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**Getting Beyond ''Good Job'': How to Give Effective Feedback**
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# Getting Beyond "Good Job": How to Give Effective Feedback

This article is the fourth in a series by the Council on Medical Student Education in Pediatrics (COMSEP) reviewing the critical attributes and skills of superb clinical teachers. The previous article in this series reviewed the vital importance of direct observation of students.[1] The purpose of this article is to describe how to use the information gained from the direct observation, namely the role of feedback. Although too often used interchangeably, encouragement, evaluation, and feedback are quite distinct. Encouragement (eg, "good job!") is supportive but does nothing to improve the learner's skills. Evaluation is summative and is the final judgment of the learner's performance. Feedback, however, is designed to improve future performance. This article focuses on feedback—what it is, why it is important, some of the barriers to effective feedback, and how to give helpful feedback.

## FEEDBACK: WHAT IT IS

Feedback is an informed, nonevaluative, objective appraisal of performance intended to improve clinical skills.[2] A preceptor can give feedback on history-taking, physical examination, communication, organization, and presentation skills as well as professionalism and written notes.[3] Feedback should provide reassurance about achieved competency, guide future learning, reinforce positive actions, identify and correct areas for improvement, and promote reflection. Effective feedback is specific and describes the observed behavior. Telling a learner that he or she did a good job may reinforce a set of behaviors, but it does not tell the learner which of the observed behaviors should either be repeated or improved. Statements such as "I like how you stated the chief complaint, but the history of present illness needs to include how long the patient has had the complaint and what interventions have made the complaint better or worse" inform the learner of exactly which behavior to repeat, which behavior needs improvement, and how to improve. Feedback concentrates on observed behaviors that can be changed. Telling a learner that he or she is too shy is not useful; however, recommending that the learner be the first to volunteer an answer can be used to change behavior.

Effective feedback is timely, optimally offered immediately after an observed behavior but certainly before the action has been forgotten. If feedback is deferred too long, the learner may forget the context or may not have the opportunity to practice and demonstrate improvement. Effective feedback can be summarized by the acronym STOP (Specific, Timely, Objective and based on Observed behaviors, Plan for improvement discussed with learner).

Three types of feedback exist.[4] Brief feedback occurs daily and is related to an observed action or behavior, such as "let me show you a better way to examine the newborn's abdomen." Formal feedback involves setting aside a specific time for feedback, such as at the end of a presentation on the inpatient service or after a patient encounter in an outpatient clinic. Major feedback occurs during scheduled

sessions at strategic points during a clinical rotation, usually at the midpoint, and serves to provide more comprehensive information to the learner so that he or she can improve before the end of the rotation, when the final evaluation is performed.

## FEEDBACK: WHY IT IS IMPORTANT

The ability to give feedback effectively is one of the defining characteristics of master teachers.[5] In the absence of feedback from experienced preceptors, learners are left to rely on self-assessment to determine what has gone well and what needs improvement. Although effective feedback promotes self-assessment, studies have shown that inexperienced learners do not consistently identify their own strengths and weaknesses.[2,6] Learners may also interpret an absence of feedback as implicit approval of their performance. Simply put, without appropriate feedback, clinical skills cannot improve. Because medical training uses a system of gradually diminishing supervision, uncorrected mistakes early in training may be perpetuated and even taught to subsequent learners. Timely feedback, therefore, has important implications not only for learning but also for high-quality patient care.

## BARRIERS TO FEEDBACK

Despite its critical role in professional development, learners regularly report receiving little feedback on their performance.[7] Many barriers to providing effective feedback have been reported.[7,8] Clinical preceptors may not be involved in curriculum development, so they may be uncomfortable defining expectations for their learners.[9] Brief encounters with learners and busy patient schedules may offer limited opportunity for direct observation of learners.[1] Preceptors may have incomplete or inaccurate concepts of what constitutes feedback. Learners, for their part, may not recognize feedback when it is offered. Finally, many people find it easier to offer positive encouragement instead of constructive feedback, a tendency only reinforced when the latter is met with defensiveness from learners. Another major barrier is perceived lack of time.[6,10] Depending on the situation, formal or major feedback may take 5 to 20 minutes. However, brief focused feedback takes little time and is highly effective.[4]

## FEEDBACK: HOW TO DO IT WELL

There are a number of techniques for providing feedback to learners.[2,4,8,11,12] A frequently used method is the "feedback sandwich." The top slice of bread is a positive comment (ie, about what the learner has done well); the middle of the sandwich is an area of improvement (ie, what the learner needs to improve); and the bottom slice of bread is another positive comment, which ends the session on an upbeat note. Although this format is often used, other techniques promote self-reflection and may be more effective and engaging,[6,13] which is particularly true for learners with poor performance.[14]

On the basis of experience gained from Council on Medical Student Education in Pediatrics workshops and a review of the current literature, we recommend the following 5-step framework for giving formal and major feedback (Table 1).

1. Outline the expectations for the learner during orientation.[9] Learners cannot succeed if they do not know what is expected of them.

2. Prepare the learner to receive feedback. Learners often state that they receive little feedback,[7] whereas

### TABLE 1  Guidelines for Giving Feedback

Outline the expectations for the learner
Prepare the learner to receive feedback
    Use the word "feedback"
    Make feedback private
    Make feedback timely
Ask the learner for self-assessment
    Make feedback interactive
Tell the learner how he or she is doing
    Base feedback on observed actions and
      changeable behaviors
    Provide concrete examples
Agree on a plan for improvement
    Allow learner to react to feedback
    Suggest specific ways to improve performance
    Develop an action plan with learner; elicit
      suggestions from learner
    Outline consequences

educators report consistently giving feedback.[15] Bridge this gap with the phrase, "I am giving you feedback." Specifically using the word "feedback" helps the learner recognize the intent.[4] To minimize discomfort or embarrassment and promote a dialogue, feedback should be given in a private setting.

3. Ask learners how they think they are performing. Encouraging learners to assess and correct their own performance routinely helps them to develop the skills of lifelong learning and leads to a shared view of what needs improvement.[13]

4. Tell the learner how you think he or she is doing. Feedback should be based on specific, observed actions and changeable behaviors. Provide concrete examples of what the learner did well and what the learner could improve. The feedback needs to be appropriate to the curriculum and the developmental stage of the learner.

5. Develop a plan for improvement. The learner should have the opportunity to comment on the feedback and make his or her own suggestions for improvement. The preceptor can then suggest additional

ways to improve learner performance. The learner and preceptor can then develop an action plan for improvement together.

Ideally, brief feedback should occur daily. For preceptors, remembering to "STOP" for a moment to give feedback may enhance the frequency and effectiveness of feedback. Faculty-development programs can help preceptors understand expectations for students and overcome anxiety about giving feedback.[16] Course or program directors can e-mail or notify preceptors of the need to give major feedback at the midpoint of the rotation. Preceptors may designate a day of the week for feedback (eg, Feedback Fridays).[11] Finally, learners themselves can be encouraged to take the initiative to elicit feedback by either asking for it verbally or asking their preceptor to fill out a form or a clinical encounter card.[17]

## CONCLUSIONS

Effective feedback is critical for improving the clinical performance of medical students and residents. It provides learners with information on past performances so that future performance can be improved. Ulti-mately, not only does effective feedback help our learners but our patients as well. Feedback is a critical skill for educators that is necessary and valuable and, after some practice and planning, can be incorporated into daily practice.[2]

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