

Giving feedback

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Section 6:
Assessment

Introduction and background

Feedback is an essential component of the teaching and learning process. Constructive feedback from the teacher gives the learner insight into his or her actions and their consequences. Feedback allows the learner to better fulfill his/her goals and objectives and helps the teacher successfully achieve the course or programme objectives. The ideas and strategies in this chapter are intended to help make feedback a more productive experience for both the teacher and the learner.

What is feedback?

“Information describing students’ or house officers’ performance in a given activity that is intended to guide their future performance in that same or a related activity”

Ende 1983

Feedback vs evaluation

Feedback and evaluation are different in character and purpose and the teacher should tell the learner in advance whether s/he is giving feedback or evaluation.

- **Feedback.** The purpose of feedback is *formative* – to provide insights that help the learner make adjustments in performance thereby demonstrating improvement. The language of feedback is descriptive and neutral. Formative feedback should be task-orientated and given frequently and as soon as possible after the performance so the learner has time to make adjustments (Perera et al 2008). Bienstock et al (2007) describe feedback as ‘the constructive and objective appraisal of performance given to improve skills’.
- **Evaluation is summative.** It occurs at the conclusion of a course of study and communicates a decision about performance. Evaluation should follow feedback and subsequent remedial actions.

it makes a judgement about whether the learner has achieved the expected outcomes. Evaluation is often given as a grade or the learner’s ranking in comparison to other learners or to a standard, for example, 4/2/5 on clinical skills.

Brief ongoing feedback vs formal mid-course feedback

The purpose of a feedback session may vary:

- **Brief ongoing feedback.** Brief feedback sessions (5–10 minutes) occur frequently, in the context of regular work activities, while the learner is demonstrating findings on physical examination or during the presentation of the patient’s history. On these occasions, the teacher might say, ‘I’d like to give you some pointers about another way to examine the spleen’.
- **Formal mid-course feedback.** A formal feedback session is scheduled in advance and both learner and teacher plan ahead. The session may last from 10–30 minutes and addresses the teacher’s observations over a period of time. This allows for improvement prior to the summative evaluation.

Why is feedback important?

“If the information which proceeds backward from the performance is able to change the general method and pattern of the performance, we have a process, which may very well be called learning”

Ende 1983 citing Weiner

Feedback plays a critical role for the learner, the teacher and the educational programme.

For the learner

Feedback demonstrates the teacher’s commitment to help the learner achieve course or programme goals. It provides information that is not given on tests of

knowledge or clinical competence and helps the learner design a strategy for success.

Learners value teachers who facilitate their learning by giving constructive feedback that is adapted to their professional needs. Learners' views on feedback experiences provide important insights (King 1999).

Negative feedback experiences are characterised by:

- public humiliation
 - comments about personality
 - one-way discussion
 - lack of personal interest in the learner
 - feedback that is too general
 - feedback that is too brief and/or too long after the event to be useful.
- Positive feedback experiences involve:
- active listening
 - mutual respect
 - specific praise or criticism
 - genuine desire to help
 - spending adequate time (Box 47.1)

For the teacher

Giving feedback links teaching and assessment of the learner's performance and is a critical component of a teacher's role. Most teachers recognise the importance of feedback but find it difficult to do, particularly when the feedback is negative. When they are asked to suggest specific educational training activities that would be useful, most teachers say they would like to have help with feedback.

Box 47.1 Why is feedback important to the learner?

- Clarifies goals and expectations
- Reinforces good performance
- Provides a basis for correcting mistakes (formative assessment)
- Serves as a reference point for ultimate (summative) evaluation at the conclusion of the educational programme
- Offers insight into actual performance and consequences versus what the learner *thought* or *intended*.
- Reduces reliance on self-validation
- Reduces anxiety, insecurity about performance
- Demonstrates interest about the learner as a person
- Promotes two-way communication
- Provides guidance

For the educational programme

Feedback facilitates the ability of a novice to become more expert as s/he progresses through the curriculum. A culture that accepts and promotes feedback supports a feeling of positive improvement in the school or training programme.

Feedback is also a requirement. Medical schools and post-graduate training programmes are accountable to external agencies. These agencies foster the belief that the institutions should build the learner's competence instead of penalising learners who have not achieved the objectives that have been set out.

In the USA and Canada, the agency with responsibility for the accreditation of medical schools, the Liaison Committee on Medical Education (LCME), establishes *standards* for the structure and function of the school.

“Each student should be evaluated early enough during a unit of study to allow time for remediation. It is expected that courses and clerkships provide students with formal feedback during the experience so that they may understand and remediate their deficiencies.”

LCME Standard ED31

“Students must receive regular, structured and constructive appraisal from their teachers during the mainly clinical years of the curriculum. This allows the medical school to judge their clinical knowledge and competence against the principles set out in Good Medical Practice. It provides students with information about their progress and performance, allowing them to deal with any areas of concern. This will also help students prepare for the regular appraisal of their performance that will take place once they are qualified.”

General Medical Council's *Tomorrow's doctors*

Barriers and consequences

Both learners and teachers recognise the importance of feedback; yet most learners say their feedback is inadequate and many people have difficulty giving feedback, particularly when it centres on problem areas.

Barriers

Despite the acknowledged importance of feedback, a wide range of barriers may prevent or limit the giving or receiving of feedback:

- *Time and place.* The teacher and learner may be 'too busy' for a feedback session; this can lead to an excessive delay before feedback is given or prevent it from happening at all. There may be no appropriate space for a feedback session in the area where the teacher and learner interact.

- *Knowledge base.* Both teacher and learner may be unclear about the purpose or use of feedback.

The teacher may lack first-hand data about the learner's performance, or may not be certain what feedback is appropriate in a given situation.

- *Ability.* The teacher may not know how to give feedback or have had little practice giving feedback.

- *Affective factors.* A variety of factors play a role:

- Poor rapport between the learner and teacher may affect or prevent feedback sessions
- The teacher may be concerned about the impact of negative feedback on the learner or on their relationship, or the ability of the learner to receive and respond appropriately to feedback.

- Ende (1983) believes the concern that negative feedback may elicit an unwanted emotional reaction from the learner may lead the teacher to use unclear, indirect statements, or avoid giving feedback at all.

- *Different perceptions about feedback.* Learners and teachers differ in their perceptions about feedback. Teachers believe they provide feedback more frequently than learners say they received it.

- *The culture.* The traditional culture of medicine requires that the learner acquire extensive knowledge and skills in a highly structured hierarchical environment. It promotes a one-way flow of information from teacher to learner and can form an experience in which the learner feels like a 'victim' rather than a partner in a collegial activity. In this culture, the learner may consider negative feedback as an overall assessment of worth.

Consequences

The consequences of ineffective or nonexistent feedback can be significant. A learner may learn about substandard performance only after receiving the summative evaluation at the end of a period of learning. In the absence of constructive feedback, other forms of assessment, such as written examinations, may assume inflated importance.

“Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all.

The sense of being adrift in a strange environment is amplified and learners may generate their own feedback by attaching inappropriate importance to internal and external cues”

Ende 1983

Guidelines for effective feedback

Attention to important principles of effective feedback and details regarding the structure, location, and content of the meeting will help set the stage for an effective feedback session (Ende 1983, Heeketh & Laidlaw 2002, Pendleton et al 1984).

Elements of successful feedback sessions

Effective feedback sessions require several important elements:

- *A culture that values feedback.* The educational climate should foster constructive improvement in an atmosphere of trust and concern. Both learner and teacher should expect feedback to be a regular and frequent occurrence. From the outset it should be clear that the teacher and learner will work together toward a common goal of improving performance. Students should be responsible to critique the course and instructors. The learner might also be asked to provide feedback to the teacher in the context of the feedback session. All of this will foster a climate of mutual trust.

- *Attention to time and location.* Formal feedback sessions should be scheduled so they are mutually convenient for the teacher and the learner and both should have adequate time to prepare. Either the teacher or the learner can initiate a feedback session. The learner is likely to feel vulnerable and it is important that the session be held in a private setting where the learner will feel relaxed and comfortable discussing sensitive issues.

- *Standards.* The learner's performance should be measured against well-defined goals and objectives for the educational programme.

- *Consideration to other issues.* Although this chapter is focusing on feedback sessions between teachers and learners, any person can give feedback as long as s/he is in a position to make a valid observation of the learner's performance. For example, patients can provide feedback on a learner's communication skills and attitude. Any important portion of the learner's overall performance can be the subject of feedback.

Conveying feedback effectively

Giving effective feedback requires good communication skills and attention to a range of dynamics – some observable and others unseen. Teachers can improve their feedback skills through training, as discussed later in the chapter.

- *Communication skills.* Feedback involves active listening, asking open-ended reflective, facilitative questions, and responding. These key skills help the learner gain insight into strengths and weaknesses.

- **The learner's role.** The teacher should treat the learner as an ally who is expected to participate in the feedback session. The learner should take an active part in the feedback process by initiating and responding to questions.
- **First-hand observation.** Feedback will be more effective if the teacher has observed the behaviours first-hand and is not relating feedback observed by somebody else. Passing along feedback based on data collected from somebody else may set up a situation for mixed messages and defensiveness to occur.
- **Language of feedback:**
 - **Call it 'feedback'.** Explain the distinction between feedback and evaluation to the learner and label the purpose of the session. 'We have discussed how feedback differs from evaluation. Today I am going to give you some feedback about your clinical skills.'
 - **Get agreement on goals.** At the outset make certain that you and the learner have the same goals for the session. 'Today, I would like to discuss your session with Ms Jasper. Is that plan acceptable to you?'
 - **Use precise, descriptive and objective language.** The information given in feedback should be specific, non-evaluative and contain real examples. Global statements do not help build ability. 'Your history was complete and you showed a concern for Mr Wench's struggle with his weight' is preferable to 'you did a great job!'
 - **Focus on the behaviour, not the person.** It is easier to change behaviours than personalities. 'You were standing, a position of power, which may have made the patient uncomfortable,' instead of 'You tend to act superior with patients.'
 - **Consider the learner's background, temperament and personality and readiness to change** (Millan et al 2006). Improve your communication by considering the learner's moods and perspectives when giving feedback. 'I noticed that you did not take part in the group's discussion of coronary artery disease. Were you uncomfortable? I'd like to help you increase your participation.'
 - **Be selective.** Limit the feedback to what the learner can absorb in one session and focus on behaviours that the learner can correct. 'Today, I think we should concentrate on your examination of the chest.'
 - **Use 'I' statements.** Using 'I' instead of 'you' can defuse subjective feedback, for example, 'I noticed that you appeared to be falling behind by the end of the day,' instead of 'you work too slowly.'
 - **Encourage reflection.** Reflection can create insights into behaviour, move the discussion

to a more complex level, and form the basis for improvement (Sargeant et al 2008). 'Let's reflect on what happened with Mr Stratus. How could you play a role in helping him deal with this complex ethical issue?'

- **Keep cool.** It is important to keep personal feelings and telltale nonverbal expressions out of the session. If the learner did something that made you angry, delay the feedback session until you have had a chance to cool down. Your feedback will be more effective if it is not emotion-laden.
- **Give positive feedback too.** A strong learner may not be aware of exactly which components of their effort were correct and why. Specific positive feedback will improve the chances that the learner will repeat desirable actions and will retain the learner's motivation, desire to learn, and to receive more feedback. 'You identified the most important elements of the problem in your presentation. Good work!'
- **Focus on decisions and actions.** Feedback should provide insights and guide future performance. Concentrate on actions with specific examples. 'What are the options for evaluating Mr Yonge's injury? Have you considered doing an MRI?' (See Box 47.2.)

Box 47.2 Important principles – feedback should be:

- **Timely, frequent and expected by both teacher and learner**
- **Based on first-hand data – personal observation by the teacher**
- **Labelled clearly as feedback so the learner has no doubt about receiving feedback**
- **Descriptive – not evaluative**
- **Constructive**
- **Specific, including examples not generalisations**
- **Non-judgemental**
- **Balanced, giving positives and negatives**
- **Objective, focused on behaviour, performance, not on personality traits**
- **Directed to behaviour that can be changed**
- **Selective – addressing one or two key issues**
- **Focused on helping the learner come to a better understanding of the problem and ways in which s/he can address it more effectively**
- **Monitored to the learner's temperament, personality and response**
- **Two-way process between learner and teacher**
- **Designed to address decisions and action**

Guide for a feedback session

The following template offers a guide for a successful feedback encounter.

Before the feedback session

- **Collect data.** The teacher's direct observation of the learner provides the most valuable data for a feedback session. Giving attention to this step will improve the quality of the session.
 - **Know what to look for.** Be familiar with the content and process you will be assessing. Observe and record specific examples to share with the learner. For example, when observing an interaction with a patient, observe the learner's respect for the patient's privacy and comfort. When listening to a presentation, consider the learner's organisation, thoroughness, and ability to identify and interpret changes.
 - **Write it down.** Brief written notes will support and reinforce your observations. Include specific examples to share with the learner, for example, the greeting to the patient, draping of the patient during examination.
 - **Focus on behaviours.** Be careful to record behaviours, not personality traits.
 - **Invite the learner to the feedback session and agree on time, location and agenda.** 'Let's take a little time for a feedback session. How is 8 tomorrow morning in my office?'
 - **Orient the learner to the purpose of the session and suggest that they reflect on their performance in preparation.** 'When we meet, our purpose will be to discuss your clinical skills.'
- During the feedback session
- The following essential components of an interactive session include the principles described above and balance support with a stimulus for improvement:
- Review the purpose of the session – call it feedback.
 - Invite the learner to self-assess. Use open-ended questions. This approach begins the session as a conversation, promotes reflective practice and gives insights into the learner's awareness of his/her strengths and weaknesses. The learner may bring up the same points you had planned to discuss. 'What aspects of your meeting with Ms Symme do you think went well? Which ones can be improved? Have you seen patients like this before?'
 - Be aware of the 'process' of the encounter. Body language, the tone of your voice and subtle evidence of judgement in words or affect can make the experience less effective.
- Listen actively to the learner's response. Show you are interested and involved by making eye contact and using positive body language.
 - Respond – reinforce or correct the learner's self-assessment. Frame the discussion in the context of the session's goals.
 - Begin by acknowledging and reinforcing positive behaviours. This will help ensure that these behaviours continue. 'Your examination of the patient's abdomen correctly identified the enlarged spleen.'
 - Provide specific examples where improvement is needed. 'When you did/said that, I was concerned because... is more helpful than a general statement like, 'your work is not up to par.'
 - Offer specific constructive suggestions for improvement. If the learner made an error, tell him/her how to do it right. 'Let me show you how to examine the head and neck.'
 - Assess the learner's understanding of your assessment. 'Would you like to ask any questions?' Based on our discussion, what would you do?'
 - Conclude with actions – create an action plan that both parties feel is acceptable. 'Let's develop a plan.'
 - Invite the learner to generate ideas. 'What are your ideas for improving the skills we identified?'
 - Endorse or modify the learner's statements and outline new strategies. 'I agree with your assessment of Mrs Hurch's problem, but I would modify the treatment you suggested by...'
 - Summarise the meeting. Include the learner's strengths and a plan to improve weaknesses. 'To recap our meeting, your communication skills are very good. In order to strengthen your physical examination skills, we agreed that you would...'
 - Set a timeline for the plan and a follow up feedback session. 'Let's meet again next week to review your progress.'
- Managing a defensive reaction
- Some learners may become defensive about negative feedback and deny, rationalise or blame somebody else for the problem. The following strategies may help (King 1999):
- Identify and explore the issues. 'You seem to be concerned/angry – can you tell me why?'
 - Keep a positive focus. Identify the learner's strengths and use them to help resolve the defensive reaction. 'You have good motor skills, which will help you master this procedure.'
 - Ask the learner to own part of the problem. 'Would you agree that it was difficult for you to communicate with that patient in a positive way?'

- Negotiate and ask the learner to take responsibility for the problem and for improvement: 'In order to work on this, first you should commit to...'
- Offer time out: 'Would you like to have some time to think about these things? Let's meet again next week.'

Reflect on your feedback session

Reflecting on your feedback session can create helpful insights that will strengthen your feedback skills (see Table 47.1):

- What went well? What techniques seemed effective?
- What can you do differently next time?
- What are your strategies for future feedback sessions?

Considering some other approaches

Varying the approach

It is worthwhile to consider using a variety of approaches when giving feedback. Feedback that contrasts 'good points' with 'bad points' risks making the feedback session seem 'predictable' and could inhibit a more spontaneous discussion, according to Carr (2006). She suggests that focusing more quickly on the learner's areas of concern could be less evaluative, thereby reducing defensiveness and encouraging the learner to be a more active participant. Carr recommends using a variety of techniques and approaches to giving feedback in order to retain spontaneity in the feedback session.

Checklists

Checklists are being used regularly as the basis for a teacher-led feedback session. Clay et al (2007) reported the successful use of checklists to provide

formative feedback and foster reflection. They developed checklists for five core competencies encountered by house officers in the intensive care unit at Duke University, USA. The checklists defined explicit steps and behaviours for each competency. House officers were alerted that the checklists were on the critical care web site. Following a patient encounter, the fellow (physician supervisor) completed a checklist before a debriefing session with the house officer in which the checklist was used to guide discussion about the house officer's performance. The house officer was encouraged to reflect about his/her performance and the debriefing was documented on an electronic version of the checklist. The authors concluded that the checklists enabled the house officer to compare performance against a 'gold standard' and enabled a 'high fidelity' learning experience based on actual patient encounters.

Computer-based feedback

Computer-based feedback is also becoming part of the feedback tool kit. Porte et al (2007) compared the effectiveness of two types of feedback on the ability of medical students at the University of Toronto, Canada, to perform a basic technical skill: computer-based feedback (with and without a criterion standard) and feedback from an expert that included constructive ways to improve performance. The computer-based method was initiated in an effort to provide an alternate method of giving feedback that would relieve from pre- to post-test. However, only the group that received verbal feedback from an expert teacher showed lasting improvement that. The authors suggested that the additional information from an expert increased the learner's cognitive understanding and resulted in better performance.

Table 47.1

Feedback examples	High quality feedback
Ineffective feedback	Specific descriptive
Vague, not descriptive, may include sweeping generalisations	You addressed Mrs Taylor's concerns. But, it is also important to consider her history of diabetes, which plays a role in today's visit
'Your performance was disappointing'	You take time with patients and answer their questions'
'Good job!'	Fair, even-handed, constructive
Unnecessarily harsh/focuses on negative	The issues you raise about Mrs Wynch's smoking are important but today I think it is more important to address her hypertension!
'You can't prioritise'	Preparing an outline of your reading may help you solidify concepts'
'Undistinguished'	Focused on behaviour/performance
Focused on personality traits	Your viewpoints are valuable, but it is important to hear from the rest of the team too'
'You are too competitive'	Based on personal observation
'Good mind'	During rounds, you continually identify the important elements of the case'
Based on rumour, hearsay	'I see you are having problems with your formulations'
'Dr X told me that you have problems with this material'	

Faculty training

Role of faculty training

Faculty training activities are designed to improve the teacher's knowledge and skills in specific target areas. The feedback skills described in this chapter call for a variety of training opportunities for faculty.

“Experience as a learner was the biggest determinant of faculty members' overall teaching styles. Their second source of knowledge about teaching came from reflecting on their own teaching experiences. However, other more systematic ways of learning about teaching, cognition... have been developed to guide faculty's work.”

1/10/1993

Training teachers to give feedback can involve a wide range of individual and group activities:

- Ongoing reflection by the teacher after feedback sessions.
- Review of learner evaluations about feedback practices with a skilled educator to help interpret the results and suggest new strategies.
- Workshops that provide opportunities to practice and build skills.
- In-depth programmes: Skeff et al (Online) originated a 1-month Clinical Teaching Programme in which faculty attend a residential training session at Stanford University, USA. The session includes a broad array of topics, including feedback. After they complete the programme, the faculty conduct similar sessions at their home institution. Their findings indicate that these workshops have significantly improved the participant's teaching.
- Peer coaching programmes in which more experienced colleagues provide assistance
- Small group discussions.

It is a useful practice to collect information that will inform faculty development activities. Liberman et al (2005) asked surgical house officers at Mc Gill University, Canada about their perceptions of feedback practices in their training programme. The results, which showed differences in perceptions about feedback frequency and skills, were used in planning a workshop on giving feedback.

Henderson et al (2005) make the case that it is important for faculty training to address two areas: improving feedback skills and changing the culture that underlies the application of those skills. They advocate a culture that supports giving and receiving both positive and negative feedback, regardless of the

position of the person in the hierarchy. Using adult learning principles, the authors developed a longitudinal, iterative 'strand' for students at the University of Cambridge, UK, in which feedback is taught conceptually and practically throughout the course of an entire year.

- Learners work on:
- Developing useful feedback tools, for example, respect, responsibility, empathy and assertiveness
 - Giving and receiving feedback across the hierarchy of learners, peers and teachers, for example, written feedback to faculty and one to one feedback to peers
 - Giving feedback in public through group feedback exercises.

Guide for a faculty-training workshop on giving feedback

A workshop is an effective mechanism for training faculty about feedback. Workshops have several advantages: they can be scheduled at the faculty's convenience; offer an opportunity to present basic theory and information; and involve active learning.

- The example workshop that appears below includes several elements:
- Brainstorming, so participants can identify important concepts from their own experience.
 - Presentation by the workshop faculty, to fill in gaps in the participants' brainstorming.
 - Videos, to provide real-life examples.
 - Role-play, to give participants a chance to practice feedback skills. These sessions:
 - Inject realism into the learning process
 - Demonstrate desirable and undesirable behaviours
 - Enhance an exchange of ideas about the process.
 - Workshop participants can demonstrate retention, increase and integrate their feedback skills at a follow-up simulation session in which the workshop participant/teacher gives feedback to a 'standardised student'. Following the encounter, the 'student' completes a checklist about the teacher's feedback skills. Workshop faculty review the checklist, watch a video of the interaction and conduct a debriefing session. This process enables the workshop participants to assess their strengths and weakness and strengthen their feedback skills (Pohl H., personal communication February 25 2008).
- The faculty-training workshop and follow-up activity outlined here incorporates fundamental elements of learning and uses a variety of methods. This comprehensive approach will have a beneficial impact on improving teachers' feedback skills.

Summary

The feedback literature in medical education focuses on feedback in clinical training. However, the principles and suggestions in this chapter apply to any situation in a learning or work environment. Feedback is a formative tool that reinforces behaviour and enables changes that improve abilities. When feedback is given skillfully, the teacher and learner work as allies toward a common goal. Good communication skills are essential to giving effective feedback. Faculty training can support and enable exemplary feedback techniques. As we look toward the future, we can use feedback as an important instrument in moving the traditional culture of medical education to one that fosters improvement in an environment of trust and responsibility.

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APPENDIX

The following example depicts a feedback workshop.

WORKSHOP OBJECTIVES AND INTENDED OUTCOMES

At the end of this activity, participants will be able to:

1. Describe important components of an effective feedback session
2. Choose an appropriate setting and language for giving feedback
3. Observe and practice giving and receiving feedback
4. Develop an action plan for improving feedback in their own setting
5. Demonstrate retention, increase and integrate the new feedback skills

Workshop agenda and format

10 minutes:	Introduction (workshop faculty)
	<i>Workshop overview</i>
	<i>Rationale</i>
20 minutes:	Why is feedback important and why is it so difficult?
	<i>Brainstorming (all)</i>
15 minutes:	What is effective feedback? Brainstorming (all)
	<i>Workshop faculty and participants identify characteristics of effective feedback</i>
20 Minutes:	Video vignettes: (all)
	<i>Participants identify effective and ineffective feedback demonstrated in the videos</i>
15 minutes:	How to do it well: (workshop faculty)
	<i>Workshop faculty describe an effective location, steps and techniques for giving feedback</i>
15 minutes:	Break
45 minutes:	Role play (small groups)
	<i>Participants converse in groups of three or four to practice feedback techniques</i>
20 minutes:	Report-back (plenary)
	<i>Participants share ideas gained from role-play</i>
20 minutes:	Action plan (plenary)
	<i>Participants identify three things they will do differently in the future</i>
	<i>Workshop evaluation</i>

NOTE: A follow-up activity using 'standardised students' will be scheduled at a later date to demonstrate retention, increase and integrate the new feedback skills.

INSTRUCTIONS FOR ROLE PLAY

- Divide into small groups of 3 or more people per group
- Remain in the same group for the duration of the exercise
- At the outset, the group should read the role play and resolve any questions.

Role play (5 minutes)

- Each group member will play an assigned role as described in the scenario
- Learner (student, house officer)
- Teacher (faculty, house officer)

- Observer: the observer gives feedback to the learner and teacher about their performance in the role play
 - Each person should study the role they have been asked to play
 - Somebody should volunteer to keep time.
- It is important to stay in role during the entire exercise.

Debrief (5 minutes)

Begin with self-assessment by the learner and teacher:

- What went well?
- What problems did you encounter?
- What other strategies could have been used?

Additional questions for the teacher:

- What was the most difficult thing to discuss?
- What was the easiest?

Additional questions for the learner:

- How did you feel when you received this feedback?
- What was your reaction?

The observer should offer feedback on what he/she observed.

- What went well?
- What problems did you notice?
- What other strategies could have been used?

Replay the simulation. After the role-play and debrief, participants can rotate (change) roles.

MID-COURSE VERBAL FEEDBACK: TEACHER VERSION

You have to schedule a mid-course feedback session with your student in the Physical Diagnosis course.

You have noticed that the student appears to enjoy learning about the physical exam and problem-solving the differential diagnosis. You also noticed a lack of interest in being with patients and hearing them talk about their problems. In fact, a few patients have complained that the student is abrupt and cuts them off.

The student has told you of plans for a research career after graduation. Nonetheless, this student will have to communicate with patients throughout medical school and may even decide against a research career. You think it is important to address this issue.

The form you received says that the feedback session should involve the following elements:

Approach to the patient
History-taking
Physical exam
Write-ups

What will you say?

MID-COURSE VERBAL FEEDBACK: STUDENT VERSION

You know that your mid-course feedback session in Physical Diagnosis is coming up and you wonder what your teacher will have to say.

You enjoy performing a physical exam and problem-solving the issues in the differential diagnosis. However, you plan to have a research career after you graduate from medical school. You are not particularly interested in being with patients and listening to them talk about their problems. Some of the patients seem to go on forever! In fact, a few times you had to cut in to stop the wandering and focus the patient back on the important topics.

A few patients complained that you were abrupt and not interested, but you expect the teacher will recognise your academic abilities and overlook comments like this. After all, you have mentioned your career in research several times.

You were told that the feedback session would involve the following elements:

Approach to the patient
History-taking
Physical exam
Write-ups

What will you say?

MID-COURSE FEEDBACK SESSION: OBSERVER VERSION

You are observing the teacher give a student mid-course feedback about his performance in the Physical Diagnosis course.

The student enjoys learning about the physical exam and problem-solving the issues in the differential diagnosis. He plans to have a research career after he graduates and is not terribly interested in being with patients and discussing their problems.

The feedback session involves the following elements:

Approach to the patient
History-taking
Physical exam
Write-ups