

## PRINCIPLES OF CONSTRUCTIVE FEEDBACK

### **Feedback should be descriptive rather than judgmental or evaluative.**

Avoid phrasing feedback in terms of good or bad, right or wrong. Terms such as awful, stupid, brilliant, lazy, wonderful are of little value to the learner. Negative evaluation such as

“the beginning was awful, you just seemed to ignore her”

is bound to create defensiveness. A judgement has been made that implies that the observer is comparing the person performing the interview to a set agreed standard against which the person has failed. Contrast this to

“at the beginning of the interview, I noticed that you were facing in the opposite direction looking at your notes which prevented eye contact between you ”.

This is descriptive, non-judgmental feedback linked to outcome which is much easier to assimilate as a learner. It still points out the problem but in a way that is not seen as some deficiency of the learner . Similarly, positive evaluation is also unhelpful when provided judgmentally:

“the beginning was excellent, great stuff.”

This does little to say why something was good and again implies a standard that has already been agreed. Contrast with

“at the beginning, you gave her your full attention and never lost eye contact - your facial expression registered your interest in what she was saying.”

Communication skills are neither intrinsically good or bad, they are simply helpful or not helpful in achieving a particular objective in a given situation. Because descriptive feedback is such a key component of constructive criticism, we elaborate on it in greater detail later in this chapter

### **Make feedback specific rather than general.**

General or vague comments such as

“you didn’t seem to be very empathic”

are not very helpful. Feedback should be detailed and specific. Focus on concrete descriptions of specific behaviour you can see and hear. Vague generalisations do not allow an entry point to looking at possible changes that might help the situation and may well only produce the reply “oh yes I was!”. Contrast:

“Looking from the outside, I couldn’t tell what you felt when she told you about her unhappiness, your facial expression didn’t change from when you were concentrating on her story - I felt she might not have known if you empathised with her.”

This leads constructively into looking at both the overall concept of empathy and the specific skills that allow patients to appreciate empathy overtly.

Use first person singular in giving feedback: “I think...” rather than “we think...” or “most people think...”. Focus on your personal viewpoint and this particular situation rather than situations in general.

### **Focus feedback on behaviour rather than personality.**

Describing someone as a

“loudmouth”

is a comment on an individual’s personality, what you think he is. Saying

“you seemed to talk quite a lot, the patient tried to interrupt but couldn’t quite get into the conversation”

is a comment on behaviour, what you think he did. Behaviour is easy to alter, personality less so; we are more likely to think we can change what we “do” than what we “are”.

### **Feedback should be for the learner's benefit.**

Patronising, mocking, superior comments tend to benefit the observer rather than help and encourage the learner. Feedback should be given that serves the needs of the learner, rather than the needs of the giver. It should not be simply a method of providing "release" for the giver. Giving feedback that makes us feel better or gives us a psychological advantage serves only to be destructive to the learner and ultimately to the group as a whole.

### **Focus feedback on sharing information rather than giving advice.**

By sharing information, we leave recipients of feedback free to decide for themselves what is the most appropriate course of action. In contrast, when we give advice, we often tell others what to do and take away their freedom to decide for themselves; inadvertently we put them down. There is clearly a fine line in working with learners between sharing and giving advice but we should move away from advice giving as a primary form of giving feedback towards the concept of generating alternatives, making offers and suggestions.

### **Check out interpretations of feedback**

Givers of feedback should take responsibility to check out the consequences of their feedback. Just as in the consultation, be very conscious of the recipient's verbal and non-verbal reactions and overtly check out the response. We should be highly aware of the consequences of our feedback.

In turn, the recipient should check out whether he has understood the feedback correctly: "what I think you mean is...". This prevents distortion and misunderstanding, which so easily occur if there is even a hint of defensiveness.

Lastly, it is helpful for both giver and recipient to check out with the rest of the group to see if their impressions are shared by others.

### **Limit feedback to the amount of information that the recipient can use rather than the amount we would like to give.**

Overloading a person with feedback reduces the possibility that he will use any of it effectively. Again we may be satisfying some need of our own rather than helping the learner. We may feel that we have failed if we do not cover everything that we have seen rather than just concentrating for now on the most relevant areas for the learner. We must learn to trust that other opportunities to return to missed areas will arise later in the course - what is the point of covering everything now if it is not taken in by the learner?

### **Feedback should be solicited rather than imposed.**

Feedback is most usefully heard when the recipient has actively sought feedback and has asked for help with specific questions. We have already covered the importance of this concept when we discussed agenda-led analysis of the consultation. It is important for the group to have agreed in advance how and when feedback is to be given and received.

### **Give feedback only about something that can be changed.**

There is little point in reminding someone of a "shortcoming" that they cannot easily remedy. A nervous mannerism or a stutter may be a problem that can be acknowledged sensitively but detailed feedback about the mannerism itself may be unhelpful:

"if you didn't stutter so much, the patient would be able to understand you so much better - it's painfully slow for the patient."

More useful would be

"obviously, the stutter is a problem you've had to live with over the years, is there anything you'd like help with from the group with that or is it something you'd like us to accept and work around?"

Similarly, an organisational problem such as constant phone interruptions might be more difficult to change if the learner is a resident or student rather than the doctor in charge of the unit. Working on how to deal with interruptions rather than how to prevent them might be of more value to learner's in these situations.

**Kurtz SM, Silverman JD, Draper J (2005) Teaching and Learning Communication Skills in Medicine 2<sup>nd</sup> Edition. Radcliffe Publishing (Oxford)**

### **Additional references**

Sachdeva A. Use of effective feedback to facilitate adult learning. J of Cancer Ed 1996;11:106-108  
Ende J. Feedback in medical education. JAMA 1983;250:777-781