, the superior temporal sulcus, shuts down when we ourselves are speaking. We don’t really see our hear ourselves!
- c) One solution: Look for trends.

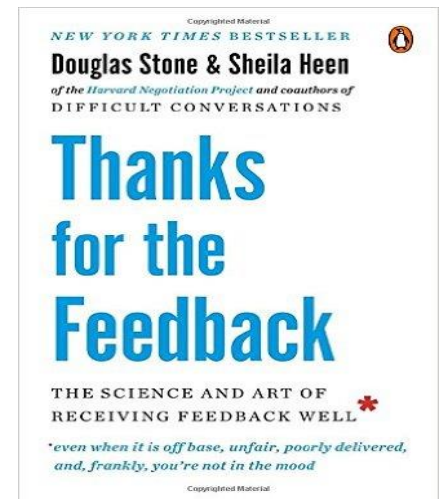
3) **Relationship Triggers:** It’s not about WHAT was said, but WHO said it or HOW it was said.

- a) Avoid **switchtracking** – changing the conversation to WHAT was said to WHO said it. (For example, “You’re telling me this _____. Who are you to tell me?”)
- b) One solution: Both the relationship and the content are important but should be two separate conversations.

4) **Identity Triggers:** The feedback may threaten the most important relationship of all – i.e. the one you have with yourself. When our own identities or story we tell about ourselves is threatened, often a “fight or flight response is triggered.” One solution – ask a trusted friend or colleague to be an “honest” mirror. Be careful that your friend may be acting as a “supportive” mirror and give you friendly but distorted advice.

5) **Separate Appreciation, Coaching and Evaluation:**

- a) Learners are ambivalent as they sit at the intersection of feedback & evaluation. Sometimes learners want appreciation and acknowledgment for who they are and how hard they’ve worked. Other times they want to grow and improve by seeking coaching (i.e. formative feedback) and (summative) evaluation.
- b) Teachers be clear which of the three you are offering. Avoid **MADD** – Mutual Appreciation Deficit Disorder (not Mothers Against Drunk Driving).



Summary Checklist for Providing Feedback & Evaluation:

Before the Session:

- (1) Let the learner know of your plans to provide feedback & evaluation – when and how.
- (2) Gather first-hand the data you will use to provide feedback & evaluation.
- (3) Select an appropriate time and location.

During the Session:

- (4) Ask the learner for self-assessment.
- (5) Pick from the menu of "feedback sandwiches" of your choice
- (6) Check for learner understanding.
- (7) Develop follow-up plans.
- (8) Consider asking for feedback about yourself. Since you may want to improve your own teaching skills, ask learners what they think about your own style of teaching and how you might improve or do things differently.

After the Session:

- (9) Write up the outcomes (if appropriate for formal evaluations)
- (10) Arrange to "close the loop" and see if the student-learner has improved with follow-up and reflect on your own feedback skills.

Practice Sessions with Clinical Vignettes & Case Studies:

Final Summary: Why Feedback & Evaluation is so important:

- 1) Critical means of communicating trust & real interest between individuals. Teachers and learners form a deeper collegial relationship.
- 2) Most importantly, it is a critical means of helping learners improve their own clinical performance, gain self-confidence, and reach their fullest potential.
- 3) Ensures optimal patient care and safety.



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(References last updated February, 2017 – Lawrence Loo, MD)

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.

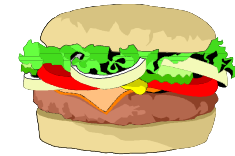
Ten “*Best Practices*” to Prepare for **Receiving** Feedback & Evaluation

*The following are guiding principles **for learners** to prepare for receiving effective feedback and evaluation. (Med Educ Online 2014;19:25141)*

- 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	ADAPT Sandwich	ECO Sandwich
<p>The instructor tells the learner:</p> <p>What was done right</p> <p>What was done wrong (or in need of improvement)</p> <p>What to do next time</p> <p>What was done right: Tell them specifically what action or behavior the student learner did well. <u>Example:</u> “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.”</p> <p>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). <u>Example:</u> “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.”</p> <p>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.” <u>Example:</u> “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.”</p>	<p><u>A</u>sk <u>D</u>iscuss <u>A</u>sk <u>P</u>lan <u>T</u>ogether</p> <p><u>ASK:</u> 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. <u>Example:</u> “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?”</p> <p><u>DISCUSS:</u> Have a conversation comparing the learner’s observations with an external standard or the instructor’s observations. <u>Example</u> “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.”</p> <p><u>ASK:</u> What are the next steps to improve and <u>PLAN TOGETHER</u> for improvement. While providing guidance, ask the learners to first come up with strategies to improve their performance. <u>Example</u> “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.”</p>	<p><u>E</u>xploring Emotional reactions <u>C</u>larifying feedback content <u>O</u>utcomes promotion</p> <p>After the instructor provide the specific external feedback to the learner:</p> <p>Step 1: <u>E</u>xplore 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. <u>Example:</u> “What do you think of this feedback? How does it make you feel?”</p> <p>Step 2: <u>C</u>larifying feedback content. Check for understanding of the feedback by initiating a reflective discussion. <u>Example:</u> “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?”</p> <p>Step 3: <u>O</u>utcomes 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. <u>Examples:</u> (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?”</p>



“Feedback Sandwich” Menu: R2C2 Model

(Academic Medicine 2015;90:1698-1706)

Build Relationship
 Explore Reactions
 Explore Content
Coach for performance change

Phase	Goal	Sample Faculty Phrases	Guiding Notes
1: Build rapport and relationship	For the faculty to engage the learner by building relationship and trust, and establish the credibility of the assessment.	<ul style="list-style-type: none"> • “Tell me about your experience on this rotation.” • “I would like to hear about what you thought of this rotation.” • “Tell me about yourself.” 	<ul style="list-style-type: none"> - Confirm what you hear, empathize show respect, build trust, validate. - Relationship building is central and needs attention throughout.
2: Explore reactions to and perceptions of the information	For the learner to feel understood and to know his/her views are heard and respected.	<ul style="list-style-type: none"> • “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?” 	<ul style="list-style-type: none"> - 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 content of the feedback	For the learner to be clear what the data means for his/her future and the opportunities for change.	<ul style="list-style-type: none"> • “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?” 	<ul style="list-style-type: none"> - Be aware of specific areas in which opportunities for improvement frequently arise.
4: Coach for performance change	For the learner to engage in “change talk” and develop an action plan that (s)he feels is achievable.	<ul style="list-style-type: none"> • “What one thing would you like to target for immediate action?” • “What might be your goal?” • “Anything that might get in your way?” 	<ul style="list-style-type: none"> - Remember that learners need to first understand, reflect on and assimilate the content of feedback, before being able to plan for change.