Thank you for your feedback? An imperative to improve feedback givers' skills

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Abstract

Development of feedback-giving skills is an underexplored area of medical education delivery and scholarship. In addition to deepening our understanding of developing the feedback-giving knowledge, attitudes, skills, and habits necessary for providing meaningful and impactful feedback, scholarly exploration of feedback giving skills may allow us to take another step towards improving physicians’ performance, and ultimately better patient care.

Keywords: feedback, faculty development,

Call to Action

We are mid-career clinicians and educators directing a specialty residency and a sub-specialty fellowship programs. After meeting as classmates in the Master of Health Professions Education program, we developed a shared interest in feedback within the graduate medical education context. Our thesis projects separately explored experiences of faculty who received feedback from residents (Carmody, Walia, Coneybeare, & Kalet, 2017), and residents who received feedback from faculty (Moroz, Horlick, Mandalaywala, & T Stern, 2017). Despite our subjects’ varied specialties, experience, and positions, there was a shared belief among the feedback recipients (FR) that feedback givers’ (FG) skills matter, and that FG are often unprepared for the task. The thoughts on this were, in fact, so similar across our two studies that we suspected you may have difficulty attributing the voices accurately (Table 1).

| This Quote                                                                 | Belongs to? |
|---------------------------------------------------------------------------|-------------|
| 1. “the ___ I feel like they are very busy and they’re not so in tune with what type of feedback to give back” | a) Resident b) Faculty |
"how do you even know how to give feedback, right? Like the ___ aren't like taught how to do this. Right? So they haven't been trained to do that. I don't think they're undergoing any kind of training about how to give feedback"

"that's what we should be seeking to nurture most- to teach people how to do that"

"I think, again, it's important that the ___ kind of know what this is about and try to- the important part is a conversation, and be, you know, I think talk to certain people about this, about the training, because not everyone knows how to give feedback or give negative feedback ..."

"the ___ should be trained on how to give feedback and what's good feedback"

I think there probably does need to be some very basic education on what good feedback is, how it looks, how it should be done

| Table 1. Is this a faculty or a resident quote? (Answer Key: 1a, 2b, 3b, 4a, 5a, 6b) |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 2. "how do you even know how to give feedback, right? Like the ___ aren't like taught how to do this. Right? So they haven't been trained to do that. I don't think they're undergoing any kind of training about how to give feedback" | a) Resident | b) Faculty |
| 3. "that's what we should be seeking to nurture most- to teach people how to do that" | a) Resident | b) Faculty |
| 4. "I think, again, it's important that the ___ kind of know what this is about and try to- the important part is a conversation, and be, you know, I think talk to certain people about this, about the training, because not everyone knows how to give feedback or give negative feedback ..." | a) Resident | b) Faculty |
| 5. "the ___ should be trained on how to give feedback and what's good feedback" | a) Resident | b) Faculty |
| 6. I think there probably does need to be some very basic education on what good feedback is, how it looks, how it should be done | a) Resident | b) Faculty |

A review of the literature confirmed that development of FG skills is an underexplored area of medical education delivery and scholarship. While several brief FG skill development activities have been described, others argued that unitary sessions teaching the skills of feedback provide superficial and ineffective learning (Henderson, Ferguson-Smith, & Johnson, 2005; Krackov, 2013). Although addressing both the skill and the underlying attitude informing its application longitudinally and iteratively and using different forms of feedback delivery (Henderson et al., 2005; Krackov, 2013) makes sense, we recognize that the evidence supporting this suggestion is lacking. Similarly, we were not able to find scholarly exploration of either rigorous assessment or teaching of the knowledge, attitudes, skills, and habits that are necessary for providing meaningful and impactful feedback.

On the other hand, faculty from both university-based and community-based, university-affiliated residency programs described having minimal training and a lack of understanding of the best practices for delivering feedback (Kogan et al., 2012), despite the availability of excellent practical guides (Lefroy, Watling, Teunissen, & Brand, 2015; Sargeant et al., 2018).

We share the following values, which together support the need for the medical education research community to zoom in on developing such knowledge, attitudes, skills, and habits in feedback givers:

1. Highly performing physicians contribute to better patient care,
2. Deliberate practice and meaningful feedback improve physicians' performance,
3. Skilled FG provide meaningful feedback that leads to change in practice,
4. FG skill is only one of multiple factors that determine acceptance and impact of feedback; however, this important factor has not been addressed.

We therefore challenge our readers (and ourselves) to do just that. We envision a program of research that has cycles of FG assessment, FG training, and program evaluation. Conceptually, such a program may fit within the framework of design-based research, or follow one of the several available instructional design models.
We believe that regardless of the conceptual framework used, the first step can be a synthesis of the ample available evidence on what makes feedback effective in order to develop a FG assessment rubric. Rubrics can enhance reliable scoring of FG performance assessments, especially if they are analytic, topic-specific, and complemented with exemplars and rater training (Jonsson & Svingby, 2007). Additionally, although rubrics may not facilitate valid judgment of performance assessments per se, they have the potential of promoting learning and improve instruction of FG by making expectations and criteria explicit, which also facilitates feedback and self-assessment.

We further believe that in addition to deepening our understanding of developing the FG knowledge, attitudes, skills, and habits necessary for providing meaningful and impactful feedback, this undertaking may allow us to take another step towards improving physicians' performance, and ultimately better patient care.

**Take Home Messages**

**Notes On Contributors**

Alex Moroz is an Associate Professor of Rehabilitation Medicine, a Vice-Chair for Education, and a Residency Program Director at the New York University School of Medicine.

Kristin Carmody is an Associate Professor of Emergency Medicine, a Vice Chair for Academic Affairs and Education Innovation, and Co-Director of Emergency Ultrasound Fellowship at the New York University School of Medicine.

Alex and Kristin received their Master in Health Professions Education degrees from Maastricht University in 2017.

**Acknowledgements**

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Appendices

Declaration of Interest

The author has declared that there are no conflicts of interest.