Constructive Feedback: Challenges & Strategies

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In this interactive session, we will:

**Identify**
- the challenges faculty encounter in giving feedback

**Discuss**
- the fundamental principles and components of effective or constructive feedback

**Practice & Share**
- strategies for addressing those challenges in striving to engage in learning through feedback.
What are the challenges you encounter in giving constructive feedback?

CLICK HERE IF YOU WANT TO TAKE THE POLLS AND/OR SEE POLL RESULTS!
What are the fundamental characteristics of effective or constructive feedback? (After submitting your answer, you can rank up/down others’ responses as well.)

When poll is active, respond at PollEv.com/reflect

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What are the challenges you encounter in giving constructive feedback?

Responses

People not trained properly to give it
Having enough time, resources. Defining what constitutes good, middle, bad constructive feedback. Differentiating between different levels of learners in giving appropriate levels of feedback.
Negative feedback is hard no matter what. Finding demographic issues harder - as a young female attending, I am encountering the most difficulty with senior male residents
Finding the appropriate time
Ensuring the message was understood as intended
Defensiveness
Refusal to accept feedback
Backlash
Enough time with resident/ student. If they are just ok (easier if poor or great)
Becoming too negative
Providing actionable feedback

What are the fundamental characteristics of effective or constructive feedback? (After submitting your answer, you can rank up/down others' responses as well.)

Responses

Focus on what to do rather than what not to do
Action items or concrete examples
Providing actionable direction
Understanding the whole story and check in with the person rather than share what another said.
Ask for selfassessment first
How to do better- specific suggestions
Provide specific details
Dialog
Inquire about understanding
Include both positives and negatives when relevant
Specifics
Team approach.
Include both strengths and areas for improvement
Focused and give options of how learner can improve
Identify some kind of follow up or check in time
Team approach.
Concrete rather than general
Providing the opportunity for the feedback receiver to provide solutions or

Upvotes | Downvotes
--- | ---
6 | 0
5 | 0
3 | 0
3 | 0
3 | 0
1 | 0
1 | 0
1 | 0
1 | 0
0 | 0
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0 | 0
Why do we care?

“Feedback is the impetus for improving performance. It is a fundamental cornerstone of effective teaching and learning.”

Is this feedback?

1. Goals and expectations set?
2. Timing appropriate?
3. Content of feedback effective?
**Evaluation** tells the learner whether they performed well, poorly or somewhere in between.

**Feedback** explains HOW the learner performed and WHY performance is considered good, poor or otherwise.

**NOT** Feedback!
Reflective Feedback Conversations

Be specific
Frame feedback as a conversation
Invite self-assessment
Offer actionable guidance
The RFC Model

Reflective Feedback Conversation
feedback Challenges & Strategies

Translate the Accusatory YOU to I/We/It
Our Medical Students Say…

• Feedback in general is moderately to very important for improving performance

70%

• Evaluative remarks (good job) are not useful or only slightly useful for improving performance

60%

• Including specific descriptions of good behavior & behavior that needs improvement is moderately-very useful!

98%

Clinical Reasoning Course study on feedback (2017-18)
“Rereview expectations and try to address denial through education. The goal is to try to get the learner to identify the discrepancy between his or her present performance and the expectations or the professional standard.” (Kogan 2012, 99)
Role play!

- Pair up
- Roles
  - Instructor
  - Learner
- Follow instructions on your Role Play Scenario
- Debrief
Translate the Accusatory YOU!
Develop Feedback Scripts

- When you're not sure how to deliver or frame the constructive feedback you want to offer, consult a colleague.

- Some situations are more challenging than others - maybe because you anticipate the learner may feel awkward or defensive, or the nature of situation is particularly sensitive.

- In these situations, it can helps to develop a "script" to start the conversation before you talk with the learner.
Let’s evaluate this feedback

1. Goals and expectations set?
2. Timing appropriate?
3. Content of feedback effective?
When YOU develop a safe discharge plan for patients, YOU should interview the people who will be necessary to ensuring patient safety at home or in the community. YOU should always talk with whoever lives at home and find out what community services are available to assist with follow-up care.
Let’s Translate the Accusatory YOU

YOU #1
When YOU develop a safe discharge plan for patients, YOU should interview the people who will be necessary to ensuring patient safety at home or in the community. Generally, YOU should talk with whoever lives at home and find out what community services are available to assist with follow-up care.

TRANSLATION
When we develop a safe discharge plan for patients, we interview the people who will be necessary to ensuring patient safety at home or in the community. Generally, we talk with whoever lives at home and find out what community services are available to assist with follow-up care.
You asked some really confusing and very complex questions of the patient’s husband during discharge planning. You should have clarified the information or broken down the complex questions into two or three parts. Then, you’d know what the patient was actually telling you.”
You asked some really confusing and very complex questions of the patient’s husband during discharge planning. You should have clarified the information or broken down the complex questions into two or three parts. Then, you’d know what the patient was actually telling you.”

When you were talking with the patient’s husband, for example I recall you at one point there were 2 questions at once, whether the patient had transportation for follow up appointments and whether the home health aide was planning to visit.

When we are trying to verify information, particularly when working with a patient to come up with a plan of care, it’s important to ask one question at a time and wait for their response. I also repeat what the patient said be sure I understand their concerns or goals as we establish next steps.
Your voice is so soft. It’s almost impossible to hear you over the air conditioning. YOU really need to speak up so patients, especially elderly patients, can hear you more clearly. If YOU had actually done that with Mr. Smith, you could have avoided any misunderstanding.
Let’s Translate the Accusatory YOU

YOU #3

Your voice is so soft. It’s almost impossible to hear you over the air conditioning. YOU really need to speak up so patients, especially elderly patients, can hear you more clearly. If YOU had actually done that with Mr. Smith, you could have avoided any misunderstanding.

TRANSLATION

You have a soft voice. But, it’s pretty difficult to hear anyone over the air conditioning in patient rooms. One way to be sure patients have heard and understand us is to check in with them. Usually, I ask the patient to tell me what they understand about what I’ve said so far to help me avoid misunderstandings.
The RFC Model

Reflective Feedback Conversation

DESCRIBE Relevant, Observable Behaviors

FRAME As a CONVERSATION

INVITE SELF-ASSESSMENT

Provide ACTIONABLE GUIDANCE


• Kogan JR, Conforti LN, Bernabeo EC, Durning SJ, Hauer KE Holmboe ES. Faculty staff perceptions of feedback to residents after direct observation of clinical skills. Medical Education 2012: 46: 201–215.


• Kofman F. Authentic Communication: Transforming Difficult Conversations in the Workplace; 2014.

• Slatkin A A. Communication in Crisis and Hostage Negotiations: Practical Communication; 2012.
