

BEST PRACTICES: 2006 APDIM SPRING MEETING

The Art of Corrective Feedback

Educators know that feedback is one of the most powerful tools for influencing a learner's behavior and helping the learner grow. Guidelines for offering feedback have been available to internal medicine residency programs for more than 20 years (1). Corrective feedback is perhaps the most important tool and yet, all too often, physician educators are afraid to provide feedback for fear of "pain" on the part of the learner (or on the part of the teacher).

Here are 10 tips to help ease the "pain":

- 1. Correct the behavior, not the learner.** Remember that educators are watching for specific actions they want the learner to change. Use nouns and verbs, not adjectives, to describe that behavior. This approach will help "depersonalize" the feedback.
- 2. Pick correctable behavior to correct.** Educators must focus on behaviors that can change, not on personality traits that cannot change. Feedback such as, "You're too quiet. Practice being louder for rounds tomorrow," would not be helpful. Personalities are hard to change but the behaviors attributed to them can sometimes be modified. For example, some learners may not be assertive or aggressive; however, educators can encourage them to speak up, ask questions, and demonstrate their medical knowledge in other ways.
- 3. Know the learner's education style.** Understanding different temperaments and personalities play a role in an educator's ability to give and receive feedback. People see life through different lenses. Try to understand the learners' perspectives and use their language (abstract versus concrete) to improve communication (2).
- 4. Be direct—avoid triangles.** It is best for the educator who directly observed the behavior to give the feedback. When three people are involved in giving feedback (a triangle), mixed messages and a lack of accountability can result. For example, the chief resident reports to the program director (PD) about an intern's negative behavior and asks the PD to speak to the intern. When the PD discusses the incident with the intern, the intern complains about the chief resident, leaving the PD caught in the middle. The chief resident should directly communicate with the intern, only using the PD as a mediator, if necessary.
- 5. Use "I" instead of "you."** Start feedback with an "I" message—for example, "I noticed that you were late three times this week" instead of "You were late three times this week." This modification helps soften the blow of correction and makes the learner less defensive and more receptive to the message.
- 6. Label your correction "feedback."** Make sure learners know that they are receiving feedback, not an evaluation. Feedback is formative and distinct from a performance evaluation, which is summative and final. Learners will welcome feedback that will ultimately help them succeed on their evaluations (3). Ask them if they would like feedback and be sensitive to their readiness to receive corrective feedback. Try words such as "I noticed something that you can do better next time, would like you some feedback on it?"
- 7. Make sure your emotions are under control.** Corrective feedback may turn into a "whipping session" if the educator feels disrespected or annoyed. Educators must defuse their own emotions because professionalism dictates maintaining emotional control. If an educator cannot control his or her emotions, he or she should wait to calm down before providing feedback.
- 8. Align your goals with those of the learner.** If the educator's goal differs from the learner's goal, it may be a barrier to effective corrective feedback. Once educators and learners agree on goals, it will be easier to correct behavior because the learner will want to improve to attain the same goal.
- 9. Give feedback frequently.** Timely and frequent feedback will desensitize the learner to any fear of correction. Create a culture in which feedback is given to everyone (360 degree review) so that all members of the team are comfortable giving and receiving feedback.
- 10. Remember that people need feedback.** If a learner makes a mistake, it must be corrected or the behavior may continue and irreparable harm could occur. Educators should care enough about learners to take the time and energy to correct their behavior. Physicians-in-training want to be treated as adult learners and enjoy feedback that is constructive, measured, and adapted to their professional needs (4).

Giving corrective feedback is not an easy task. However, the importance of feedback cannot be overemphasized. Teachable moments occur most often after a mistake. If educators are to become wiser, they must learn to give corrective feedback and to learn from the learner's mistakes.

For more information about corrective feedback techniques, please contact Elizabeth Higgins, MD, at (518) 783-0312 or higgine@mail.amc.edu. ✨

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