***some suggestions for***

***giving & receiving feedback***

*(this handout first appeared as a hyperlinked blog post at www.goodmedicine.org.uk on 21.10.12)*

*"Man cannot remake himself without suffering, for he is both the marble and the sculptor."*

Dr. Alexis Carrel

*"It is a puzzling thing. The truth knocks on the door and you say,*

*"Go away, I'm looking for the truth," and so it goes away."* Robert Pirsig

*"There are people who live their whole lives on the default settings,*

*never realizing you can customize."* Robert Brault

I have recently written a couple of blog posts about feedback ... *"Compulsory multi-source feedback is coming or has already come to the health professions & to many other jobs as well"* and *"Lessons from a personal multi-source feedback project"*. You can see from the three *"sayings"* at the top of this post that I have also had fun scanning for relevant quotes. In fact, one of the best that I found was a good deal longer: *"Criticism is driven by the frustration and fears of the giver, not from the needs of the recipient. The underlying assumption is that the recipient somehow "should know better" and needs to be set straight. The implied message is that the recipient's intentions are questionable, that there is something wrong with the recipient that the giver of criticism knows how to fix. In criticism, the problem is all in the recipient.*

*In contrast, feedback has an air of caring concern, respect, and support. Far from being a sugar cookie, feedback is an honest, clear, adult to adult exchange about specific behaviors and the effects of those behaviors. The assumption is that both parties have positive intentions, that both parties want to be effective and to do what is right ... Another assumption is that well-meaning people can have legitimate differences in perception. The person offering the feedback owns the feedback as being his reaction to the behavior of the other person. That is, the giver recognizes the fact that what is being offered is a perception, not absolute fact."* Gary Casselman & Timothy Daughtry.

I think this is good advice and I'd like to build a bit more on what has been said here. I want to make seven comments that have emerged from my reading of the developing research literature, from conversations with friends & colleagues, and from my own experience of giving and receiving feedback.

***1.)*** Feedback is a huge opportunity. Research on how individuals develop excellence in a whole series of fields, highlights the crucial importance of practice and feedback. If we want to improve in areas of performance that deeply matter to us, then we need to know how we're currently doing and how we could get even better at how we'll do in the future. Without feedback it's smoke and mirrors. Feedback comes from observing outcomes ... does the dart I throw hit the bull’s eye or maybe totally miss the dartboard? How the hell am I going to improve my know-ledge & skill if I repeatedly practise while wearing a blindfold so I can't see where the darts I throw end up. And yet often we speak & act in certain ways for years without really checking out as carefully as we could how this is affecting others ... whether the others are clients, friends or family. It's normal for people to perceive their behaviours differently from the perceptions of those on the receiving end of those behaviours. Good feedback is potentially of immense use in helping us improve in areas of our lives that really matter to us.

***2.)*** Feedback is only likely to be helpful if it is relevant to issues that the recipient wants to do well with. Ideally the person receiving the feedback has asked for it in relation to behaviours that they want to review. If the feedback is given without the recipient having a choice (for example the compulsory multi-source feedback that UK doctors will be receiving as from next month) it's likely to be much more useful if both givers and receivers of the feedback "take ownership" of the process. So Mann et al's study last year found that *"Participants experienced multiple tensions in informed self-assessment. Three categories of tensions emerged: within people (e.g., wanting feedback, yet fearing disconfirming feedback), between people (e.g., providing genuine feedback yet wanting to preserve relationships), and in the learning/practice environment (e.g., engaging in authentic self-assessment activities versus "playing the evaluation game")."* Most of us want to be "good" people in a broad, variously coloured sense of that word "good". It matters to us in our jobs and in our personal lives. Feedback can help us live this better. It's often possible to "take ownership" of feedback processes by linking to the values that are most important to us.

***3.)*** It's likely to be best if feedback providers have actually observed the behaviours that they are commenting on, and it may well be more effective if the feedback is given soon after the behaviour occurs. Quite often feedback from colleagues and teachers/supervisors is particularly potent (in contrast, for example, to sometimes slightly less powerful feedback from other members of staff or patients/clients/customers). There is also plenty of evidence that comments about behaviours are more likely to be useful than comments about the feedback recipients themselves ... even if the feedback is positive & affirming. There's a fairly rapidly developing research literature here both helping to improve how we give feedback ... see, for example, "Giving feedback - an integral part of education" ... and challenging standard practices ... see, for example, "Feedback sandwiches affect perceptions but not performance". I find Carol Dweck's research on "mindset" particularly informative here.

***4.)*** Try to get/give the feedback in both oral (possibly recorded) and written form. It's likely to be best if the feedback becomes part of a problem-solving conversation where feedback provider and recipient can cooperate to use the information as helpfully as possible.

***5.)*** If you're receiving feedback, a major finding is that you'll probably get considerably more benefit if you have support in reflecting on, digesting and developing an action plan from the information you receive. See *"Factors predicting doctors' reporting of performance change in response to multisource feedback"* and *"Impact of workplace based assessment on doctors' education and performance: a systematic review".* This support could be from a variety of possible sources, for example from a respected mentor, teacher, coach, therapist, friend, or cooperative colleague. Ideally too, the supporter has experience and skill in helping recipients work with feedback material.

***6.)*** Reflecting on feedback is likely to involve acknowledging & exploring our emotional responses, clarifying what has actually been said, linking & looking for themes, clarifying how the information could help us improve behaviours that we would like to do well, and making specific, effective action plans. This year's Cochrane systematic review *"Audit and feedback: effects on professional practice and healthcare outcomes"* is a good example of the improving clarity we have about such learning methods.

***7.)*** It's likely to be useful as well if the action plan is monitored to confirm that it produces the results that one is aiming for. Timetabling in future reviews, for example with one's supporter/ mentor/colleague makes very good sense as well.

Eliciting multi-source feedback on behaviours that matter to us, digesting & developing action plans from the feedback, and monitoring that the plans produce the changes we're aiming for ... this all seems a great potential example of genuine "adult" education.