PRINCIPLES OF CONSTRUCTIVE FEEDBACK

Kurtz SM, Silverman JD, Draper J (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press (Oxford)

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.

DESCRIPTIVE FEEDBACK

How do we encourage learners to give appropriate feedback that conforms to the principles outlined above and that will positively enhance learning? The answer is descriptive feedback, a simple and easily understood approach which naturally allows feedback to be:

- non-judgmental
- specific
- directed towards behaviour rather than personality
- well intentioned
- sharing
- checked with the recipient

Descriptive feedback is the process of holding a mirror up for the group. Instead of "what was done well" and "what could have been done differently", we substitute:

- "here's what I saw or heard"
- "what do you think?"

By describing exactly what you saw in the interview, you almost always produce non-evaluative specific feedback. An example is required here to demonstrate the power of the method: if a patient starts to look down, fiddles with her fingers, slows down her speech and looks weepy,

and the interviewer then asks her how her family is getting on to which she responds that she is fine, regains her equanimity and never returns to why she looked so uncomfortable, you could give feedback in two different ways:

"I think you really missed a big cue when she obviously had something important to say and you chickened out of asking her".

This is judgmental, general feedback that assumes a motive for the learner's actions with an implied comment on his personality

"At 3 minutes 23 seconds, there was an interesting point when she starts to look down, fiddles with her fingers, slows down her speech and looks weepy. You then asked her about her family and she didn't ever seem to get back to what was upsetting her - what do you think, John?". "Yes, I didn't know quite how to get her to open up."

This is descriptive feedback that is non-judgmental and very specific. It also very effectively leads the discussion on into what outcome you are trying to achieve. If the learner in question in fact did not wish to enter the realm of the patient's feelings because he was an hour behind, then what he did achieved his ends. He can own the thoughts and feelings that were contributing to his actions. However, even so the group could practice at this point how they might get the patient to open up if they had enough time on another occasion or they could consider alternatives that take the patient's point of view into account.

Notice how descriptive feedback concentrates initially on *what, when, where and how* rather than *why*. Comments on "why" something was done moves from the observable to the inferred and can easily lead into the more contentious territory of assumptions about motives and actions **(Premi 1991)**.

Here are some more examples: note that *positive* feedback also benefits from description that is concrete and specific.

Compare:

"I think you were great the way you got the patient to tell his story so easily" (general and not very helpful in learning)

with

"You asked her when it started and then let her talk - whenever she seemed to stop, you waited quite a few seconds and said uh huh and she continued her tale - she told you all about her problem and her fears in her own words"

Or:

"That was awful, you just lectured her"

with

"When you explained the condition to her, you gave her a lot of information and talked in some detail for two minutes without pause. She didn't ask any questions but I noticed that she frowned after about 40 seconds. What do you think, John?"

The aim of descriptive feedback is to:

- reduce defensiveness
- promote open discussion
- increase experimentation
- aid the presentation and consideration of available alternatives
- and ultimately facilitate change in behaviour.

By trying to be more descriptive, we are attempting to create a non-judgmental climate that encourages learning. Of course some judgement is involved in the very act of selecting what area to describe: there is a selective perceptual bias in all that we do. But by moving our language away from the judgmental framework of good and bad and into the descriptive framework of "what we saw", we change the way feedback is received and possibly even the way that we think. If the observer has formed a judgement, she should hold back from the use of evaluative language so that the receiver of feedback can make use of the descriptive information himself without becoming defensive. This is not to say that analysis and interpretation should never feature but that the person doing the interview should be given every chance to make inferences himself first. If this is not fruitful, then it may be appropriate to move into a slightly more interpretative mode.

Here is an example of this graded approach:

Jane: you asked four questions in quick succession and the patient just answered yes or no.

Facilitator: what do you think John?

Now if John answers "I think that I got some useful information with those questions" rather than "Yes I felt it was very hard going", you could proceed as follows:.

Facilitator: Can I just return to what you were saying Jane, what were you thinking about John's questions, what effect did you think they had?

Jane: I think John's closed questions led the patient just to give answers rather than tell his story

Note that in the above example, Jane has still used non-judgmental language without reference to good or bad but has moved slightly along the path of analysis by inferring cause and effect.