Six Common Pitfalls of Feedback Conversations

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Feedback conversations are prone to common pitfalls due to our own behaviors and to the behaviors of feedback recipients. This AM Last Page presents ways to prevent potential unintended negative consequences during feedback conversations.



Emoti-Stunned

When you encounter an emotional reaction that is not expected and feel paralyzed.



Clear as Mud

When you give feedback that is jumbled, and the learner looks confused.



Data Dump

When you give too much feedback all at once.



The Sandwich

When your hardhitting feedback is wrapped in positive generalities.



Again?!?

When you restate the same feedback after witnessing the same issue repeatedly.



Authoritarian Royal We

When you shame the learner intentionally or unintentionally by implying "we all know."

BEWARE

of these negative consequences

- Intense emotion may derail the feedback conversation.
- Without feedback, there are no opportunities for improvement.
- Improvement cannot occur without understanding.
- Jumbled feedback leads to selective attention and likely subsequent distortions.
- Cognitive overload¹ inhibits comprehension and action.
- A large list of areas for improvement may lower confidence.
- Hard-hitting feedback may not be heard.²
- Perceived hollow praise may result in loss of trust.
- Receptivity may decrease with repetition of the same feedback.
- Repetition may signal a mismatch between learning needs and teaching methods.
- Implied lack of respect may inhibit effective learning relationships.
- Openness may be inhibited.

REPAIR

the situation

- Pause and ask if it is okay to continue.
- Talk about the emotions being experienced after confirming comfort with continuing.³
- Ask the learner how you are being heard.
- State the intention to be clear and invite queries for more clarity.
- Acknowledge and apologize for the feedback overload.
- Choose together which topics to discuss and which to delay.1
- Reinforce your desire to facilitate improvement.
- Directly discuss areas for improvement.
- When discussing positive observations, provide concrete examples.
- Ask what the learner would do again and what the learner would change next time.
- Get curious; state what you observed, your concerns, and ask an open-ended question to gain insight.³
- Describe the dynamic (i.e., identify the pattern).
- Explain the basis for your statement.
- Acknowledge that best practices evolve and demonstrate your selfawareness about assumptions.
- Validate the mutual goal of patientcentered care.

PREPARE

for next time to avoid making the same mistakes

- Think about whether the conversation triggers identity, personal, or professional issues.
- Schedule feedback based on the learner's readiness and availability.³
- Explore your own reactions, including implicit bias.

- Make an agenda.
- End by discussing what both you and the learner are taking away from the conversation.
- Elicit the learner's self-assessment before giving feedback.
- Start with the learner's goals unless your list has an urgent safety concern.
- Recall that change requires feedback and that feedback can be uncomfortable.³
- Organize feedback into two columns, specifying what the learner has done well and what needs improvement.
- Address all feedback in one column before moving to the next
- Reflect on patterns and consider underlying reasons⁴ or reasons for the patterns.
- Script what you observe and practice openended questions along with your potential responses.³
- Use "I," not "we."
- Consider other possible good reasons.⁴

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- 1. Rudolph JW, Foldy EG, Robinson T, et al. Helping without harming: The instructor's feedback dilemma in debriefing—A case study. Sim Healthc. 2013;8:304–316.
- 2. Von Bergen CW, Bressler MS, Campbell K. The sandwich feedback method: Not very tasty. J Behav Stud Bus. 2014;7.
- 3. Center for Medical Simulation. The Feedback Course: Transforming Self, Others, and Culture. https://harvardmedsim.org/course/the-feedback-course/.

 Accessed October 15, 2019.
- 4. Argyris C. The executive mind and double-loop learning. Organ Dyn. 1982;11:5–22.