

FEEDBACK

REHABILITATION STUDIES

Giving and receiving feedback is a critical component of the learning process as it helps to support both the learner and preceptor in achieving their goals. To be successful in giving and receiving feedback you must establish a relationship with your learner built on trust. The ultimate goals of giving and receiving feedback are skill development and achievement of clinical competence.

KEY POINTS

- **1.** Ask learners how, when & where they would like to receive feedback (eg., verbal, written, scheduled, informal, simultaneously as required).
- **2.** Feedback should be:
 - **a.** Timely: Negotiate this early in the placement with your learner.
 - **b.** Specific: Describe a specific action; avoid hollow praise such as "You did great!" Learners may not know what, exactly, you are commenting on.
 - **c.** Focused on a behavior not personality: observe and comment on what they did and the impact of their actions.
 - **d.** Owned by the giver: Use "I" statements and avoid observations that may have been made by others (i.e., "they" statements.)

 Avoid providing feedback on second hand information.
 - e. Understood: Ensure the learner understands the feedback by checking for understanding. Encourage the learner to restate what actions they may take based on this feedback.
 - **f.** Delivered in a supportive climate: What might seem like a private location may not feel like a private and safe setting to the learner. Check in with the learner before you begin.

- **g.** Followed-up with an action plan: Be explicit in what you expect for the future and discuss with the learner how they can be supported to improve.
- **3.** Prioritize your feedback. Rely first on what the learner has asked for feedback on and build from there. Do not comment on everything at once. Reflect on the learner's goals and the feedback that is most critical to skill attainment.
- **4.** Six Stages of Feedback:
 - 1. Observe learner behaviour
 - 2. Ask learner for their self-assessment
 - 3. Describe or model the desired behavior
 - **4.** Ensure that the learner understands the difference between the current and desired behaviours
 - 5. Develop a plan to close the gap
 - **6.** Follow-up on improvement (Brown, Hodges, & Wakefield, 1995)

...Continued on reverse.

5. Non-Evaluative Feedback: Sample Coaching Questions:

How	What	When	Where	Why*
 How did you think / act / feel? How did that come about? How have you coped in the past? How does that fit in? 	 What happened? What makes you think that? What might you do differently next time? What was important about that? What did you learn from that? 	 When did it start? When did that first occur? When did you realize? When did you decide? When will that happen? 	 Where does it happen? Where can we start to make a change? Where did it go all wrong? Where will that get you? Where do you see yourself in? 	 Why did you do that? Why do you think that happened? Why do you think they responded that way? Why is this happening?

Zeus and Skiffington (2002).

TOOLS / RESOURCES

- Weston 4 Corners: Start Doing / Do Less of / Do More of / Stop Doing
- **2.** Google: One-Minute Preceptor: Five Microskills for Effective Clinical Teaching
- **3.** Additional resources:
 - a. Preceptor Education Program (PEP) b. e-tips For Practice Education

CLINICAL LEARNING LIASON (CLL) ROLE

The CLL's are available to support northern preceptors in all aspects of clinical education including giving and receiving feedback. Should you require support, or additional resources in order to provide effective feedback please contact us at rehabstudies@nosm.ca

REFERENCES

Brown M, Hodges B, Wakefield J. Chapter 1.3 – Points for giving effective feedback. In Evaluation Methods: a resource handbook, 1995, Norman G (ed). McMaster University

Lucas J et al. Walking the Balance BEAM: The Art and Science of Becoming a Successful Clinical Teacher. Family Medicine, July/August 2002 (498-99)

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419-424.

^{* &}quot;Why" questions, although effective, can sound interrogatory. Use with care.