

# **Mini But Mighty Skills for Career & Professional Development & Fulfillment**

## How to Give and Receive Meaningful Feedback

## Meet Our Lead Faculty



Lisa Ellis, MD, MS, MACP

Chief Wellness Officer

Associate Professor of Internal Medicine  
and Ob/Gyn

Virginia Commonwealth University (VCU)  
School of Medicine and VCU Health System



# Learning Objectives

1. Identify techniques that can lead to positive feedback interactions.
2. Give examples of how to provide candid feedback.
3. Describe how psychological safety can be improved through feedback



# THE LOST OPPORTUNITY

HOW DID WE GET HERE?

HOW DO WE FIX IT?

WHY IS IT SO DIFFICULT  
TO GIVE BENEFICIAL,  
CANDID, FEEDBACK??



## HOW DID WE GET HERE?



Alcibiades receiving the lessons of Socrates, by François-André Vincent c. 1776. Fabre museum.

- **Little white lies** refers to the **venial** (lesser) **sin** of lying in a *nearly-truthful (but still dishonest) way*. The notion of these kinds of lies being *small* and *white* (not dirty) implies that they aren't especially serious or consequential lies.  
*You look younger than your age!*  
*That was a little white lie, but I'll take [accept] it.*

**There is value in a leader who lies – but only if it is done for the greater good.**



# HOW DID WE GET HERE?

## Synonyms of FEEDBACK

### Strongest matches:

assessment  
criticism  
reaction  
evaluation

### Strong Matches

comeback  
rebuttal  
retaliation  
reply

### Thesaurus



# **“IF YOU CAN’T SOMETHING NICE- DON’T SAY ANYTHING AT ALL!”**



**THE FEEDBACK JUDGES  
INDIVIDUALS NOT  
ACTIONS.**



**THE FEEDBACK IMPLIES  
A THREAT**



**THIS IS A LEARNED SKILL,  
NOT AN INBORN GIFT**



**NO PLANNED ACTION  
OR FOLLOW-UP**



**THE CULTURE IS NOT  
ONE WHICH WELCOMES  
CANDOR AND  
TRANSPARENCY**



**TO BE CLEAR IS TO BE  
KIND**





# “Criticism between two slices of praise doesn’t taste as good as it looks”

Adam Grant 1-17-2024

- Appears manipulative and insincere
- The intended message easily gets lost
- Confuses the issue about key take-aways
- Primacy and recency are the rule. Most will remember just the 1st and last thing said.





# FIGHT OR FLIGHT!!

Conflict: prefrontal cortex and the amygdala

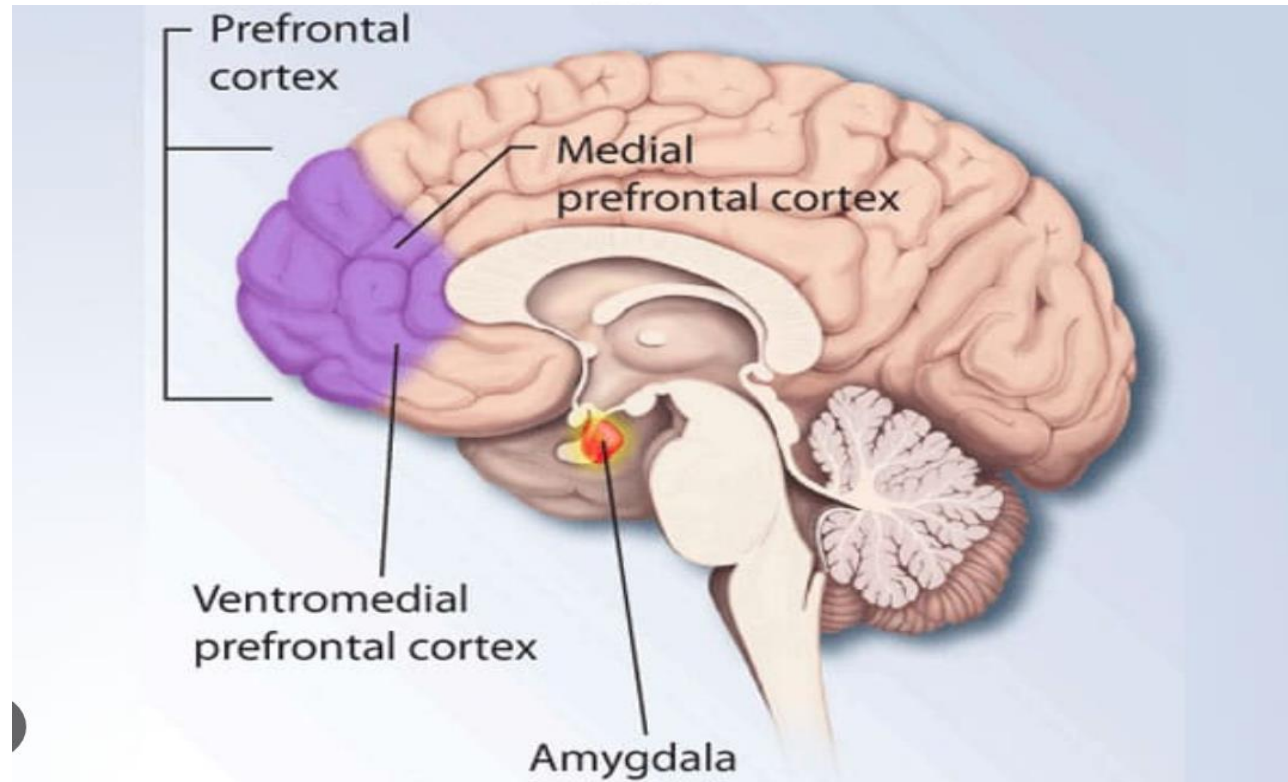
Prefrontal Cortex: Loves candid feedback!

Amygdala: Danger! Am I getting kicked off the island?

Incoming cortisol and adrenaline lead to responses made defensively. Autonomic changes occur.

Or the person shuts down and shuts out.

## Decision-Making HIJACKED!



# The benefits of meaningful feedback models:

- Physicians report candid feedback improves their performance
- Fosters the trust of physicians, residents, and students, to express concerns without fearing negative consequences
- Improves clinical quality and safety in terms of professionals' openness about patient care treatment errors
- Improves engagement and productivity
- Can drive a team towards excellence and greater cohesion
- Encourages the discovery of opportunity for improvements and modifications.

Feedback: The Powerful Paradox  
How to make feedback a gift  
Jack Zenger, PhD and Joe Folkman, PhD  
Harvard Business Review Sept-October 2023



Scheepers, Renée A. MSc, PhD; van den Goor, Myra MD, PhD Candidate;  
Physicians' Perceptions of Psychological Safety and Peer Performance Feedback.  
Journal of Continuing Education in the Health Professions 38(4):p 250-254, Fall 2018.



## LET'S FIX IT!

### TAKE-AWAYS FOR GIVING FEEDBACK:

- Both positive and opportunistic (negative) feedback are essential.
- Bi-directional feedback is ideal. Be a role model on how to solicit feedback.  
“What am I doing, or not doing, that may contribute to your more difficult areas?”  
“What can I do for you to help with \_\_\_\_\_?” Be specific!
- Set hierarchy to the side. Feedback should not include threats to their job, or demotions. Be clear about the process and the interaction.
- Talk about the problem/issue, not the person.



SITTING ACROSS THE DESK  
LOOKING AT THE PERSON



SITTING NEXT TO THE PERSON  
LOOKING AT THE PROBLEM



# LET'S FIX IT!

## TAKE-AWAYS FOR GIVING FEEDBACK:

Consider diversity aspects of feedback

- **Cultural differences**- differences in countries that receive direct feedback easily and ones that do not
- **Age diversity**- “status incongruence”,
  - Baby Boomers*: feedback is formal and given in annual meetings
  - Gen Xers*- considerably less formal and don't want to wait until the end of the year, tend to want feedback instantaneously
  - Millennials*-sometimes referred to snowflake generation-may seem like they are sensitive. However, they do not crush with criticism
  - Zoomers*—are used to constant feedback, they give and receive, work easily in all directions.
- If you ask for feedback and get critical candor from employee- remember, they are taking a risk! Reward the risk taking or they will never do it again
- Make yourself vulnerable. Tell a story about receiving feedback that stung
- Paint an attainable picture of what success looks like
- Encourage peer feedback. If employee comes to complain about another employee, ask “what did the colleague say when you gave them that feedback?”
- Don't ever lose an opportunity to provide good meaningful feedback that helps the culture of the organization, its psychological safety and polls on questions regarding ‘intent’ to stay in the organization.



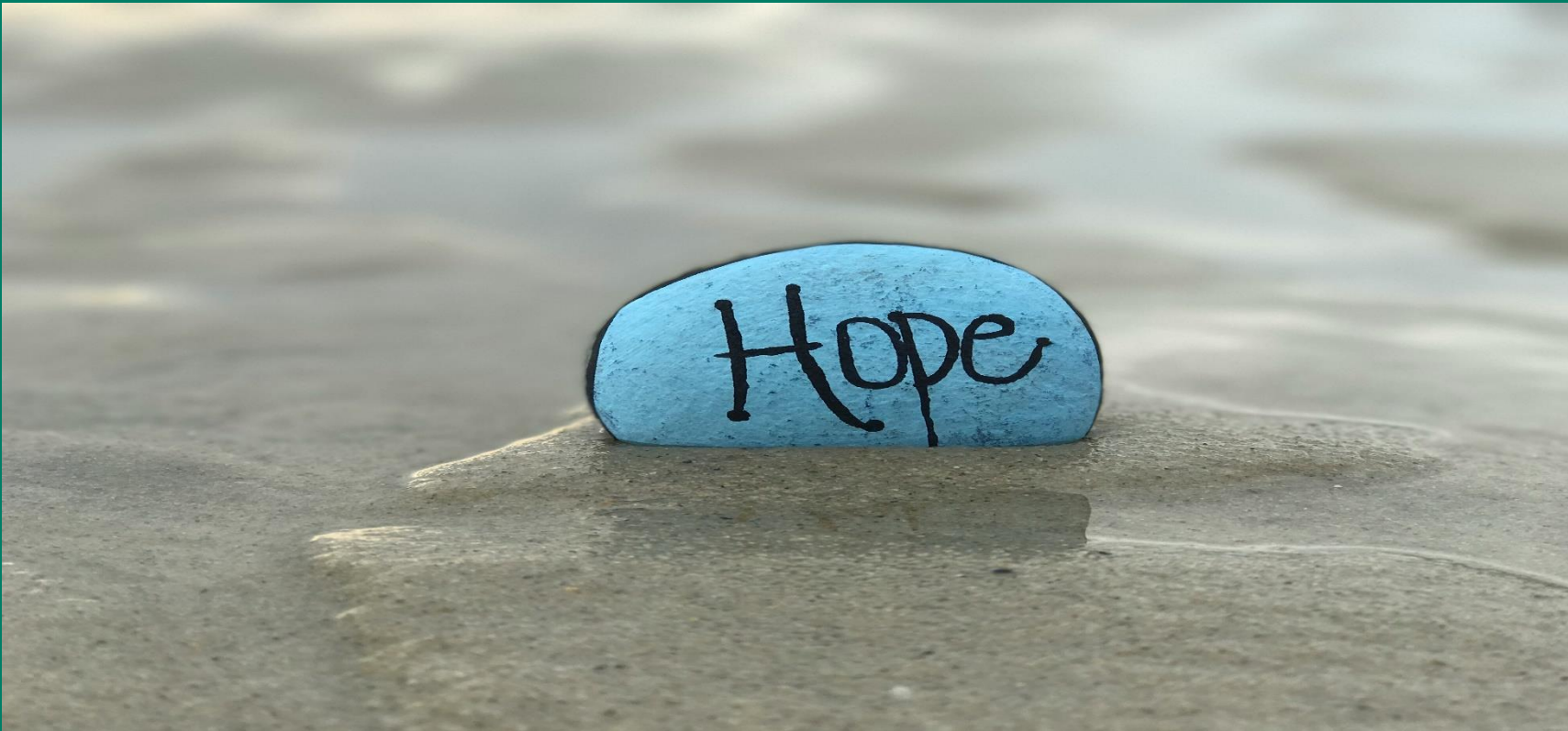
# LET'S FIX IT!

## TAKE-AWAYS FOR RECEIVING FEEDBACK

- Solicit Feedback- Consider asking “What can I do or stop doing to make it easier to work with me?”
- Ask for clarification if feedback is vague.
- Help the giver of feedback to be open and honest. Invite critique to help you grow and improve.
- Ask for a plan or offer a plan, a timeline, and follow up.
- Bring notes and take notes if that helps you to remember what is being said
- Bring feedback for the giver to the meeting as well.



- Consider setting up feedback loops amongst team members.
- Teach and expect peer feedback in your groups.
- As teams mature consider more open candor-rapid-fire feedback for one another
- **Live 360's**- if you have exceptionally strong teams
- We will get there!!



Always remember:

TO BE CLEAR  
IS  
TO BE KIND!

# Discover More Mini But Mighty Skills

[www.acponline.org/minibutmighty](http://www.acponline.org/minibutmighty)





# Appendix

# References and Resources

- Let's Talk Make Effective Feedback Your Superpower Terese Huston Published by Portfolio Jan 26, 2021, | 304 Pages | 5-1/2 x 8-1/4 | ISBN 9780593086629
- Sarah Lerchenfeldt & Tracey, A H Taylor (2020) Best Practices in Peer Assessment: Training Tomorrow's Physicians to Obtain and Provide Quality Feedback, *Advances in Medical Education and Practice*, 11:, 571-578, DOI: [10.2147/AMEP.S250761](https://doi.org/10.2147/AMEP.S250761)
- Loomis, A., Montague, E. (2021). Human-Centered Design Reflections on Providing Feedback to Primary Care Physicians. In: Kurosu, M. (eds) *Human-Computer Interaction. Design and User Experience Case Studies. HCII 2021. Lecture Notes in Computer Science()*, vol 12764. Springer, Cham. [https://doi.org/10.1007/978-3-030-78468-3\\_8](https://doi.org/10.1007/978-3-030-78468-3_8)
- Scheepers, Renée A. MSc, PhD; van den Goor, Myra MD, PhD Candidate; Arah, Onyebuchi A. MD, PhD; Heineman, Maas Jan MD, PhD; Lombarts, Kiki M. J. M. H. MSc, PhD. Physicians' Perceptions of Psychological Safety and Peer Performance Feedback. *Journal of Continuing Education in the Health Professions* 38(4):p 250-254, Fall 2018. | DOI: 10.1097/CEH.0000000000000225
- Billick, M. , Rassos, J. & Ginsburg, S. (2022). Dressing the Part: Gender Differences in Residents' Experiences of Feedback in Internal Medicine. *Academic Medicine*, 97 (3), 406-413. doi: 10.1097/ACM.00000000000004487.



# References and Resources

- Kim Scott Radical Candor Be a Kick-Ass Boss without losing your humanity Published by Portfolio  
Jan 26, 2021 | 304 Pages | 5-1/2 x 8-1/4 | ISBN 9780593086629
- <https://thecurbsiders.com/>
- <https://www.performyard.com/articles/compliment-sandwich#why-does-the-disconnect-exist-where-is-it-coming-from>
- <https://www.ccl.org/articles/leading-effectively-articles/review-time-how-to-give-different-types-of-feedback/#:~:text=Impact%20feedback%20is%20the%20most%20effective%20type%20of%20feedback%20to,assuming%20motivation%2C%20or%20placing%20blame.>
- When Diversity Meets Feedback Erin Meyer, PhD Harvard Business Review Sept-October 2023
- Stop serving the compliment sandwich Adam Grant Newsletter Jan 2017



# Why don't we know how to do this?

- According to the Association of American Medical Colleges (AAMC), only 1.1–1.9% of national medical school assessment was classified as peer assessment between 2012 and 2016 (1.1% in 2012–13, 1.9% in 2015–2016), but the trend is that its use is becoming more common
- The limited use of peer feedback in medical education may be one reason why many new physicians feel unprepared to provide feedback in various settings
- From article in QR code:
- Medical students frequently perceive the amount of feedback they receive as insufficient. Peer feedback offers additional opportunities to increase the amount of feedback provided to students, to further help them develop and improve in areas where they may be deficient. It also gives students more opportunities to develop skills in providing effective feedback
- Perhaps the biggest strength is that peer assessment correlates well with future clinical and academic performance. Papinczak et al (2007) found that students who were committed to providing valid and helpful feedback to their peers were more accurate peer assessors themselves. Lurie et al (2007) reported that peer assessment of work habits predicted medical student performance evaluation rankings and internship performance. Students who utilize peer assessment throughout the curriculum may be more proficient in providing feedback as well as more successful with teamwork and communication skills during their professional careers. [Citation2](#)



Table 1 of 1

**Table 1 Selected Approaches and Available Instruments for Providing Peer Feedback. *This is not an all-inclusive list but provides a variety of examples of published instruments used for peer assessment***

Assessment Topic	Participants Assessed	Characteristics Evaluated with Peer Assessment Instrument	Reference
Professionalism	1 <sup>st</sup> -year medical students	Honesty & integrity, accountability, responsibility, respectful & non-judgmental behaviour, compassion & empathy, maturity, skillful communication, confidentiality & privacy in all patient affairs, self-directed learning & appraisal skills	Cottrell et al. (2006). <sup>42</sup>
	3 <sup>rd</sup> -year medical students	Self-motivation, independent learning, interpersonal relationships, dependability, & integrity	Kovach et al. (2009) <sup>45</sup>
Leadership	1 <sup>st</sup> -year medical students	Altruism, compassion, respect, integrity, responsibility, commitment to excellence & self- reflection	Chen et al. (2009) <sup>44</sup>
Contribution to Team Performance	Medical students using Team-Based Learning (TBL)	General TBL competency (termed the University of Texas - Austin Method)	Team-Based Learning Collaborative (TBLC) (2013) <sup>47</sup>
	Medical students using TBL	Cooperative learning skills, self-directed learning, interpersonal skills (termed the Koles Method)	Team-Based Learning Collaborative (TBLC) (2013) <sup>47</sup>
Performance in a Problem-Based Learning tutorial	3 <sup>rd</sup> -year medical students	Problem-solving, independent learning and group participation	Sullivan et al. (1999) <sup>39</sup>
	1 <sup>st</sup> -year medical students	Responsibility & respect, information processing, communication, critical analysis, and self-awareness	Papinczak et al. (2007) <sup>43</sup>
Performance in a Community Setting	Medical students	Effort, quality of community interaction, leadership, and subject-matter contributions	Magzoub et al. (1998) <sup>38</sup>
Communication Skills	1 <sup>st</sup> semester medical students	Ability to build rapport, listening skills, language, interview style and interview structure	Perera et al. (2010) <sup>46</sup>
Clinical Competence	4 <sup>th</sup> -year medical students	Competence as a student and competence as a future doctor	Dijcks et al. (2003) <sup>40</sup>