



# Delivering Effective Feedback

Practice Supervisor  
Workshop

Teresa Cavett MD  
CCFP MEd FCFP



Disclosure Statement  
Chair Examination Oversight Committee, Medical  
Council of Canada

University  
of Manitoba

## **Acknowledgements**

Anita Ens & Joanne Hamilton

Office of Educational & Faculty Development, UM

Marilyn Singer, CPSM



# Objectives

By the end of the session participants will be able to

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

# Feedback - Definition

- Information communicated to an individual about their performance in order to enhance learning, develop skills, or **improve performance** with a goal of guiding and improving future efforts.



# Feedback works!



**Improves clinical performance**

Reinforces positive behaviours  
Corrects undesirable behaviours



**Decreases anxiety about performance**

Without feedback, formal tests become overly important



**Improves self-assessment**

# Feedback – Your Experiences

What was the most helpful feedback you ever received?

- Why was it helpful?
- What did you learn from it?
- Did you change as a result?



# Feedback Barriers

What barriers have  
you experienced to  
giving feedback?





## GIVING

- Limited time
- Haven't observed recipient of feedback
- Relationship (or lack of) with recipient
- Incomplete data on performance
- Conflicting data on performance
- Communication factors (tone, word choice etc.)
- Emotional impact
- Not well thought out; not focused
- Lack of respect

## RECEIVING

- Limited time
- Potential consequences of judgement
- Saving face / Identity
- Defensiveness
- Lack of trust
- Misunderstanding e.g., differing views on expectations
- Weak self assessment skills
- Lack of respect

# Common Feedback Barriers

(Telio, Ajjawi, & Regehr, 2015).

# Culture & Feedback

Feedback is influenced by culture, values, expectations, personal history, relationships and power.

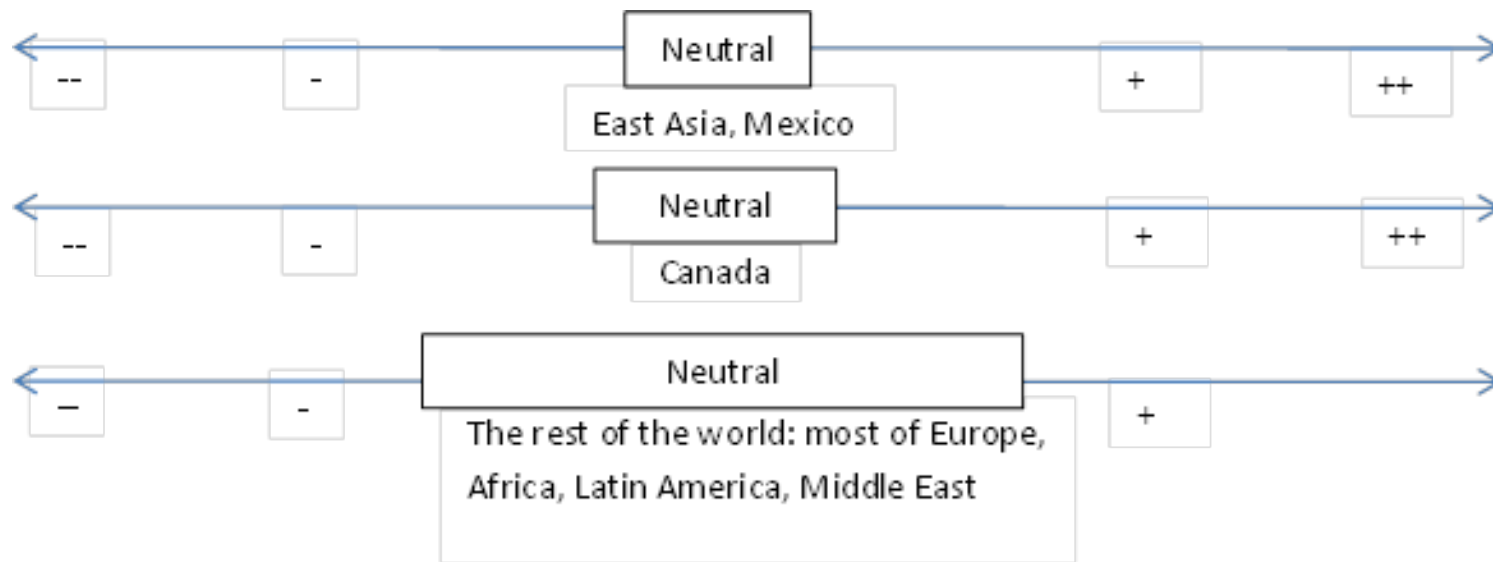


Figure: How different cultures view feedback

# Strategies to Address Barriers

- Use feedback framework – particularly ask for self assessment
- Use nonjudgmental/descriptive language – helps diffuse defensiveness
- Be clear / direct – minimize misunderstanding
- Check for understanding



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

(Telio, Ajjawi, & Regehr, 2015).

# Four Steps to Giving Feedback

1. Lay the groundwork – expectations/rapport
2. Identify the performance issues
3. Use a feedback framework
4. Understand the individual's perspective and respond

(Telio, Ajjawi, & Regehr, 2015).

# 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

# Characteristics of Effective Feedback

- Descriptive and non-judgmental
- Given at mutually agreed time and place
- Timely
- Specific in nature
- On changeable behaviors
- Limited to 2-3 areas

(Ende, 1983)

# Examples of Feedback

- **Judgmental:** “You are sloppy.”
  - **Neutral:** “There were some omissions in the charts that I’d like to discuss.”
  - **Judgmental:** “You are too shy.”
  - **Neutral:** “When you are asked for input you don’t speak up.”
- 
- **Vague/Evaluative:** “Your differential was inadequate.”
  - **Descriptive/Non-evaluative:** “The differential did not include the possibility of disease X.”
  - **Vague/Evaluative:** “You did a great job.”
  - **Descriptive/Non-evaluative:** “Your charts are appropriately detailed, inclusive and provide confidence in good patient care.”

# 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?
- Assessment  
Your Differential Diagnosis
- Plan  
Gather more data? Solve? Get help?



# Use a Feedback Framework

Arch

Bayer

PNP

RxOCR

# ARCH Framework for Feedback

**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 behaviours the learner knows how to do and should do or do more often.

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

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

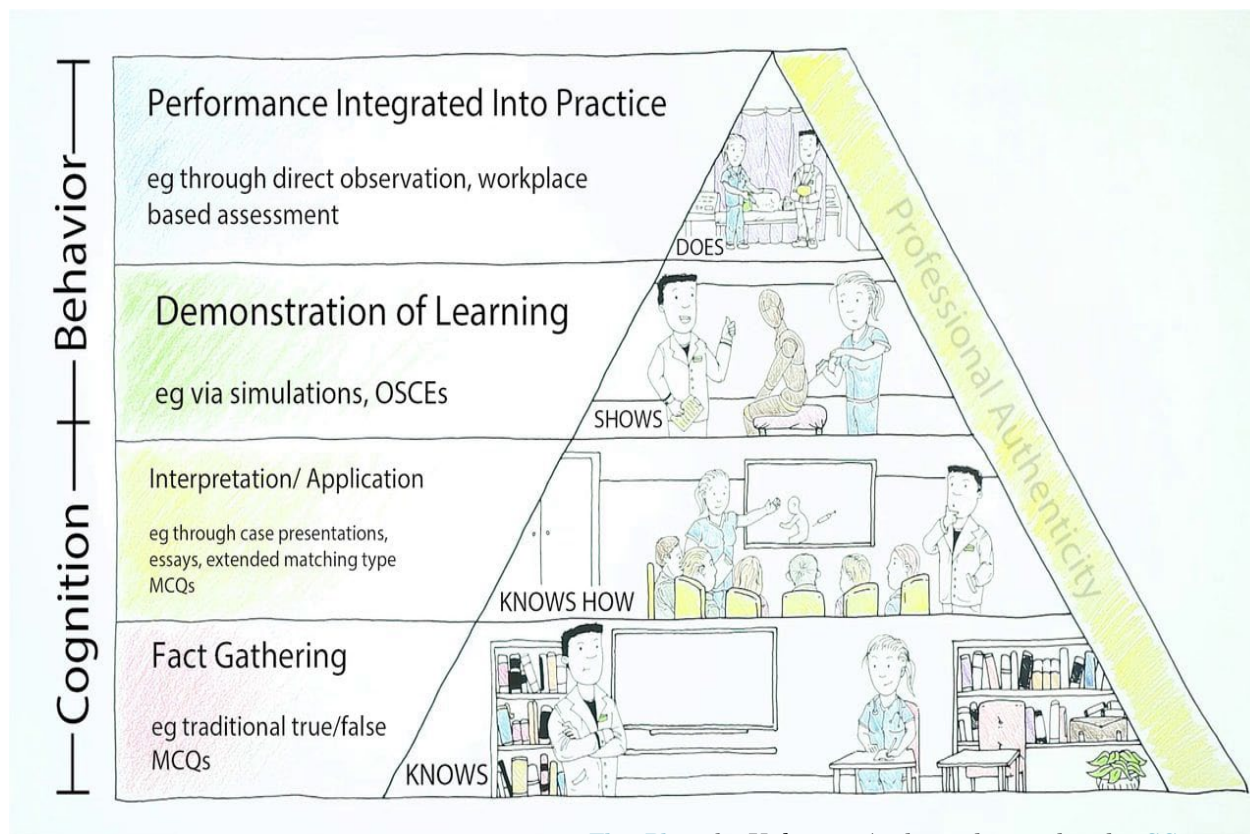
## ***Stop, or do less...***

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



# RX-OCR

**R**APPORT  
**E**XPECTATIONS  
**O**BERVE  
**C**OACH (ARCH)  
**R**ECORD



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



# PNP Sandwich

- Positive
- Negative
- Positive

**Use with Caution!!**

# Constructive Feedback

- **Formative**
  - Keep doing that - reinforcing
  - Improvement needed - corrective
- **Guidance**
  - How to improve
- **Elaborative**
  - Why that was good
  - Why improve

(Sargent, et al., 2017)



# Time for Practice: Case 1

- In groups of 2
  - One supervisor, one practicing physician, (observers)
    - (chart review form 1)
  - Both read chart audit report
    - (Chart Review Form Case 1)
  - Supervisor discuss with physician
  - Debrief with Group



# Case 1: Debrief

- **What feedback did you give?**
  - What was the performance issue?
  - What did you reinforce (keep doing)
  - What did you 'correct' (start doing or change)
  - Elaboration (Did you add a Why?)
- **What went well?**
- **What didn't go well?**



# Reinforcing Feedback

- “The cumulative profile that you compile for patients in the chart is helpful. As is the documentation you provide in the notes about the reports you receive about your patients. Those are great.”
  - (specific and reinforcing)
- “The cumulative profile is especially helpful for keeping track of chronic problems.”
  - (elaborative - nonjudgmental and reinforcing)
- ”The **next step** for you is to improve the charting so that other care providers can be equally responsive to the patients.”

# Corrective Feedback

- “I noticed you didn’t follow the SOAP format in your charting. In one case very little subjective information was documented. Can you tell me about this?”
  - (specific, encourages self assessment)
- “It’s important to use a framework, like SOAP, as it helps ensure that all the relevant information from an encounter is documented.”
  - (elaborative - nonjudgmental, forces self evaluation)
- “What will you do to remember this **next time** for a similar situation?”

# Four Steps to Giving Feedback

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

(Telio, Ajjawi, & Regehr, 2015).



# 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



# Power & perceived threats





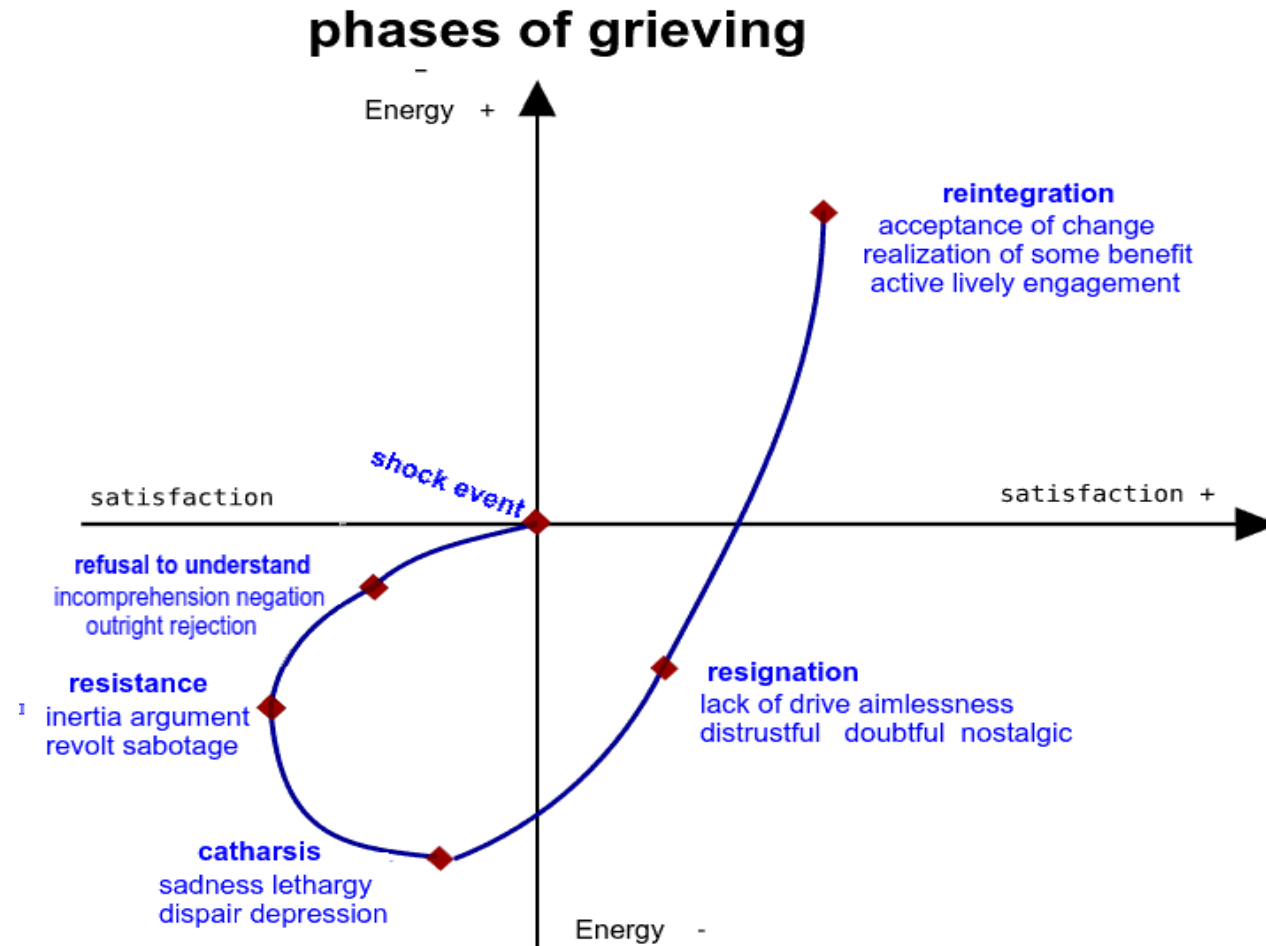
# Reactions to feedback

- **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"



# Understanding Reactions?

- Denial
- Anger
- Depression
- Bargaining
- Acceptance



Bertrand GRONDIN - Wikimedia image in French relabeled in English, CC BY-SA 4.,  
<https://commons.wikimedia.org/w/index.php?curid=64179142>

# The **affective** impact might make it more difficult to hear feedback...

## Window of Affective Tolerance

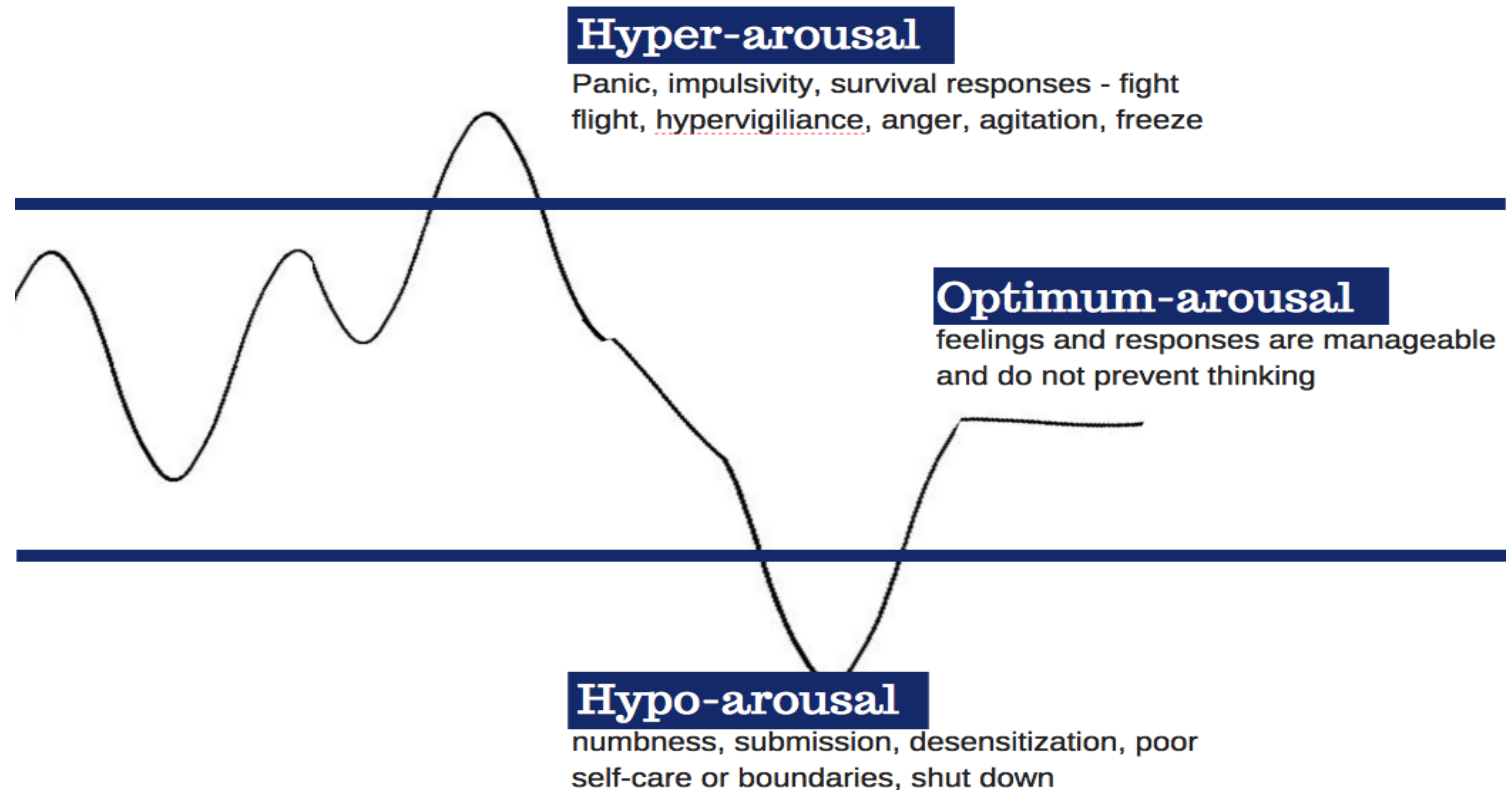
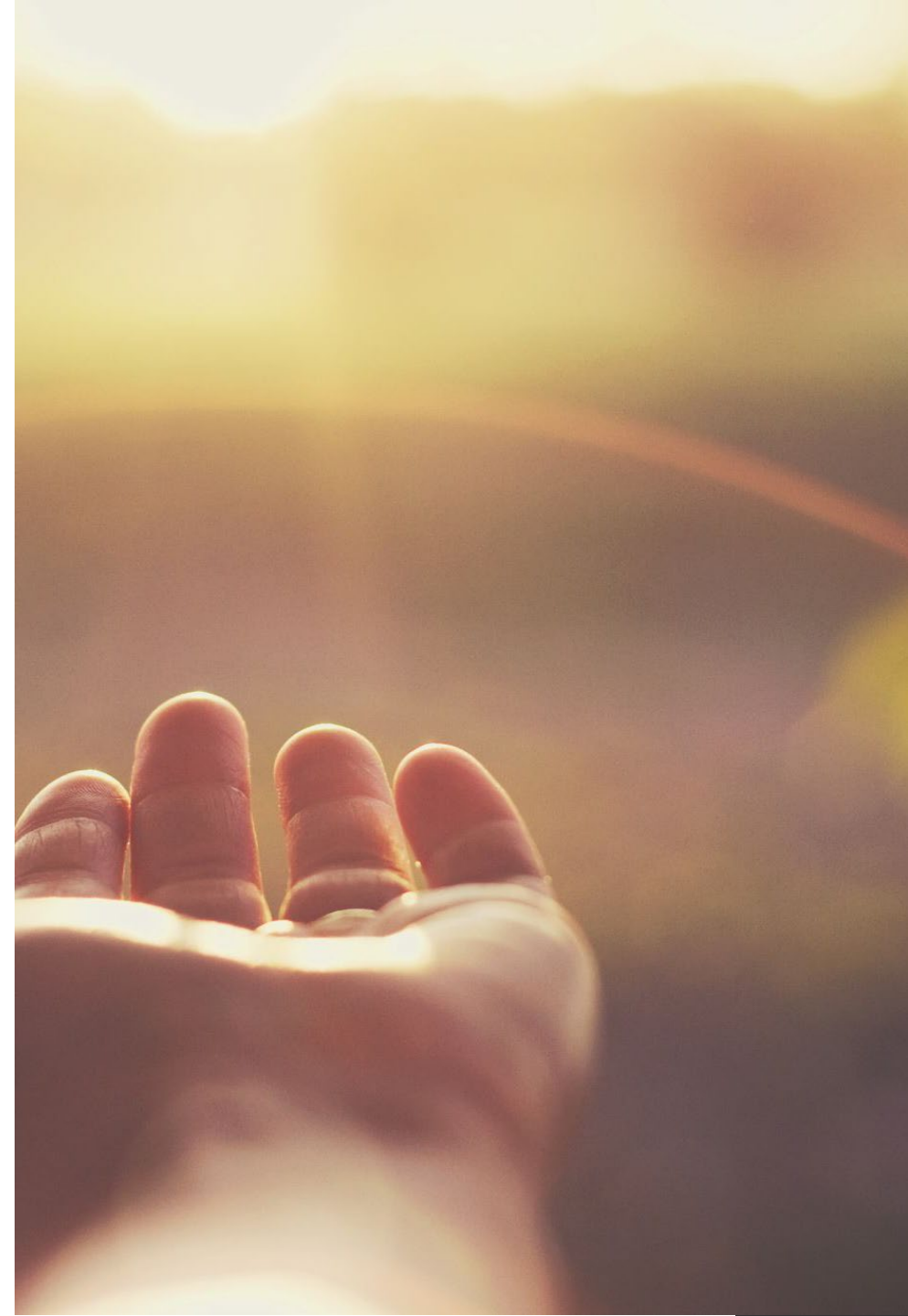


Image by Siegel, D.J., used with permission

# 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 didn't chart enough detail?"



# 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?"
- **Get Assistance**



# Time for Practice: Case 2

- In groups of 2
  - One supervisor, one practicing physician (observers)
    - (Chart review forms)
  - Both read chart audit report
    - (Chart Review Form case 2)
  - Supervisor discuss with physician
  - Debrief with Group

# Case 2: Debrief

- **What feedback did you give?**
  - What was the performance issue?
  - What did you reinforce (keep doing)
  - What did you 'correct' (start doing or change)
  - Elaboration (Did you add a Why?)
- **What went well?**
- **What didn't go well?**



This Photo by Unknown Author is licensed under CC BY-NC



Questions?

# Summary

The 4 basic steps for delivering feedback

We practiced giving feedback

Describe how to manage reactions to difficult feedback





Thank you

# References

- Ende J. Feedback in clinical medical education. *JAMA*. 1983;250:777-781
- Sargeant, J., Mann, K., Manos, S., Epstein, I., Warren, A., Shearer, C., & Boudreau, M. (2017). R2C2 in action: testing an evidence-based model to facilitate feedback and coaching in residency. *Journal of Graduate Medical Education*, 9(2), 165-170.
- Telio, S., Ajjawi, R., & Regehr, G. (2015). The “educational alliance” as a framework for reconceptualizing feedback in medical education. *Academic Medicine*, 90(5), 609-614.