Myths and Facts about Feedback

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«May I get feedback on this procedure?» «Should we talk about this procedure together?» Considering the principles for teaching procedural and technical skills, these sentences are heard much too rarely. Somehow, our innate psychological immune system wants to protect us from negative emotions that might arise if we are confronted with insights into our professional performances. Moreover, several factors impede optimal feedback in the surgical environment, such as time pressure and extensive clinical workload, administrative duties, or working hours restrictions – or just the fact that we are not used to it.

Our aim in this article is to demystify some myths about feedback, show how the reluctancy to give and receive feedback can be reduced, provide useful strategies, and introduce some practical feedback tools.

Myth no. 1: No news is good news!

This well-known expression means that if your supervisor says nothing, things are likely to be all right. However, it is still no news. We all grew up that way and it worked out nevertheless. We just think there is no need to pamper our young doctors and to give in to the culture of having to guide our trainees through all the rough phases of a surgeon's life because it is the only way they really learn.

Fact no. 1: Feedback is the breakfast of champions

Breakfast is said to be the most important meal of the day. And feedback is critical for the development of a person's potential. For instance, athletes know that to improve they have to receive feedback on their performance. The feedback may comprise analysis of their performances - over and over again. The more specific the feedback, the more chance they have to improve their performance. Roger Federer said about himself: «I had to make quite a transformation from a screaming, racket throwing, swearing kind of brat on the tennis court to this calm guy today… It's important for me to hear criticism, because that's what makes me a better player, and that means someone's questioning me who really cares about me, and I think that's really important in the business world as well.»

The same is true for teaching hospitals. Residents need feedback to grow, but explicit feedback is one of the main items that trainees don't get enough of. Feedback is critical for development of trainees' skills. They should receive it on a regular basis.

Myth no. 2: Feedback is easy to recognize

On a busy workday, feedback might be given in the clinical situation, in the hallway, or even in the cafeteria. The supervisor may be proud of their educational work - but often the resident does not even realize that feedback has been given. A survey on surgeons' and residents' perceptions of feedback provided and received revealed a remarkable difference between the two groups' responses: Senior surgeons were convinced they gave a lot of feedback, but the surgical residents did not perceive the feedback as such. This gap was evident for many aspects of feedback, e.g., timeliness and specific constructive content.

Fact no. 2: Feedback must be named as such

To avoid frustration about miscommunication, feedback has to be announced and labelled as such, even if it is short and concise. Sentences like «Are you ready for brief feedback on this?» or «How about a bit of advice for next time on the basis of what I saw?» signal feedback and make it explicit and consequently more appreciated. If feedback is signaled, the motto should be KISS: keep it short and simple!

Myth no. 3: Giving feedback is only for people who are talented teachers

From our personal experience, we know how feedback can be incomplete, off target, and difficult to accept. Moreover, the generation constituting todays' supervisors did not have any lectures on feedback during their education, no opportunity to learn how to give it. Therefore, supervisors usually do not consider themselves as being talented in provision of feedback.

Fact no. 3: We all can learn to give good feedback – some tricks and tools

In order to promote performance change, both supervisors and learners need training on feedback about and during surgical procedures. The steps can be small: the first one is to recognize a «teachable moment». Teachable moments are everywhere in our daily clinical lives: at the bedside, looking at a CT scan, discussing a case with a colleague, in the tumor conference, or in the operating room. Serendipity often allows the supervisor to make educational use of the most diverse circumstances and give feedback on a task performed by the trainee. Over the course of time, feedback gets more and more context-, person- and situation-specific and therefore more effective.

Tools for inside and outside the OR

To remain in the KISS mode, we start with two concepts that are not specifically designed for medicine but are nevertheless very useful.

The knowledge gap

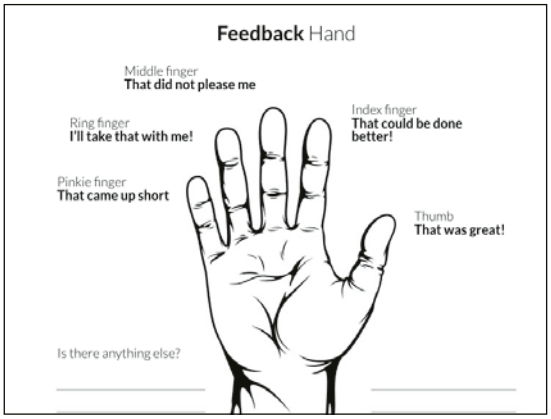
Knowledge gaps are a ubiquitous phenomenon. For feedback in medicine, the questions are formulated in a specific way to point out where improvement should take place.

Question	Example
«I noticed ...»	I noticed that you mainly talked to the patient and did not address the spouse at his side at all.
«I worry / I wonder ...»	I worry that she did not feel as if she could express her questions about the situation of her husband, and I wonder whether she really felt comfortable in the room.
«Can you explain?»	Can you explain to me why you chose to do that?

Examples of questions designed to close the knowledge gap.

The Feedback Fingers

There are many versions of the feedback fingers on the Internet. This device plays with our memories of childhood rhymes and therefore offers an easy introduction to the feedback process.



The 5-finger feedback method. https://easy-feedback.com

The BID model

The BID (Briefing, Intraoperative teaching, Debriefing) model focuses on setting objectives for the trainee's performance during a briefing, giving immediate and specific feedback during the task (intraoperative teaching), and providing guidance for future practice (debriefing). The goal is to involve learners actively in the creation of learning objectives.

Step	Task	Script
Briefing 	Set learning objectives	"What would you like to focus on?"
Intraop Teaching 	Teaching during the encounter	Focus on stated objectives
Debriefing 	Reflect on how it went Teach general rules Reinforce what went well Correct mistakes	"How did you think you did?" "You did well at..." "Next time, do..."

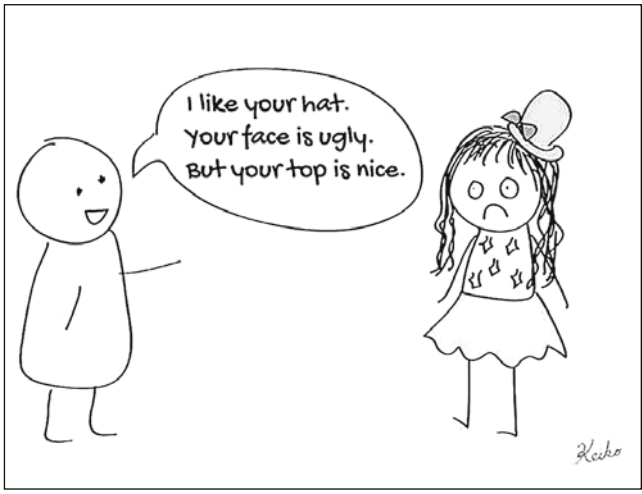
Table 2: The BID method (steps, tasks and script).

There are some alternative tools to handle feedback in the OR. One alternative is the SHARP feedback tool; its use and steps are shown below:

5-step Feedback Tool for Surgery.

Don't make sandwiches

The sandwich model, although an established feedback tool, does not live up to expectations. The criticism is often embedded in artificially constructed compliments, and the negative message kills the positive ones.



An illustration of why we should not use the sandwich model.

Tricks

a. Find your own words.
The literature is full of feedback tips and tools. Nevertheless, we firmly believe that each supervisor has to find their individual methods and words in order to be comfortable giving feedback and come across as authentic and trustworthy. This is not easy. Thinking through the content and the data to support the feedback points is an essential first step. Second, use a variety of feedback models to find out which ones suit you best.

b. Let the trainee lead.
If a supervisor acts as an expert and the learner as a passive recipient of information, the learner is less likely to absorb and act on the message and thus develop the reflective skills required for ongoing clinical practice Therefore, the trainee should lead the feedback conversation, in both timing and content. Giving feedback in the areas where the trainee is receptive is more productive. Comparing the trainee's self-assessment with the supervisor's evaluation is an especially powerful tool for learning.

c. Teachable moments everywhere
Almost any clinical situation can be used for feedback. The more often we use feedback, the better. Integrating feedback into your daily working structure helps to make the feedback situation feel normal.

Summary:

The crucial message is to find a feedback tool that works for you and your residents. We keep it short and simple by providing the «what, when, and how» of transferring feedback into practice:

What:

- Everything. Inside and outside the OR, every clinical situation can be a feedback situation.

When:

- Almost always, as long as the clinical context is aligned with the feedback.
- Realize and use teachable moments: rounds, case presentations, operations, communication, research performance, writing, presenting.

How:

- Supervisors: Observe, ask questions, challenge trainees; label feedback as such and train yourself to provide feedback.
- Trainees: Be engaged, ask for explicit feedback, watch out for implicit feedback.
- Both: Try different teaching und feedback techniques and use them on a regular basis.

We hope that these tips will help transform feedback situations from a nuisance into constructive and fruitful moments of growth.

Die vollständige Version mit Fussnoten finden Sie auf: www.swiss-knife.org