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Breaking Down the Barriers to Feedback

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Feedback has been defined as "an informed, non-evaluative, and objective appraisal of past performance that is aimed at improving future performance" [1]. Feedback is crucial in learning situations, regardless of the setting. Whether or not a learner is a researcher working in a laboratory, a resident in a clinical situation or a student in a classroom, the provision of feedback helps guide performance. Without good feedback, good practice is not reinforced, poor performance is not corrected and the path to improvement is not identified [2]. However, it is not uncommon for medical students and residents to claim that they rarely receive feedback while faculty believe they give regular and sufficient feedback [3,4]. Why does this perceived lack of feedback exist? What are the barriers to giving feedback?

There are several reasons why learners may perceive a lack of feedback. It may be true-learners are indeed not getting feedback. The learner may have also received feedback, but was not aware that feedback had occurred. This perceived lack of feedback can be overcome by preparing the learner to receive feedback. This can be accomplished by starting a feedback session with the phrase "I am going to give you feedback" which explicitly states feedback is about to occur and helps the learner recognize the intent [5]. There may also be problems with data collection on feedback received by learners. For instance a learner may not realize feedback has taken place when written notes have been read, reviewed and edited [6].

There are barriers for giving effective feedback. One of the most common, if not the most common, is lack of time, which includes not only lack of time to give feedback but also insufficient time spent with the learner. Those giving feedback may feel they have not received adequate training in giving feedback. Some may feel there is a lack of resources or systemic barriers to gain improvement within educational programs. Those giving feedback may have concerns about negative consequences resulting from the provision of constructive (negative) feedback, fearing the relationship with the learner may be damaged. Constructive feedback can be awkward to communicate, and the individuals giving feedback may wish to avoid appearing critical, particularly in the presence of patients or peers [2]. Individuals giving feedback may fear a reduction in their popularity, feel they are doing harm to the learner's self image or the relationship they have with the learner, or fear poor evaluations. Finally, learners may not know how to receive feedback.

While these barriers exist they can be addressed and overcome so feedback can occur. Insufficient time is an obstacle, but can be addresses in a couple of ways. First, feedback can be brief, based on an observed action that can be addressed immediately after the action has taken place [7]. Immediate feedback can occur even if there is limited time with a learner. For more formal feedback scheduling a session with the learner will allow sufficient time for one to give feedback and for the learner to reflect on the performance. The issue of lack of adequate training can be addressed by faculty development activities that allow participants to try out new skills, receive feedback on their performance and network with peers to exchange ideas and best practices. Lack of training can also be addressed with self study around the topic of feedback. Feedback should be expected and viewed as occurring on a routine basis. Establishing feedback as a regular and recurring event may prevent defensive reactions among learners. Feedback should also be specific, timely, non-judgmental, based on observed actions with a plan for action. Providing feedback in private, especially when it is constructive feedback, addresses the issue of a learner feeling embarrassed in the presence of patients or peers. With regard to receiving feedback the learner should assume the individual giving feedback is trying to be helpful. Feedback is better received if the person receiving feedback is an active listener. They should not interrupt the individual giving feedback, should paraphrase or restate the feedback, especially if it is not clear and they should ask questions to ensure their interpretation of the feedback matches the intent of the individual giving the feedback.

Effective feedback should be an integral part of medicine, regardless of the setting (research, clinical, education). A combination of immediate feedback and more formal feedback will help learners improve and meet their goals. Labeling feedback as such should help overcome learner's perceived lack of feedback. While barriers exist to giving effective feedback, these can be addressed. When done properly, feedback can enhance relationships and lead to improvement in learner performance. The important things to remember about feedback are that [1] it is necessary, [2] it is valuable and [3] after a bit of practice and planning, it is not as difficult as one might think [1].

References

1. Ende J (1983) Feedback in clinical medical education. JAMA 250: 777-781.
2. Cantillon P, Sargeant J (2008) Giving feedback in clinical settings. BMJ 337: a1961.
3. Gil DH, Heins M, Jones PB (1984) Perceptions of medical school faculty members and students on clinical clerkship feedback. J Med Educ 59: 856-864.
4. Irby DM (1994) What clinical teachers in medicine need to know. Acad Med 69: 333-342.
5. Gigante J, Dell M, Sharkey A (2011) Getting beyond "Good job": how to give effective feedback. Pediatrics 127: 205-207.
6. Spickard A 3rd, Gigante J, Stein G, Denny JC (2008) Automatic capture of student notes to augment mentor feedback and student performance on patient write-ups. J Gen Intern Med 23: 979-984.
7. Branch WT Jr, Paranjape A (2002) Feedback and reflection: teaching methods for clinical settings. Acad Med 77: 1185-1188.

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