FEEDBACK // what, why, and how to do it well...

What is it?

Feedback [feed-bak]: a process in which information is shared to improve performance in reaching a goal

Why is it important?

- Detailed and prompt feedback on performance helps learners achieve required competencies by reinforcing good performance and providing the basis for remediation when needed (Krackov)
- Medical students and residents have stated that feedback, when given effectively, is useful in helping them gauge their performance and making action plans for improvement (Bing-You & Trowbridge)
- Trainees report that feedback is often given infrequently and/or ineffectively, whereas teachers themselves believe that they provide frequent and adequate feedback (Branch & Paranjape)

6 Tips to make it effective...

Tip	Example
1. Normalize the use of feedbacka) as a validated teaching strategyb) as a collaborative conversationc) as a professional expectation	"My role is to help you develop your skills by observing and providing feedback that reinforces your strengths and identifies areas that need strengthening. I'm always interested in improving my teaching skills and patient care and would welcome any feedback you may have for me, as well."
2. Name it	"I'd like to offer you some feedback on that last patient visit."
 3. Use behavioural language (ie. things you actually saw or heard) to a) reinforce things done well b) provide 1-2 concrete suggestions for improvement 	"Your soft tone of voice and gentle physical contact with the patient during that difficult conversation really seemed to reduce her anxiety. Next time, you could solicit some additional support from the patient's family by asking what they understand their mother's end-of-life wishes to be."
4. Connect it to key competencies	"Communication and collaboration are improved when a physician integrates perspectives from family members to create a shared plan of care"
5. Record it	"Let's write a field note on this so we both have a record of what was discussed."
6. Make it a habit	"I'd like you to help me remember to offer you at least one piece of useful feedback per day."

The SBIF Feedback Model // make your feedback SBIF-y!

= Ask the learner to **self-assess** his/her performance. "So, how did you think the history taking went with Mrs. Williams?" = Describe a concrete **behaviour** that you observed. "I agree that you asked all the appropriate questions for the presenting complaint and that your clinical reasoning was solid. I also noticed that you were scrolling through the chart during most of your history-taking." = Specify how the identified behaviour **impacts** the setting. "If you don't watch the patient during the history you can miss some important nonverbal cues that might help inform your diagnosis." = **Follow up** with SMART steps the learner could take to improve in this area. "For your next patient, take a moment to read the patient's chart before entering the room. Then place it to the side while you're speaking with the patient and write your notes after the two of you have agreed on a treatment plan." "What's one specific thing you could try differently next time to address this?"

References:

- Bing-You R, Trowbridge R. 2009. Why medical educators may be failing at feedback. JAMA 302:1330–1331.
- Branch W, Paranjape A. 2002. Teaching methods for clinical settings. Acad Med 77:1185–1188.
- Krackov S. 2011. Expanding the horizon for feedback. *Med Teach* 33:873–874.