## Is it easy to implement effective feedback?

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Without effective feedback, learners struggle to achieve defined goals. The rigid difference between what teachers deliver and what learners receive inquires the question which until now is vague: Do medical educators provide and practice effective feedback? (**Bing-You, Trowbridge 2009**). Enough effective feedback is still not fully delivered to learners. Students 'dissatisfaction with feedback may require mandatory constructive information to help them learn the importance and outcome of effective feedback at the level of learning and teaching as well as the communication skills (**Borges et al., 2006**).

So, effective feedback is defined as feedback in which the previous performance data are used to raise positive and eligible development with stressing on the gap between learners' knowledge and the level of intended learning skills and abilities they need(**Archer 2010**) and correct negative ones by encouraging a constructive change(**Hesketh , Laidlaw 2002**).

To achieve effective feedback, the health professional educators must cuddle learners' perception and reflection (**Schon 1983**), as feedback becomes fateful with the dramatic shift in the medical education model toward competency-based curricula model to achieve specific goals and milestones. This competency based education makes graduates of medical schools competent regarding specific competencies in the field of their specialties (**Krackov, Pohl 2011**).

Many reasons have been postulated to explain the poor ineffective feedback as reported by **Bing-You & Trowbridge (2009)** include; incorrect measures of success, insufficient faculty development programs, external factors arguments such as increased productivity pressures or some teacher based behaviors. Moreover, they added three potential reasons as the inability of learners for judgment and self-assessment, over or underestimating the possible influence of reactions to feedback, and immaturity of their metacognitive capacities.

Many obstacles have been reported about the problem of delivering effective feedback. These obstacles include unfamiliarity of medical educators with the concept of feedback, when it is suitable to apply, where it should be provided and concerns about the destructive impact of negative feedback on the educational relationship between teacher and learner (**Dent J, Harden 2013**). Moreover, some obstacles are related to the educational environment and learners related barriers. These barriers could include faulty self-assessment, inaccuracy of feedback regarding

inappropriate reaction that may hinder the productive response. One of the important obstacles is the generational differences that is recognized as an important factor in the feedback process that may limit its use (**Veloski et al., 2006**).

Algiraigri (2014) summarized ten tips for health professional educators to seek, receive, and handle and effective feedback.

Self-assessment is the initial step in the feedback process, self-assessment is a global judgment of the educator's ability in a specific field. It is an integral component of self-regulation and is essential for educational growth (**Wynia 2010**).

The concept of" We all benefit from feedback" is the second tip postulated by **Algiraigri (2014).** He stated that feedback will provide us with a great opportunity to learn of our strengths and weaknesses as not all of us can detect his points of weakness or even strengths due to the possible bias during self-assessment.

Learner-Teacher relationship is the bridge that initiates a dialog about the performance and has a role in promoting the learning process which means that creating a positive and healthy learner/teacher environment is integral to the feedback process (**Hewson, Little 1998**).

Observable behavior based -Feedback is a key element for effective and esteemed feedback (**Van Hell et al., 2009**). The overburden of health professional educators may lead to missing feedback that is forgotten so, the proactive path will be of importance in encouraging feedback in which the teacher will be motivated to evaluate the tasks performed by his learners, leading to better chance for effective feedback.

Regarding the learners' roles, they should be confident and take positive feedback seriously. They must remember the role of their teachers in providing attention, observing their positive skills and behaviors. So, removing the negative impact about unsuccessful or ineffective previous feedback is mandatory; this concept is titled by **Algiraigri (2014)** as "Be confident and take positive feedback wisely".

One of the important tips is the emotional challenge; negative unconstructive feedback is usually associated with emotional upset. So, to control your emotion towards any feedback (positive as well as negative feedback) is great defiance. All of us are expected to make mistakes So, calm down and first think about the feedback objectively before engaging to get the maximum opportunity for personal growth and development rather than a failure.

Furthermore, careful listening is a powerful skill that is required in dealing with feedback. It is essential to understand any vague or not fully clear affair and summarize its main consequences then to allow active thinking about a proper action plan to outline dealing with the issue (Krackov et al., 2009).

Learning is a process of cooperation of two different generations with different thoughts and behavior. So, knowing how different generations think and work will provide a great success with the feedback process.

It is reported that general feedback is not helpful and usually has a negative impact (**Brukner 1999**). So, as you can, you should avoid too general feedback and be concise fully directed. This means that try to investigate deeper and disclose the actual fine details of the feedback by requesting specifically to the point questions.

It is important to identify goals, clarify and discuss with each learner at the start and reassessed throughout the observational stage (**Kritek 2015**).

At the end, **Algiraigri (2014)** mentioned an important tip to be put into consideration regarding effective feedback. He stated that Feedback may come at different times, in different formats and also, teachers, healthcare workers, and patients also could give feedback.

Moreover, **Kritek** (2015) summarized the criteria of effective feedback as it should be specific, focused on behaviors, timely, honest, balanced, linked to learner's goals and nonjudgmental.

Previously, immediate corrective feedback following a task was avoided to avoid the potential loss of face (**Merkin 2018**), it was the culture. Nowadays, culture is changing (**Wilbur et al., 2019**). So, feedback is a part of the performance management process. To create a feedback culture needs planning, a lot of effort and many trials to cultivate an environment that believes in feedback as an integral part of the success journey of their learning. As you reach that point, Open two-way feedback will allow team members to communicate honestly and perfectly with great achievable targets.

## **References:**

- Archer JC(2010): State of the science in health professional education: effective feedback. Med Educ. 44(1):101-8. doi: 10.1111/j.1365-2923.2009.03546.x.
- **Bing-You RG**, **Trowbridge RL(2009):** Why medical educators may be failing at feedback. JAMA. 23;302(12):1330-1. doi: 10.1001/jama.2009.1393.
- Borges NJ, Manuel RS, Elam CL, Jones BJ (2006): Comparing millennial and generation X medical students at one medical school. Acad Med. 81(6):571-576.
- **Brukner H** (1999): Giving effective feedback to medical students: a workshop for faculty and house staff. Med Teach 21:161-5.
- **Dent J, Harden RM (2013):** A practical guide for medical teachers.New York: Elsevier Health Sciences; 2013.
- Hesketh E, Laidlaw J (2002): Developing the teaching instinct,1: feedback. Med Teach 24: 245-8.
- Hewson MG, Little ML (1998): Giving feedback in medical education. Gen Intern Med. 13: 111-16.
- Krackov S, Dent J, Harden R (2009): Giving feedback. A practical guide for medical teachers. 3rd ed. New York: Churchill Livingstone, Elsevier; 2009.
- Krackov SK, Pohl H (2011): Building expertise using the deliberate practice curriculum-planning model. Med Teach 33: 570-5.
- Kraut A, Yarris LM, Sargeant J (2015):Feedback: Cultivating a Positive Culture. Journal of graduate medical education 7(2), 262–264. doi:10.4300/JGME-D-15-00103.1
- Kritek PA(2015): Strategies for effective feedback. Ann Am Thorac Soc 12:557-560.
- Merkin RS(2018): Saving face in business: managing cross-cultural interactions. New York: Palgrave Macmillan; 2018.
- Schon D(1983): From technical rationality to reflectionin- action. In: Schon D, ed. The Reflective Practitioner: How Professionals Think in Action. London: Basic Books 1983;21–75.
- Van Hell EA, Kuks JB, Raat A, Van Lohuizen MT, Cohen-Schotanus J.(2009):Instructiveness of feedback during clerkships:influence of supervisor, observation and student initiative. Med Teacher 31: 45-50.
- Veloski J, Boex JR, Grasberger MJ, Evans A, Wolfson DB(2006):Systematic review of the literature on assessment, feedback and physicians' clinical performance: BEME Guide No. 7. Med Teach 28: 117-28.
- Wilbur K, BenSmail N, Ahkter S (2019):Student feedback experiences in a crossborder medical education curriculum. International journal of medical education 10, 98– 105. doi:10.5116/ijme.5ce1.149f.
- Wynia MK. (2010): The role of professionalism and self-regulation in detecting impaired or incompetent physicians. JAMA 304: 210-12.