

## Editorial

# Annals of Pediatrics & Child Health Feedback in the Clinical Setting

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## EDITORIAL

Feedback has been defined as “an informed, non-evaluative, and objective appraisal of past performance that is aimed at improving future performance” [1]. It is a critical element in the acquisition and development of clinical skills. Feedback provides a learner with specific information on how to modify their past performance in order to improve and achieve future success. Without good feedback, good practice is not reinforced and areas for improvement are not identified and corrected [2]. Unfortunately it is not uncommon for medical students and residents to report they do not receive feedback and when it does occur it is perceived as scant and general. Conversely faculty believe they give regular and sufficient feedback [3,4]. Why does this perceived lack of feedback exist? It may be true-learners are indeed not getting feedback. The opposite may also be true-the learner may have received feedback but did not recognize it as such. This perceived lack of feedback can be overcome by beginning a feedback session with the phrase “I am going to give you feedback.” This phrase helps frame the discussion for the learner and explicitly states feedback is about to occur [5]. Learners may also not recognize feedback that is nonverbal. For instance a learner may not realize feedback has taken place when written notes have been read, reviewed and edited [6].

What are some guidelines for feedback? Feedback should be specific, timely, non-judgmental, based on observed actions with a plan for action. In a busy clinical setting taking a moment to “STOP” and give feedback that is Specific, Timely, based on Observed behaviors with a Plan for action may be a means for faculty to remember and provide effective and efficient feedback [5]. If faculty will be providing major feedback the five steps that follow are a framework for providing more formal feedback. First outline expectations for the learner when you first meet them. Next prepare the learner for feedback (tell them “I am going to give you feedback”) and do so in a private setting. Third make the session interactive by asking them for input and how they think they are performing. Fourth, tell them how you think they are performing, using specific examples and behaviors you have observed. Lastly, agree on an improvement plan, with suggestions from the learner as well as your own [5].

What are the barriers to giving feedback? One of the most common reasons cited is time, which includes not only lack of

time to give feedback but also with the recent changes in clinical medicine insufficient time spent directly observing learners. Those giving feedback may have concerns about negative effects of constructive (negative) feedback, fearing their relationship with the learner may be adversely affected. Constructive feedback can be awkward to communicate, and the individuals giving feedback may wish to avoid appearing critical, particularly in the presence of patients or peers [2]. Individuals giving feedback may fear a reduction in their popularity, feel they are doing harm to the learner's self image or the relationship they have with the learner, or fear poor evaluations. Faculty giving feedback may feel they have not received adequate training in giving feedback. They may feel there is a lack of resources or systemic barriers to gain improvement within educational programs. Lastly learners may not know how to receive feedback.

How can these barriers be addressed? Insufficient time is an obstacle, but can be dealt with in the following manner. First, feedback can be brief, based on an observed action that can be addressed immediately after the action has taken place [7]. Immediate feedback can occur even if there is limited time with a learner. For more formal feedback scheduling a session with the learner will allow sufficient time for one to give feedback and for the learner to reflect on their performance. Feedback should be expected and viewed as occurring on a routine basis. Establishing feedback as a regular and recurring event may prevent defensive reactions among learners. Providing feedback in private, especially when it is constructive feedback, addresses the issue of a learner feeling embarrassed in the presence of patients or peers. Lack of training can be addressed by providing faculty with evidence based literature on feedback. The issue of lack of training can also be addressed by faculty development activities that allow participants to use new skills, receive feedback on their performance and network with peers to exchange ideas and best practices. With regard to receiving feedback the learner should assume the individual giving feedback is trying to be helpful. Feedback is better received if the person receiving feedback is an active listener. They should not interrupt the individual giving feedback, should paraphrase or restate the feedback, especially if it is not clear and they should ask questions to ensure their interpretation of the feedback matches the intent of the individual giving the feedback.

Effective feedback is an integral part of clinical medicine. Learners improve and meet their goal of becoming better physicians with both brief informal feedback and more formal feedback. Labeling feedback as such should help overcome learner's perceived lack of feedback. Guidelines for feedback have been given and remember to "STOP" and give feedback daily. Barriers to giving effective feedback can and should be addressed. Feedback can enhance relationships and lead to improvement in learner performance. It is a critical teaching skill that is necessary, valuable and after practice, planning and reflection not as difficult as you might think [1].

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