PRECEPTOR SERIES:

Taking the Fear Out of Feedback: Models for Success

by Emily E. Dworkin, PharmD and David R. Hager, PharmD, BCPS

Feedback is the basis of performance improvement and should be the core of precepting students or residents. Indeed, the purpose, from a learner's perspective, for completing a learning experience is to receive consistent actionable feedback. Feedback is not always easy to deliver and without preceptors actively working on their feedback skills they may decide to forgo feedback to avoid the conflict it might insert into the relationship. This is typically short sighted as lack of consistent feedback can lead to frustration on the part of both the preceptor and learner. Preceptors usually have made judgements about a learner's skills, regardless of whether or not the feedback is provided. The damage in the relationship is already done when a preceptor notices behaviors that are ineffective, unprofessional or preventing the student from receiving the full learning experience. When preceptors avoid giving feedback the outcome is denying the student the opportunity to improve – precisely why the relationship exists. Therefore, learning and utilizing effective feedback systems is an essential preceptor skill.

Feedback Must be Based on Behavior

Effective feedback provides the learner with an actionable plan to improve future performance. Hence, the foundation of feedback is based in behavior.[1] Behavior is the way one acts or conducts oneself around others, including how they act in response to a particular situation or stimuli.[2] It is what they say, how they say it, the non-verbal language they use and the work they produce.[3] A behavior can be changed, and therefore feedback on a behavior can provide the learner with potential for improvement. The focus then should be clearly on what the learner should do in the future, not what they have done wrong in the past. The learner cannot undo what has been done; however, they can make changes to their future behaviors to avoid similar negative outcomes. A person's attitude, motivation and intent are not behaviors, and providing feedback on these characteristics will not provide the learner with any benefit. These generalizations also typically induce defensive responses. Imagine how differently someone might take the feedback "you are not a self-starter" vs. "during your downtime I do not see you engaging in reading the primary literature, can you start doing that?" Clearly arguing with someone about their values or intent will be a losing battle as no one intends to do poorly or be ineffective.

Feedback does not always have to be based on behaviors that need to be adjusted; it can be on behaviors that the learner should continue. Indeed, much of what learners do on rotation is positive and the ratio of positive to constructive feedback should represent that. Positive and constructive feedback allows the learner to understand what they do well so that they can continue those behaviors and develop their strengths. It should be noted that

praise is not feedback. Providing praise, such as "great job today" or "thank you for your hard work" does not provide the specific behaviors, and does not describe the particular behavior that should be continued. Praise cannot improve performance, because it is not based on behaviors.

Lay the Proper Foundation for Feedback

To optimize the student's learning experience, expectations and goals of both the learner and the preceptor should be discussed prior to the start of the experience. If both parties are in agreement of the goals and expectations from the start, then the learning process will be much more efficient. The preceptor and the learner can then actively work together to improve the learner's performance and provide them with meaningful feedback from the start to the end of the process. The preceptor should make an active effort to provide feedback throughout the experience that promotes development toward achieving the goals of the learner and preceptor.

Many factors affect the ability to have effective dialog when providing feedback, such as the timing, the environment, the content and the perspectives of both parties involved.[4,5] Feedback should be frequent and given immediately, or as soon as possible, after a behavior is observed. This allows for the learner to adjust behaviors on a continuous basis for continued improvement. Feedback should be provided in a quiet, private area, away from crowds and colleagues to avoid discomfort. This can be hard to find in a busy clinical practice, so consider opportunities which are private enough for quick feedback which could be walking down the hall or a private area in the medication room or pharmacy. The goal is to ensure that no one can overhear the conversation and create stress for the learner. The content of feedback should be objective, focusing on specific behaviors, their impact, and how the learner can change. Select two to three comments to avoid overwhelming the learner with multiple issues. Involve the learner in the feedback process by asking open ended questions to gain their perspective.

Models for How to Deliver Effective Feedback

The delivery of feedback is another important consideration when providing a learner with feedback. If feedback is delivered poorly, it can be misinterpreted by the learner and future performance will not improve. Therefore, models of feedback delivery have been developed to improve the quality of feedback. There are three commonly used models covered here of the many that have been published or described at national meetings. Each approach uses different techniques and is associated with its own advantages and disadvantages (Table 1.). The main idea is to pick a model and master it through repetition so that as a preceptor you are free to focus on the message instead of the "steps" in the model or framework.

The first model is the "feedback sandwich."[6] The feedback sandwich essentially sandwiches the "meat" or constructive feedback between two "buns" of positive feedback. Positive feedback is provided first, followed by the constructive feedback, and completed with more positive feedback. This method can be performed easily, quickly and in real time. However, if used too frequently, learners can catch on and begin to feel that positive feedback is only a vehicle for delivering negative feedback. This leads to mixed messages causing the learner to be distrustful of the positive feedback. While in some cases it can be effective in making the constructive feedback more tolerable to the learner, a recent study found that there was no evidence of performance improvement despite students feeling like the feedback sandwich improved their future performance.[7] The use of the feedback sandwich should be limited in clinical teaching.

The second model is the "start, stop, continue model" of feedback.[8] In this model the delivery encompasses actionable steps to improve weaknesses and to promote the continuation of developing strengths. The preceptor should begin with what the learner needs to start doing, then transition into what they should stop doing, and finish with what they should continue doing. This technique of feedback delivery can be as detailed as needed depending the leaner's needs and preceptors expectations. The start, stop, continue method is very effective for presentations or written work and can be incorporated into midpoint and final evaluations.

The third model is the "four step model" for feedback.[3] This model consists of asking to give feedback, identifying the

TABLE 1. Advantages and Disadvantages of Presented Feedback Models

Model Name	Advantages	Disadvantages
Feedback Sandwich	Simple Quick Easy to remember Well described and utilized Ends on a "positive" note	Can feel manipulative or "passive aggressive" to learners May not clearly deliver message on what to change Learner may focus on what they want to hear
Start – Stop – Continue Model	Useful for evaluation and for feedback Simple Ends on a positive note and is future focused	Can be lengthy to deliver if multiple examples in each domain Does not recognize the learners role in change or engage them in finding a solution Is not flexible to entirely positive or constructive feedback
Four Step Model	Quick Engages the recipient of the feedback throughout Clearly describes impact of behavior Can be used interchangeably for positive and negative feedback	Can be awkward to use when starting as it feels rehearsed Learners can catch on to repeated transition phrases and be turned off

TABLE 2. Feedback Models in Action – Use of the Three Models in Precepting Learners

Model Name	Model Structure	Example
Feedback Sandwich	Positive Feedback Constructive Feedback Positive Feedback	"One of your strengths from that consult was using open ended questions to establish what the patient already knew about their medication. In the future, you should ensure patient understanding with the teach-back method. You also did successfully demonstrate proper device technique."
Start – Stop – Continue Model	What to start doing What to stop doing What to continue doing	"When giving a formal presentation you should start using movement to engage the audience. You should stop looking at the screen when you speak as it limits the ability for your audience to hear you clearly. You should continue to keep the number of bullets on each slide small so the audience listens to you instead of reading your content."
Four Step Model	Can I give you some feedback? When you… Here is what happens… Can you…	"Can I give you some feedback? When you don't show up to rotation on time, here is what happens. We get behind, the work backs up and then I don't have enough time for teaching. Can you change that?"

behavior, describing the impact and asking for the learner to adjust future behaviors. By initially asking the learner if you can give them feedback it not only alerts them they are about to receive feedback, but also gives them the opportunity to choose to participate in the feedback process. Also, given that after the conversation the person who needs to change is the recipient of the feedback, receiving their support to continue is a way to start on a positive note of agreement. No learner will find it sustainable to continuously say "no" to feedback and if positive feedback is also delivered in this way you can gain their interest in what you are asking them to change or continue. The second step of the model is to describe the behavior as specifically as possible. One could start with "When you do 'X' behavior" this is where exactly what was seen, heard or where the work product fell short or was laudable is described. Again, here the focus is only on behavior and one must avoid turning those into generalizations about their intent. The third step is then to describe for the learner the impact of that behavior. For example, one could start with "here is what happens." This is what drives home why this is important feedback for the learner to receive and also answers the "why" of the reason for change. It is most effective to tie the "why" with goals that learner has. This is again where knowing your learner and their goals can assist in providing more effective feedback. The goal of the final step is to address future behaviors by either affirming that they should continue or recommending that they be adjusted – this can be as simple as stating "Keep it up!" or "Can you change that?" If the behavior needs to be changed, asking them if they are learning to change and what they can do differently will assist in effectively identifying how they will change. The four step model is effective because it allows the learner to be receptive to feedback, addresses the cause and effect relationship between their action and the reaction, and puts the responsibility on them to provide an actionable solution to the issue.

Overcoming Barriers to Feedback

The "feedback sandwich", the "start, stop, continue" and the "four step model" are examples of various methods for delivering feedback. Applying these to common precepting situations is described in Table 2. Despite the many tools available, barriers to providing feedback can arise. A common barrier that preceptors frequently face is feeling unprepared to give feedback.[9] They may feel they lack the skills needed to provide effective feedback, or perhaps they feel they have not spent enough time with the learner to observe their behaviors. Focusing on practicing one model will build confidence in the preceptor's ability to provide feedback effectively. If needed, preceptors should elicit feedback from those who worked most closely with the learner and keep open communication with them of what to observe while working with the learner. Ask co-workers to provide behaviors and not assessments or judgements of a learner. Another barrier is the emotion in the situation. Feedback should always be provided out of wanting to improve future behavior constructively and not punishing

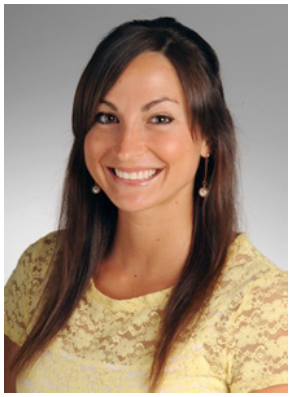
Precepting Pearl

A little can go a long way
- Taking a few extra minutes to explain rationale for a clinical decision or to discuss a complex patient case can greatly enhance a resident's learning experience

Maintain an approachable and positive attitude
- It's more than just your clinical knowledge that will influence residents

Take time to provide positive feedback to residents
- While it is can be easy to identify areas for improvement, positive feedback is greatly valued and essential for residents' growth and self-confidence

Admit when you "don't know"
- It's important to admit and share with a resident if you don't know the answer or need to research a clinical topic or issue. This is one of the most important lessons to pass on; In the ever-changing health care field, it's extremely valuable to know where/how to find an answer because you will never be able to know everything



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or calling out past mistakes by the learner. If you are still upset about what occurred, it is not yet time to provide feedback. This emotion will likely lead to defensiveness on the part of the recipient and not to the desired change in behavior. Time can also be a major barrier to providing feedback. If feedback cannot be immediately given, writing down the behavior and impact can be a helpful reminder when time for feedback becomes available.

One of the most difficult issues is when the learner receives feedback but continues to display the undesired behavior.[9] In this case, a meeting should be arranged to discuss the performance issue, reestablish your expectations and come to a conclusion about how to move forward to ensure the behavior changes. The learner should be actively engaged in this discussion. Assess their readiness to accept feedback, as well as their readiness to make change. At the end of the discussion, define future actions and follow up, summarize the conclusion and steps for improvement, and always document the interaction.

Summary

Clinical teaching and building clinical skills is necessary to produce practitioners who can effectively and safely care for their patients. The primary way for improving these skills is through feedback, therefore it is important to set expectations early on in the learning experience and to reestablish these expectations as needed. The focus of feedback should be on behaviors that the learner can continue or adjust to improve their performance. Effective feedback can be difficult to provide, thus preceptors should continue to practice techniques and feedback models to improve their performance of feedback delivery.

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