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
Executive Director of Wellness
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. Develop improved psychological safety through feedback
WHY IS IT NOT THE NORM TO GIVE BENEFICIAL, CANDID, FEEDBACK?
THE LOST OPPORTUNITY

HOW DID WE GET HERE?

DOES IT REALLY MATTER?

HOW DO WE FIX IT?
<table>
<thead>
<tr>
<th>Strongest matches:</th>
<th>Strong Matches</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment</td>
<td>comeback</td>
</tr>
<tr>
<td>criticism</td>
<td>rebuttal</td>
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<tr>
<td>reaction</td>
<td>retaliation</td>
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<tr>
<td>evaluation</td>
<td>reply</td>
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</tbody>
</table>
“IF YOU CAN’T SOMETHING NICE- DON’T SAY ANYTHING AT ALL!”

Quote: Mom’s everywhere

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.
Confict: 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.

**FIGHT OR FLIGHT!!**

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.
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
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


- 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

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%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.
# 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**

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