

GIVING FEEDBACK

Feedback as a Subset of Relationship-Centered Care

- **Genuine relationships in healthcare morally valuable**
- **Relationships depend on**
 - **Self-awareness and self-knowledge**
 - **Other awareness (empathy, understanding of the other)**
- **Personhood of both resident and attending, as well as their roles, is always implicated in relationship**
 - **Both resident and attending can suffer or benefit as a result of their encounter**

Principles of RCC

- **Engagement and connection are cornerstones of relationship**
- **Communication is bidirectional and reciprocal**
- **Parallels between patient/doctor relationship and resident/attending relationship**

Concerns about Giving Feedback

- **Two types of feedback**
 - **Reinforcing**
 - **Corrective**
- **Reinforcing is easier, but can be more or less effective**
 - **Too general (“good job”)**
 - **Doesn’t happen (pts as well as residents)**
- **Corrective is most difficult**
 - **Afraid resident will be offended, hurt, embarrassed**
 - **Afraid resident will become defensive**
 - **Afraid resident/attending relationship will be harmed**

Effective Feedback: Contextual Factors

- **The faculty member**
 - **Create safe, respectful, friendly environment**
 - **Nonjudgmental: avoid blame, rejection**
 - **Convey you are on the same side as the resident (patient)**
 - **Allies, not enemies**
 - **Collaborative teamwork**
 - **Give feedback lovingly, caringly, supportively**
 - **Empowering the resident**
 - **Avoid simply “telling” resident (patient) what to do (altho this is easier)**
 - **Create space for resident (patient) to make choices, develop rationale**
- **The resident (patient)**
 - **Defensiveness vs. curiosity**
 - **Passivity vs. self-awareness**

- Acquiescence vs. critical thinking

Effective Feedback: Specifics

- Eliciting resident thoughts and feelings before giving feedback
- Ask for permission to give feedback
 - Could I make some observations?
 - What would you like from me that would be helpful?
- Be specific
 - In observations
 - In suggestions
- Be clear
 - Avoid beating around the bush
 - Avoid feedback that is so soft the constructive criticism is lost
- Provide absorbable amount of feedback
 - Don't overwhelm resident
- Encourage critical thinking, not rote behavior

Different Approaches: Sandwich Technique

- Positive-negative-positive
- Benefits
- Potential problems
 - Reinforce idea of good/bad
 - Waiting for the shoe to drop (devalues positive)
 - Encourages defensiveness/rote conformity

Different Approaches: Socratic Technique

- Engage the learner
- Be respectful and curious about resident's approach
- Resident's goal
 - What are you trying to accomplish?
 - Ask resident to share thinking
- Resident's self-assessment
 - How are you feeling about how it's going?
 - What are your thoughts about how to proceed?
 - What else could you do?
- What else might need attention?
 - Psychosocial issues

Additional Options

- Frame a negative as a positive
 - I liked when you...do more of that
- Successive approximation... you made a good start when you...
- Make your own thinking transparent (here's why I'd do this...)

Relationship-Centered feedback

- Importance of emotions

- What are you(attending) feeling?
- What do you think the resident is feeling?
- Importance of resident's (patient's) perspective
 - What are the resident's (patient's) priorities, expectations, concerns?
- Importance of presence
 - Where is resident's focus? (self/pt)
- Importance of connection
 - How would you assess your connection with the resident?
- Importance of mutuality, bidirectionality
 - Is your interaction top-down or horizontal?
- Importance of patterns
 - What kinds of patterns are you and the resident (patient) creating?
 - Are these the patterns you want?
 - If not, how might you change them?