10 Tips for Providing Feedback

1. **Set clear expectations and "rules"** – Ideally, these are done early on in the relationship. However, expectations do not have to be explicit or written objectives but should be agreed upon by both observer and receiver.

2. **Feedback is a dish best served warm (it's all about the timing…and place)** – Feedback should be timely so everyone can remember specific details but not so soon after a particular event that it may lead to emotional responses. Plan ahead to allow enough time for the feedback session and to make sure everyone is in a good mental and physical state. Be cognizant of external factors (overnight call, long shifts). Unexpected feedback can lead to an emotional reaction from either party.

3. **Regulate the quantity** – If at all possible try to limit feedback to 3 to 5 main points. Too much feedback can be overwhelming and can limit one's ability to formulate change or an action plan. Also a ratio of 3 positive to 1 constructive/negative is more likely to be construed as balanced or neutral to the person receiving feedback (different ratio than in traditional "feedback sandwich").

4. **Limit feedback to behaviors that are remediable/correctable** – The purpose of feedback is to improve upon the learner's goals. Personality traits, unless they are manifested as behaviors, are not appropriate for feedback. Be descriptive about behavior that was observed and clear and concise about possible modifications or changes to be made that could move along one's goals/objectives.

5. **Share your reflections rather than give advice** – Feedback should be given in descriptive, non-evaluative language. To facilitate this process, feedback should only be given directly to the receiver from the owner of the feedback who directly observed the given behavior. A second or third-hand account will result in less clear reflections of what was observed.

6. **Focus on specifics and avoid generalizations** – The more specific the better. Focus on decisions and actions, not assumed intentions or interpretations by observer. Data based on actions tend to be more accurate and allow for psychological distance for the person being observed. If it feels too personal, it might be. Try to rethink of how to frame it in objective terms.

7. **Feedback is a conversation between allies** – Consider beginning the conversation with open-ended questions to allow for self-reflection. End the session with enough time for questions and opportunity to clarify points further. Acknowledge the effort, not just the final results.

8. **Learning is a process** – Therefore, feedback, as an integral part of learning, is also a process. Find or make time to reconnect later on to follow-up on how things are going. Recognize areas that will require continued or ongoing monitoring and exploration and set-up recurrent meeting times.

9. **Beyond praise** – It can be easy to get caught up in affirming the receiver but feedback is about more than telling someone they did a "great job." Meaningful feedback also challenges the receiver to be better by doing X and Y therefore helping to facilitate positive change (a place to grow from).

10. **If you get stuck, then model** – Did you have someone in your training who provided you with feedback that worked for you? Think back to what he or she did and do something similar. Or think about a sport coach or musical instrument or dance instructor you admire – how do they help their students/players improve?

10 Tips for Receiving Feedback

1. **Make sure you are ready** – Receiving feedback requires maturity, self-awareness and commitment to the goals of learning and improving. This requires one to be ready for change and growth.

2. **Know your goals…and share them** – Make learning goals for yourself and share them with your supervisor (senior resident, attending physician, etc.). Ideally, set mutually shared upon goals at the beginning of a rotation to give you the highest likelihood of success.

3. **Be active in the process** – Take an active versus a passive role in the feedback process. Seek out, rather than avoid, opportunities to receive feedback.

4. **Ask for examples** – Request specific examples that support a given feedback note and if necessary ask for clarification.

5. **Request more information, especially with negative feedback** – Make negative feedback an opportunity to learn as much as possible. What was the issue and why was it an issue? Ask for clarification and work on formulating ways to improve or solve the issue(s). If needed ask for advice from others (trusted advisers, friends, mentors).

6. **Focus on receiving feedback as a chance for growth** – Think of feedback as an opportunity for growth and learning. This will help to depersonalize the information provided and avoid emotional responsiveness to constructive criticism.

7. **Look at the positives too** – Feedback should also be a time to reinforce what you are doing well and ask those providing you with feedback about strengths as well.

8. **A starting point –** Use positive feedback as a launching pad for further development. Rework your goals now that you have new data. What do you want to do next?

9. **You are your own worst critic** – Do not be too hard on yourself and give yourself credit for what you do know and do well.

10. **It is all about the timing** – If you are offered feedback during a time when you are rushed or stressed then ask to reschedule. Feedback is supposed to be helping you and should be done at a time when you will be most able to utilize its benefits. Similarly, if you are in a location that makes you uncomfortable, ask to move to a more private setting.

(Tips for Receiving Feedback – Adapted from Rider and Longmaid, 1995)

Primary Care Peer Observation and Feedback Timeline

Questions to consider before embarking on a peer observation and feedback curriculum (*aka learn from our mistakes!*):

1. Is this educational research or a curricular innovation? You will need more lead-time if you are hoping to study it.
2. Who are the key players and stakeholders? Do they think this is a valuable exercise?
3. Will this create extra work for anyone? If so, how are you going to minimize that impact?
4. Are your trainees on board? If not, how are you going to convince them this is a worthy activity?
5. What are you hoping to study? Individual trainees? A group or track as a whole? Trainees' perceptions of clinics? Trainees' perceptions of feedback? All of the above?

6 months before:

1. Identify residents who will be involved. Voluntary or compulsory activity? Inter- or intraclinic activity?
2. Obtain IRB approval/educational exemption if planning to study outcomes.

4-6 months before:

1. Discuss with continuity clinic educational directors and ensure buy in.
2. Arrange schedule, block last clinic appointment for feedback session.
3. Determine when, where, and how residents will get trained to give and receive the feedback – in clinic, other educational venues, online module, workshop?

1-2 months before:

1. Reminder to continuity clinic educational directors about upcoming peer observation activities.
2. Create brief introduction to share with teaching/attending physicians so they aren't surprised or confused about the observers.
3. Determine how you are going to collect data about the feedback exercises – online surveys, paper surveys, other (this will occur sooner if IRB approval is sought).

It's Go Time

1. Train your residents. It is important that residents who will be observing and providing feedback to each other are in the same training session to enable them to agree to create a mutually respectful environment.
2. Collect the data!
3. Close the loop – at the end of the experience, survey the residents or conduct a focus group on the experience, what worked, what was challenging, and how to make it better in the future.

Clinic Observation Checklist/Form

Name: **Observing:** **Date:**

Educational conference topic:

Who is on the health care team (list below)? Are they working together today? ____ Y ____ N

How many moments of team contact did you observe today? 0—1—2—3—4—5— >5

Who was involved (list # of times):

___ RN ___LPN/MA/HealthTech ___Other (please list)
___Pharmacist ___Social worker

Did the attending see every patient (if yes, skip the next question)?

___Yes ___No

Was every patient presented to an attending?

___# during patient visit ___# after patient had left ___# not presented

Level of attending guidance/resident autonomy (circle on the line):

Resident developed plans | Shared plan | Attending developed plans

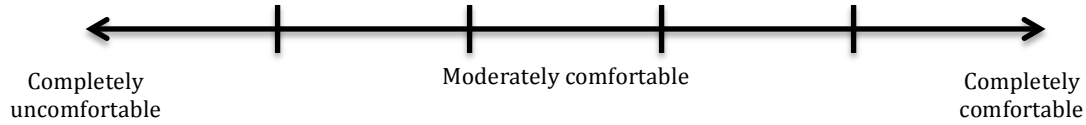
Attending teaching points:

1.
2.
3.

	Pt 1		Pt 2		Pt 3		Pt 4		Pt 5		Pt 6	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Did the provider initiate the patient encounter by eliciting the patient's full set of concerns?												
Did the provider use the patient's concerns to negotiate an agenda?												
Did the provider explore the patient's concerns with empathy?												
Did the provider listen attentively by using reflective and clarifying comments, questions, and summaries?												
Did the provider explain the pros and cons of options to the patient?												
Did the provider check for patient understanding?												
Did the provider provide explicit opportunities for the patient to ask questions?												
Did the provider make explicit recommendations in easy-to-understand language?												
Were the provider's decisions and recommendations evidence-based?												

Overland MK et al, SGIM National Meeting 2015.

How comfortable were you giving feedback to your peer today (circle on the line)?



Please provide comments on this experience:

What did you learn today?

What would make this experience better?

Other comments?

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