

Faculty Development – How to give feedback

What is feedback?

Feedback is an essential part of education and training programmes. It helps learners to maximise their potential at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance.

Feedback can be seen as informal (for example in day-to-day encounters between teachers and students or trainees, between peers or between colleagues) or formal (for example as part of written or clinical assessment). However, 'there is no sharp dividing line between assessment and teaching in the area of giving feedback on learning' (Ramsden, 1992, p. 193). Feedback is part of the overall dialogue or interaction between teacher and learner, not a one-way communication.

If we don't give feedback what is the learner gaining, or indeed, assuming?

They may think that everything is OK and that there are no areas for improvement. Learners value feedback, especially when it is given by someone credible who they respect as a role model or for their knowledge, attitudes or clinical competence. Failing to give feedback sends a non-verbal communication in itself and can lead to mixed messages and false assessment by the learner of their own abilities, as well as a lack of trust in the teacher or clinician.

Most clinicians already give feedback to students or trainees. This module offers some suggestions on how you can improve the feedback you give so that you are better able to help motivate and develop learners' knowledge, skills and behaviours.

Why is feedback so important in healthcare education and training?

Feedback is important to the ongoing development of learners in healthcare settings. Many clinical situations involve the integration of knowledge, skills and behaviours in complex and often stressful environments with time and service pressures on both teacher and learner. Feedback is central to developing learners' competence and confidence at all stages of their medical careers.

Over the past few years, new assessment procedures have been introduced for junior doctors. Clinical practice and professional behaviours and attitudes are regularly and routinely assessed using a raft of workplace-based assessments. Such tools may include multi-source feedback, observations of clinical performance and case-based discussions. Feedback is a critical element of all these assessments and will involve health professionals across the board in their delivery, on multiple occasions and throughout the training programme.

Jill Gordon (writing in 2003 about the importance and influence of one-to-one teaching situations in clinical medicine) reinforces this, noting that feedback is vital and that the most effective and helpful feedback is based on observable behaviours:

Learners value feedback highly, and valid feedback is based on observation. Deal with observable behaviours and be practical, timely, and concrete. The one to one relationship enables you to give feedback with sensitivity and in private. Begin by asking the learner to tell you what he or she feels confident of having done well and what he or she would like to improve. Follow up with your own observations of what was done well (be specific), and then outline one or two points that could help the student to improve. (p. 544)

She goes on to note that one of the main purposes of feedback is to encourage reflection:

Just as many learning opportunities are wasted if they are not accompanied by feedback from an observer, so too are they wasted if the learner cannot reflect honestly on his or her performance. One to one teaching is ideally suited to encouraging reflective practice, because you can model the way a reflective practitioner behaves. Two key skills are (a) 'unpacking'; your clinical reasoning and decision making processes and (b) describing and discussing the ethical values and beliefs that guide you in patient care. (p. 544)

Grounding feedback within an overall approach that emphasises ongoing reflective practice helps learners to develop the capacity to critically evaluate their own and others' performance, to self-monitor and move towards professional autonomy.

Who gives feedback?

- Teachers
- Clinicians from a range of healthcare professions
- Patients
- Peers and colleagues
- The learner themselves
- Others?

Thinking point

- Are there any issues for learners in receiving feedback from the groups/individuals above?

Principles of giving effective feedback

Whether you are giving formal or informal feedback, there are a number of basic principles to keep in mind.

1. Give feedback only when asked to do so or when your offer is accepted.
2. Give feedback as soon after the event as possible.
3. Focus on the positive.
4. Feedback needs to be given privately wherever possible, especially more negative feedback.
5. Feedback needs to be part of the overall communication process and 'developmental dialogue'. Use skills such as rapport or mirroring, developing respect and trust with the learner.
6. Stay in the 'here and now', don't bring up old concerns or previous mistakes, unless this is to highlight a pattern of behaviours.
7. Focus on behaviours that can be changed, not personality traits.
8. Talk about and describe specific behaviours, giving examples where possible and do not evaluate or assume motives.
9. Use 'I' and give your experience of the behaviour ('When you said...', 'I thought that you were...').
10. When giving negative feedback, suggest alternative behaviours.
11. Feedback is for the recipient, not the giver – be sensitive to the impact of your message.
12. Consider the content of the message, the process of giving feedback and the congruence between your verbal and non-verbal messages.
13. Encourage reflection. This will involve posing open questions such as:
 - (a) Did it go as planned? If not why not?
 - (b) If you were doing it again what would you do the same next time and what would you do differently? Why?
 - (c) How did you feel during the session? How would you feel about doing it again?
 - (d) How do you think the patient felt? What makes you think that?
 - (e) What did you learn from this session?
14. Be clear about what you are giving feedback on and link this to the learner's overall professional development and/or intended programme outcomes.
15. Do not overload – identify two or three key messages that you summarise at the end.

Emphasising that responding to the sender's communication is vital and that feedback is fundamental to effective communication, Parsloe (1995) suggests that: 'Communication is a two-way process that leads to appropriate action' in the context of developing

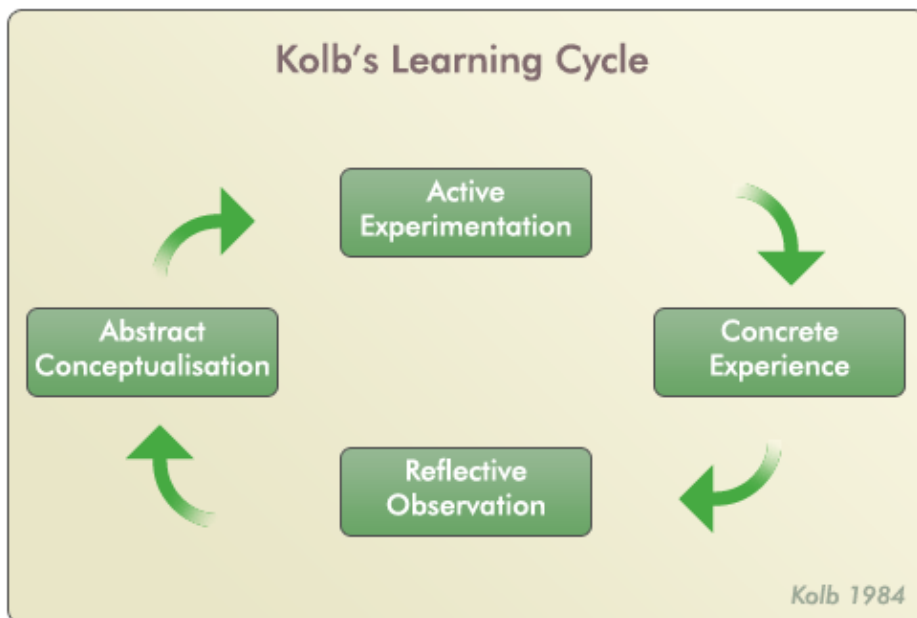
competence, it is not an exaggeration to describe feedback as “the fuel that drives improved performance”.’

Linking feedback to the learning process

It is very important to ensure that the feedback given to the learner is aligned with the overall learning outcomes of the programme, teaching session or clinical activity in which the learner is engaged. Giving feedback can be seen as part of experiential learning. Kolb (1984) proposed that learning happens in a circular fashion, that learning is experiential (learning by doing), and that ideas are formed and modified through experiences. These ideas underpin the idea of the 'reflective practitioner' and the shift from 'novice to expert', which occurs as part of professional development.

The learning cycle requires four kinds of abilities or learning contexts:

- concrete experience – learners are enabled and encouraged to become involved in new experiences
- reflective observation – gives learners time to reflect on their learning
- abstract conceptualisation – learners must be able to form and process ideas and integrate them into logical theories
- active experimentation – learners need to be able to use theories to solve problems and test theories in new situations.



This cycle is similar to the 'plan – do – reflect – act' cycle which is often used in appraisals. Hill (2007) identifies that 'feedback plays an important role in helping learners move round the cycle. For example, feedback supports the process of reflection and the consideration of new or more in-depth theory. Through a process of negotiation, feedback can also help the learner plan productively for the next learning experience.'

If we consider that one of the tasks of those giving feedback is to help the learner achieve their learning goals, then Hill (2007) suggests that we need to start with an understanding of:

(a) where the learner is in terms of their learning, the level they have reached, past experience, and understanding of learning needs and goals

(b) the learning goals in terms of knowledge, technical skills and attitudes. You may be observing more than one of these learning domains at the same time.

During the observation, our task is to identify where and how far the learner has travelled towards the learning goals, where they may have gone off track and what further learning or practice may be required.

Models of giving feedback

A common model for giving feedback in clinical education settings that you may have come across was developed by Pendleton (1984).

Pendleton's rules

1. Check the learner wants and is ready for feedback.
2. Let the learner give comments/background to the material that is being assessed.
3. The learner states what was done well.
4. The observer(s) state what was done well.
5. The learner states what could be improved.
6. The observer(s) state how it could be improved.
7. An action plan for improvement is made.

Although this model provides a useful framework, there have been some criticisms of its rigid and formulaic nature and a number of different models have been developed for giving feedback in a structured and positive way. These include reflecting observations in a chronological fashion, replaying the events that occurred during the session back to the learner. This can be helpful for short feedback sessions, but you can become bogged down in detail during long sessions. Another model is the 'feedback sandwich', which starts and ends with positive feedback.

When giving feedback to individuals or groups, an interactive approach is deemed to be most helpful. This helps to develop a dialogue between the learner and the person giving feedback and builds on the learner's own self-assessment, it is collaborative and helps learners take responsibility for their own learning.

A structured approach ensures that both trainees and trainers know what is expected of them during the feedback sessions. Walsh (2005) and Vassilas and Ho (2000) describe a model adapted from Kurtz et al. (1998), summarising the key points for problem-based analysis in giving feedback to groups as follows.

- Start with the trainee's agenda.
- Look at the outcomes that the interview is trying to achieve.
- Encourage self-assessment and self-problem solving first.
- Involve the whole group in problem solving.
- Use descriptive feedback.
- Feedback should be balanced (what worked and what could be done differently).

- Suggest alternatives.
- Rehearse suggestions through role–play.
- Be supportive.
- The interview is a valuable tool for the whole group.
- Introduce concepts, principles and research evidence as opportunities arise.
- At the end, structure and summarise what has been learnt.

Vassilas and Ho (2000) identify that medical educationalists claim that using this method for groups and individuals is more likely to motivate adults, in particular, to learn. Initially, grasping this different way of working can be more difficult for trainers than using the traditional didactic approach, but research into using this method supports its effectiveness in clinical settings. The widely used Calgary–Cambridge approach to communication skills teaching (Silverman et al., 1996) is referred to by Walsh (2005) in his summary of ‘agenda–led, outcomes–based analysis’: ‘Teachers start with the learners’ agenda and ask them what problems they experienced and what help they would like. Then you look at the outcomes that they are trying to achieve. Next you encourage them to solve the problems and then you get the trainer and eventually the whole group involved. Feedback should be descriptive rather than judgmental and should also be balanced and objective.’

See also the Teachers’ toolbox for a summary of [Giving and receiving feedback](#).

Barriers to giving effective feedback

Hesketh and Laidlaw (2002) identify a number of barriers to giving effective feedback in the context of medical education:

- a fear of upsetting the trainee or damaging the trainee–doctor relationship
- a fear of doing more harm than good
- the trainee being resistant or defensive when receiving criticism. Poor handling of a reaction to negative feedback can result in feedback being disregarded thereafter
- feedback being too generalised and not related to specific facts or observations
- feedback not giving guidance on how to rectify behaviour
- inconsistent feedback from multiple sources
- a lack of respect for the source of feedback.

Parsloe (1995) also identifies that feedback must be given sensitively and appropriately. He notes that it is easy for those giving feedback ‘to take the relationship aspect of their roles for granted… particularly if the (teacher) has been working with their learner for some time’ (p. 149). Learners are often in a dependent and subordinate role to teachers or trainers, and it is easy to dismiss issues of organisational power and authority that often underpin work relationships. This is particularly important if the organisational culture is bureaucratic, hierarchical or results oriented, and in healthcare, where there are often tensions around professional role boundaries and status. Where this influences feedback is in being clear about the expectations and aiming to develop a supportive, relaxed and informal environment. It is also about having respect for the person giving feedback.

Other aspects between the person giving feedback and the recipient include differences in sex, age or educational and cultural background. These are not necessarily obstacles, but they may make feedback sessions strained and demotivating.

Thinking point

- Think about when you are given feedback – what do you think acts as a barrier?

Giving informal feedback: maximising opportunities

There are many opportunities for giving informal feedback to learners on a day-to-day basis. Spencer's article 'Learning and teaching in the clinical environment' (2003) describes a range of aspects and activities concerned with helping clinical teachers to optimise teaching and learning opportunities that arise in daily practice, such as planning, using appropriate questioning techniques and teaching in different clinical contexts. Such techniques often involve giving feedback to learners on their performance or understanding, but the feedback is built into everyday practice. Those giving feedback can help the learner to move through the stages in the 'competency model' of supervision (Proctor, 2001; Hill, 2007) as shown in the table below.

	Unconscious incompetence	Conscious incompetence	Conscious competence	Unconscious competence
Learner	Low level of competence. Unaware of failings	Low level of competence. Aware of failings but not having full skills to correct them	Demonstrates competence but skills not fully internalised or integrated. Has to think about activities	Carries out tasks with conscious thought. Skills internalised and routine. Little or no conscious awareness of detailed processes involved in activities
Feedback giver	Helps learner to recognise weaknesses, identify areas for development and become conscious of incompetence	Helps learner to develop and refine skills, reinforces good practice and competence, demonstrates skills	Helps learner to develop and refine skills, reinforces good practice and competence through positive regular feedback	Raises awareness of detail and unpacks processes for more advanced learning, notes any areas of weakness/bad habit

Hesketh and Laidlaw (2003) note that providing informal on-the-job feedback can take only a few minutes of the clinician's time. To be the most effective, feedback should take place at the time of the

activity or as soon as possible after so that the learner (and teacher) can remember the events accurately. The feedback should be positive and specific, focusing on the trainee's strengths and helping to reinforce desirable behaviour: 'You maintained eye contact with Mrs X during the consultation, I feel this helped to reassure her'.

Negative feedback should also be specific and non-judgemental, possibly offering a suggestion: 'Have you thought of approaching the patient in such a way'. Focus on some of the positive aspects before the areas for improvement: 'You picked up most of the key points in the history, including X and Y, but you did not ask about Z'. Avoid giving negative feedback in front of other people, especially patients.

Keep the dialogue moving with open-ended questions: 'How do you think that went?', which can be followed up with more probing questions. Hesketh and Laidlaw (2003) also suggest that learners should be encouraged to 'seek feedback themselves from others'; feedback actually works best when it is sought.

Giving formal feedback

Observations over a period of time or for specific purposes (e.g. appraisal, end of attachment interviews) are typical situations when formal feedback occurs in the clinical setting. Teachers may also be required to participate in formal clinical and non-clinical assessments which ideally should incorporate feedback to the learner.

If ongoing feedback has been carried out regularly, then the formal feedback sessions should not contain any surprises for the learners. Feedback can be given on a one-to-one basis or in small groups. The structure for giving feedback will be agreed between you and the learner(s), and may follow one of the models described above. It is also important that both you and the people to whom you are giving feedback are fully prepared for the session.

Prior to a formal feedback session you should:

- ensure the learner is aware they are to receive feedback (so clearly define the purpose of the feedback session prior to or at the outset of the session)
- collect any information you need from other people
- summarise the feedback and ensure you know the positive aspects and areas for improvement are listed (with supporting evidence)
- make sure you know how the feedback relates to the learning programme and defined outcomes.

Setting the scene:

- create an appropriate environment
- clarify your ground rules with the students – what part of the history or examination the student is to concentrate on, when you will interrupt, what other students are to do, how the student can seek help during the consultation, etc.
- agree a teaching focus with the student
- gain the patient's consent and co-operation
- make notes of specific points.

During the formal feedback session, you should:

- redefine the purpose and duration of the feedback session
- clarify the structure of the session
- encourage the learner to self-assess their performance prior to giving feedback
- aim to encourage a dialogue and rapport with the trainee
- reinforce good practice with specific examples
- identify, analyse and explore potential solutions for poor performance or deficits in practice.

After the session, you should:

- complete any outstanding documentation and ensure the learner has copies
- carry out any agreed follow-up activities or actions
- make sure that opportunities for remedial work or additional learning are arranged
- set a date for the next feedback session, if required.

Receiving feedback

Sometimes feedback is not received positively by learners, and fear of this can inhibit teachers giving regular face-to-face feedback. People's responses to criticism, however constructively it is framed, can vary. Learners often discount their ability to take responsibility for their learning, and their responses may present in negative ways, including anger, denial, blaming or rationalisation (King, 1999). When giving feedback, it is helpful to maintain an empathic yet consistent approach with a view to helping the learner take responsibility for development and improvement.

The focus in this module has mainly been about giving effective feedback to learners, but it is also helpful to think in a structured way about how feedback might be received. You can help to prepare learners (and yourself) for receiving feedback by providing opportunities for them to practise the guidelines listed below.

The aim of developing an open dialogue between the person giving feedback and the recipient is so that both parties are relaxed and able to focus on actively listening, engaging with the learning points and messages, and developing these into action points for future development.

Guidelines for receiving constructive feedback

1. Listen to it (rather than prepare your response/defence).
2. Ask for it to be repeated if you did not hear it clearly.
3. Assume it is constructive until proven otherwise; then consider and use those elements that are constructive.
4. Pause and think before responding.
5. Ask for clarification and examples if statements are unclear or unsupported.
6. Accept it positively (for consideration) rather than dismissively (for self-protection).
7. Ask for suggestions of ways you might modify or change your behaviour.
8. Respect and thank the person giving feedback.

Congratulations

You have now reached the end of the module. Provided you have entered something into your log you can now print your certificate. To generate your certificate please go to 'my area' and click on 'complete' in the course status column. Please note, you will not be able to print your certificate unless you have entered something in your 'reflections area'.

Please now take a moment to evaluate the course and enter your comments below.

Further Information

This module was written by Judy Mckimm, Visiting Professor of Healthcare Education and Leadership, Bedfordshire & Hertfordshire Postgraduate Medical School. The module relates to areas 1, 2, 3, 4 and 5 of the Professional Development Framework for Supervisors in the London Deanery.

Teachers' toolkit

Download [guidelines for giving and receiving feedback](#) in pdf format.

References

Department of Health. Modernising Medical Careers (MMC) website www.mmc.nhs.uk (accessed 24 July 2007).

Gordon J (2003) [BMJ ABC of Learning and Teaching in Medicine: one to one teaching and feedback](#). British Medical Journal. 326: 543–5 (accessed 23 July 2007).

Hill F (2007) Feedback to enhance student learning: Facilitating interactive feedback on clinical skills. International Journal of Clinical Skills. 1: 21–4.

Hesketh EA and Laidlaw JM (2002) Developing the teaching instinct: feedback. Medical Teacher. 24: 245–8.

King J (1999) Giving feedback. British Medical Journal. 318: 2.

Kolb DA (1984) Experiential Learning: experience as the source of learning and development. Prentice Hall, Englewood–Cliffs, NJ.

Kurtz S, Silverman J and Draper J (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press, Oxford.

Pendleton D, Scofield T, Tate P and Havelock P (1984) The Consultation: an approach to learning and teaching. Oxford University Press, Oxford.

Proctor B (2001) Training for supervision attitude, skills and intention. In: Cutcliffe J, Butterworth T and Proctor B (eds) Fundamental Themes in Clinical Supervision. Routledge, London.

Ramsden P (1992) Learning to Teach in Higher Education. Routledge, London.

Silverman JD, Kurtz SM and Draper J (1996) The Calgary–Cambridge approach to communication skills teaching. Agenda–led, outcome–based analysis of the consultation. Journal of Education in General Practice. 7: 288–99.

Spencer J (2003) [BMJ ABC of Learning and Teaching in Medicine: learning and teaching in the clinical environment](#). British Medical Journal. 326; 591–4 (accessed 23 July 2007).

Vassilas C and Ho L (2000) Video for teaching purposes. *Advances in Psychiatric Treatment*. 6: 304–11. The Royal College of Psychiatrists (accessed 23 July 2007)

Walsh K (2005) [The rules](#). British Medical Journal. 331: 574 (accessed 22 July 2007).

Further reading

ASME Understanding Medical Education Guides:

- Boursicot KAM, Roberts, TE and Burdick WP (2007) *Structured Assessments of Clinical Competence*. Association for the Study of Medical Education, Edinburgh.
- Launer J (2006) *Supervision, Mentoring and Coaching: one-to-one learning encounters in medical education*. Association for the Study of Medical Education, Edinburgh.
- Norcini JJ (2007) *Workplace-based Assessment in Clinical Training*. Association for the Study of Medical Education, Edinburgh.
- Pitts J (2007) *Portfolios, Personal Development and Reflective Practice*. Association for the Study of Medical Education, Edinburgh.
- Schuwirth LWT and van der Vleuten CPM (2006) *How to Design a Useful Test: the principles of assessment*. Association for the Study of Medical Education, Edinburgh.
- Wood D (2006) *Formative Assessment*. Association for the Study of Medical Education, Edinburgh.

BMJ ABC of Learning and Teaching in Medicine: learning and teaching in the clinical environment, at www.bmj.com

Course Glossary

Aim

An aim in educational terms, is a brief statement of intent, indicating the scope and range of intended learning outcomes that the educational episode has been structured to address.

Appraisal

A positive and ongoing process to provide feedback on performance, review progress and plan action. The appraisal interview or discussion is a key part of the process where strengths and areas for improvement are summarized and agreed and a formal development plan is made.

Assessment

Assessment is the term used to indicate an appraisal of students' performance. Typical formal assessments in medicine include written examinations, Multiple choice questionnaires (MCQ), observations of clinical or communication skills, Objective Structured Clinical Examinations (OSCEs) and Multi-Source Feedback (MSF). Assessments may be summative (where the marks gained contribute to a formal grade or award) or formative (where the focus is on providing feedback for ongoing development).

Class

Class refers to hierarchical differences between individuals or groups in societies or cultures . Factors that determine class may vary widely from one society to another. However, economic disadvantage and barriers to access services are major issues within class discrimination.

Learning Outcomes

Learning outcomes are similar to learning objectives in that they specify the intended outcomes of the programme of study. These should be stated in clear and specific terms and should be developed along with a specification of the learning experiences that will allow the outcomes to be achieved.

Learning outcomes

Learning outcomes are similar to learning objectives in that they specify the intended outcomes of the programme of study. These should be stated in clear and specific terms and should be developed along with a specification of the learning experiences that will allow the outcomes to be achieved.

Supervision

Usually a formal one-to-one relationship, focussed around professional conversations to help the supervisee develop reflective professional practice, learning and skills with the aim of improving patient care.

Learning Activities

Select one or more of the activities below to focus your attention on developing your feedback skills and putting into practice some of the learning from the module.

1 Giving formal feedback

Select between one and three occasions when you are formally required to give feedback to a student or trainee. Examples might be appraisal, feedback to a medical student at the end of a clinical placement, a written or clinical assessment or a Foundation Programme assessment.

Using one of the checklists or feedback structures described in this module that is new to you, carry out the feedback session(s).

List some of the advantages and difficulties you encountered.

2 Developing opportunities for informal feedback

Select some of the key points and approaches from this module that you feel are important in developing opportunities to give informal feedback to the students or trainees who work with you.

Make a positive commitment to introduce more feedback into your work with learners as routine and try out some of the approaches you identified as appropriate to your situation. This may involve you giving more feedback, encouraging the learners to seek feedback as routine from others and involving peers, other health professionals or patients in giving informal feedback.

Observe the reactions of the learners (and others) to your modified approach.

List some of the advantages and difficulties you encountered.

3 Multi-source feedback

Find out what training opportunities have been (or could be) put in place for trainees and those giving feedback in your trust.