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Article in *British journal of hospital medicine* (London, England: 2005) · April 2009

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Giving effective feedback

Feedback is a vital part of education and training which, if carried out well, helps motivate and develop learners' knowledge, skills and behaviours. It helps learners to maximize their potential and professional development at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance.

Introduction

This article sets out the principles behind giving effective feedback, considers different contexts in which feedback can be given and explores some of the issues involved in giving feedback to students, trainees and colleagues. It also provides suggestions on how you might apply these ideas to your own practice.

The role of feedback in clinical education

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, with the most effective feedback being that based on observable behaviours (Gordon, 2003).

Over the last few years, new assessment procedures have been introduced for doctors. Clinical practice and professional behaviours and attitudes are regularly and routinely assessed using a raft of workplace-based assessments, including multi-source feedback, observations of clinical performance and case-based discussions. Feedback is a critical element of all these assessments. Incorporating feedback within learning that emphasizes reflective practice helps learners to develop the capacity to critically evaluate their own and others' performance, to self monitor and move towards professional autonomy.

Feedback and the learning process

Feedback can be informal, in day-to-day encounters between teachers and students

or trainees, between peers or colleagues, or formal, for example as part of written or clinical assessment of learners' performance. Giving and asking for feedback should be part of the overall interaction between teacher and learner, not a one-way communication.

If feedback is not given, the learner might assume that he/she has no areas for improvement or development. Learners value feedback, especially when given by someone whom they respect for their knowledge, attitudes or clinical competence. Failing to give feedback is in itself a non-verbal communication, leading to mixed messages and false assessment by the learner of his/her own abilities as well as a lack of trust in the teacher or clinician. Feedback should also be aligned with the overall learning outcomes of the programme, teaching session or clinical activity in which the learner is engaged.

Kolb (1984) proposed that learning happens in a circular fashion, i.e. that learning is experiential (learning by doing) with ideas being formed and modified through experiences (Figure 1). The learning cycle moves through four phases:

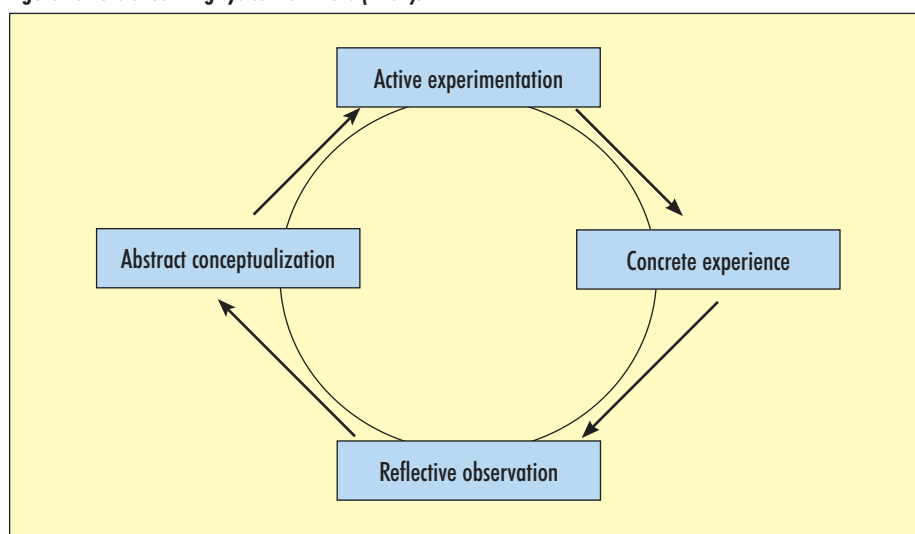
1. **Concrete experience** – learners are enabled and encouraged to become involved in new experiences
2. **Reflective observation** – learners reflect on their learning
3. **Abstract conceptualization** – learners form and process ideas and integrate them with their existing cognitive frameworks
4. **Active experimentation** – learners use theories and frameworks to solve problems and test out in new situations.

This cycle is similar to the 'plan, do, reflect, act' cycle which is often used in appraisals.

Hill (2007) identifies the important role of feedback in the learning cycle, in supporting reflection and considering how theory relates to practice. Clinical teachers can work with learners to negotiate and plan future learning needs and experiences. In order to help learners achieve their learning goals we need to start with an understanding of:

1. Where the learner is 'at', the level he/she has reached, his/her past experience and understanding of learning needs and goals
2. The learning goals in terms of knowledge, technical skills and attitudes: you

Figure 1. Kolb's learning cycle. From Kolb (1984).



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may be observing more than one of these learning domains at the same time (Hill, 2007).

During any observation, teachers need to be able to identify where and how far the learner has travelled towards the learning goals, where he/she may have gone off track and what further learning or practice may be required.

Giving effective feedback

Whether you are giving formal or informal feedback, applying some basic principles will help your feedback to be more effective.

Feedback should be given when asked to do so or when your offer is accepted and as soon after the event as possible. The overall focus is on the positive and should be part of the overall communication process and 'developmental dialogue'. To be effective it is important to develop rapport, mutual respect and trust between you and the learner.

Feedback needs to be given privately wherever possible, especially more negative feedback and in doing so, try to stay in the 'here and now'. Don't bring up old concerns or previous mistakes, unless this is to highlight a pattern of behaviours but focus on specific behaviours that can be changed, not personality traits, giving examples where possible and do not evaluate or assume motives. Use 'I' (i.e. own the feedback yourself) and give your experience of the behaviour (When you said..., I thought that you were...). When giving negative feedback, it is essential to suggest alternative behaviours.

Remember that feedback is for the recipient, not the giver: be sensitive to the impact of your message. Consider the content of the message, the process of giving feedback and the congruence between your verbal and non-verbal messages. Aim to encourage reflection through open questions such as:

- Did it go as planned – if not why not?
- If you were doing it again what would you do the same next time and what would you do differently... why?
- How did you feel during the session... how would you feel about doing it again?
- How do you think the patient felt... what makes you think that?
- What did you learn from this session?

When giving feedback to individuals or groups, an interactive approach helps to develop a dialogue between the learner and the person giving feedback. It builds on the learner's own self-assessment and helps learners take responsibility for learning. A structured approach ensures that both trainees and trainers know what is expected of them during the feedback sessions.

A number of different models have been developed for giving feedback in a structured and positive way. The simplest of these is a chronological statement of your observations, replaying the events that occurred during the session back to the learner. This can be helpful for short feedback sessions, but can become bogged down in detail during long sessions. Other models include the 'feedback sandwich' which starts and ends with positive feedback, with the aspects for improvement 'sandwiched' in between and 'Pendleton's rules' (Pendleton et al, 1984). Be clear about what you are giving feedback on and link this to the learner's overall professional development and/or intended programme outcomes. Finally, do not overload the learner – identify two or three key messages that you summarize at the end.

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
- Feedback being too generalized and not related to specific facts or observations
- Feedback not giving guidance as to how to rectify behaviour
- Inconsistent feedback from multiple sources
- A lack of respect for the source of feedback.

Increasingly in medical education, a range of health professionals and patients are involved in formal assessments, either in the workplace or in more formal settings. This can cause anxieties and barriers for both those giving and receiving feedback. Feedback needs to be sensitively and appropriately given. 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' (Parsloe, 1995).

Learners are often in a dependent and subordinate role to teachers or trainers and it is easy to dismiss issues of organizational power and authority that often underpin work relationships. This is particularly important where there may be tensions around professional role boundaries and status.

The person giving feedback and the recipient might be different in terms of sex, age or educational and cultural background. Although these might not pose obstacles they may make some feedback sessions strained and demotivating. A supportive, empathic, consistent and relaxed environment and a working relationship based on mutual respect is the basis for enabling feedback to be most effective and helps the learner take responsibility for development and improvement.

Informal feedback

Opportunities for giving informal feedback to learners can be taken through questioning techniques, planning appropriate learning activities and building in time for discussion (Spencer, 2003). Table 1 indicates how feedback on performance or understanding can be built into everyday practice, helping learners move through the 'novice to expert' stages in the 'competency model' of supervision (Proctor, 2001; Hill, 2007).

Providing informal 'on the job' feedback might take only a few minutes of your time but to be most effective, the feedback should take place at the time of the activity or as soon as possible after so that those involved can remember events accurately. The feedback should be positive and specific, focussing 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...'. Clinicians are influential role models. Modelling how reflective practitioners behave by 'unpacking' your own clinical reasoning and decision-making processes as you give feedback can be an effective approach to developing a professional conversation.

Table 1. The role of feedback in professional development

	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 internalized or integrated. Has to think about activities, may be slow	Carries out tasks without conscious thought. Skills internalized and routine. Little or no conscious awareness of detailed processes involved in activities
Role of feedback	Helps learner to recognize 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	Raise awareness of detail and unpack processes for more advanced learning, note any areas of weakness or bad habits

Negative feedback should also be specific and non-judgmental, 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. You should encourage learners to be proactive in seeking feedback from others as this is often more timely and relevant to learners' needs (Hesketh and Laidlaw, 2002).

Giving formal feedback

Clinicians are often required to give formal feedback based on observations of learners over a period of time, for specific purposes (e.g. appraisal, end of attachment interviews) or as part of assessment or revalidation. If ongoing feedback has been regularly carried out then formal feedback 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). It is important that both you and those to whom you are giving feedback are fully prepared.

Before a formal feedback session you should:

- Ensure the learner is aware he/she is to receive feedback (so clearly define the purpose of the feedback session before or at the outset of the session)
- Collect any information you need from other people

- Summarize 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.

Then set the scene:

- Create an appropriate environment
- Clarify ground rules, e.g. what part of the history or examination the learner is to concentrate upon, when you will interrupt, what other learners might do, how the learner can seek help during the consultation
- Agree a teaching focus
- Gain the patient's consent and cooperation
- 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 his/her performance before giving feedback
- Aim to encourage dialogue and rapport
- 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 you both have 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 (*Table 2*).

Receiving feedback

Sometimes feedback is not received positively by learners and fear of this can

Table 2. Do's and don'ts of effective feedback

Do:	Find an appropriate time and place
	Agree what you are going to focus on
	Start with what went well – accentuate the positive
	Distinguish between the intention and the effect
	Distinguish between the performance and the personal (e.g. 'what you said sounded judgmental' rather than 'you are judgmental')
	Identify areas for improvement
	Offer alternatives
	Check for understanding
Don't:	Generalize
	Comment on things that can't be changed
	Criticize without making recommendations
	Be dishonestly kind – if there is room for improvement be specific
	Forget that your feedback says as much about you as about the person to whom it is directed

inhibit teachers giving regular face-to-face feedback. People's responses to criticism varies, however constructively it is framed. Learners often discount their ability to take responsibility for their learning and their responses may present in negative ways, including anger, denial, blaming or rationalization (King, 1999). It is useful to think in a structured way about how feedback might be received and to encourage an open dialogue and receptivity.

Conclusions

Being able to give effective feedback on performance in both formal and informal

settings is one of the key skills of a clinical teacher. Giving feedback can range from simple, informal questions and responses while working alongside a learner on a day-to-day basis through to giving written or verbal feedback through appraisal or examinations. However, the core principles are the same: a good relationship and dialogue helps the learner receive messages appropriately and the feedback should be given so as to help the learner take informed action and responsibility for their future learning and development. **BJHM**

Conflict of interest: Professor J McKimm was commissioned by the London Deanery to lead on the development of the suite of e-learning modules from which these articles have been derived.

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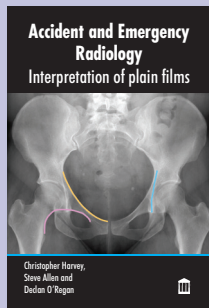
This series of articles for clinical teachers was originally commissioned as a suite of e-learning modules for the London Deanery. Both the series and e-learning modules were designed and edited by Judy McKimm and Tim Swanwick.

The London Deanery e-learning modules for clinical teachers are open access and available at www.londondeanery.ac.uk/facultydevelopment. Each module takes 30–60 minutes to complete and proof of completion is available in the form of a printed certificate.

KEY POINTS

- The skill of giving feedback is central to effective clinical teaching and supervision.
- The process of feedback is closely linked to learning and professional development.
- Feedback should always be constructive – focussing on behaviours that can be changed.
- Informal feedback can easily be built into everyday clinical practice.
- Developing a good relationship with learners helps feedback to be received more appropriately.

Accident and Emergency Radiology: Interpretation of plain films



by Christopher Harvey, Steve Allen and Declan O'Regan

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