

Office of Educational and Faculty  
Development

Telling Inconvenient Truths:  
*Giving Difficult Feedback*

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# Learning Objectives

By the end of the session the participant will be able to

- Identify effective strategies to overcome barriers to giving difficult feedback
- Describe the 4 basic steps for delivering difficult feedback
- Describe how to manage reactions to difficult feedback

# Feedback

- Critical to learning and improvement
- Improves clinical performance
  - Reinforces positive behaviours
  - Corrects undesirable behaviours
- Decreases anxiety about performance
  - Without feedback, formal tests become overly important
  - Improves self-assessment



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# The Truth

- Most of the time things go fine
- Occasionally ...they don't
- An ounce of prevention...

# What is Feedback

- Communication to another person which gives information about how he/she affects and is perceived by others.
- A way of helping another person consider changing his/her behaviour

# Feedback

- What is the “goofiest” thing you ever heard or received as a part of receiving feedback?
  - Was it helpful?
  - What did you learn from it?
    - Did you change as a result?

# Four Steps to Giving Difficult Feedback

1. Identify the performance issue.
2. Lay the groundwork for effective feedback.
3. Use a feedback framework.
4. Understand the individual's perspective and respond.



# Identify the Performance Issue

- **What is really going on?**
  - SOAP framework
    - Tool for diagnosing clinician in difficulty

# Identify the Performance Issue

- Subjective
  - What do you/others think and say?
- Objective
  - What are the specific behaviors that are observed?
- Assessment
  - Your Differential Diagnosis
- Plan
  - Gather more data? Solve? Get help?



# Subjective

- Usually consists of labels.... 'lazy', 'slow', 'disinterested' , 'angry' etc.
- What do your colleagues think?....Office staff?
- Does the clinician see a problem?

# Objective

- What SPECIFIC BEHAVIORS indicate a potential problem.
  - ‘poor documentation of patient encounters’
  - ‘incomplete order sheets on hospital charts’
  - ‘missing information regarding physical exam’
  - ‘no follow up noted in chart’
- Be as specific and detailed as possible.

# Assessment

- Differential Diagnosis
  - ? Cognitive ?
  - ? Affective ?
  - ? Valuative ?
  - ? Environmental ?
  - ? Medical ?

# Plan

- Gather more data?
  - Observe and record
  - Discuss with individual
  - Contact College/Advisor, etc

# Four Steps to Giving Difficult Feedback

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# Lay the Groundwork

- Build an environment of support and trust
- Plan ahead and negotiate
- Elicit self assessment
- Choose appropriate time and place
- Focus on the positive, not just the negative
- Select specific changeable behaviours
- Include follow-up plans



# Four Steps to Giving Difficult Feedback

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- **Use a feedback framework.**
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# ARCH Framework for Feedback

## A.R.C.H.

- A:** Ask for self assessment
- R:** Reinforcement of what was done well
- C:** Correct
- H:** Help the person with a plan for improvement

# Bayer Model of Feedback

## ***Continue...***

Comment on aspects of performance that were effective. Be specific and describe impact. Highlight things you would like to see done in the future.

## ***Start, or do more...***

Identify behaviour the student knows how to do and should do, or do more often.

## ***Consider...***

Highlight a point of growth for the student, a “doable” challenge for future interactions.

## ***Stop, or do less...***

Point out actions that were not helpful, or could be harmful. Be specific and indicate potential impact.

# PNP Sandwich

- Positive
- Negative
- Positive

**Use with Care!!**

# Offering Difficult Feedback

- Come right to the point
- Give feedback directly and compassionately
- Describe benefits of making change
- If the news is irreversible let the person know this

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- **Understand the individual's perspective and respond.**

Time for Practice

# Activity

- **Consider this Chart Note:**
  - **S:** Foster Mother reports patient has sore ear and ++crying. Attended walk in clinic yesterday. Mother reports not filling Rx for patient for Dx Otitis Media by MD at walk in clinic yesterday.
  - **O:** Crying child: pulling on ear; painful red ear drum
  - **A:** 18 month old child with Otitis Media; mother non-compliant with Rx
  - **P:** Reinforced need to follow MDs order and be compliant with Rx. F/U in one week.
- **What *Questions* do you have about this visit?**
- **What feedback might you need to give?**
  - **How would you approach this?**



# Video

## **Thinking about that Otitis Media Note:**

- You ask Jorge to tell you the story of the encounter

## ***In groups of three discuss:***

- What do you think is the problem
- What is your next step

# Demonstration of Feedback using Jorge

# Reactions to feedback

- **Blaming** - "It's not my fault. What can you expect when the patient won't listen?"
- **Denial** - "I can't see any problem with that"
- **Rationalisation** - "I've had a particularly bad week" "Doesn't everyone do this?"
- **Anger** - "I've had enough of this"

# What to do?

- **Name and explore the resistance** - "You seem bothered by this. Help me understand why"
- **Keep the focus positive** - "Let's recap your strengths and see if we can build on any of these to help address this problem"
- **Try to convince the person to own one part of the problem** - "So you would accept that on that occasion you did lose your temper"

# What to do?

- **Negotiate** - "I can help you with this issue, but first I need you to commit to ..."
- **Allow time out** - "Do you need some time to think about this?"
- **Explore the resistance** to understand it - "Help me to understand more about why you feel so angry"
- **Keep the responsibility where it belongs** - "What will you do to address this?"

# More Practice

- In groups of 2-3
  - One supervisor, one supervisee, one observer
  - Read role play instructions
    - Supervisor read chart note
    - Discuss with supervisee
    - Document assessment and feedback on form.
  - Debrief (whole group debrief)
  - Switch

# Debrief Role play 2

- How did that go
  - What went well
  - What was difficult

# Debrief Role Play 3

- How did that go
  - Did anything change from the second role play
    - Was it better
  - What would you change next time.



# Summary

- There are many reasons we may be reluctant to give difficult feedback
- Prior assessment using a SOAP model ensures that we can objectively and fairly diagnose learning difficulties and we feel more confident approaching the resident
- Giving feedback is a skill that needs practice!

**THANK YOU**