

Feedback conversations

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Feedback conversations in clinical settings are not just about ticking a box or following a procedure—they are a vital part of professional growth, patient care, and overall improvement in healthcare. Think of feedback as the fuel that keeps the engine of clinical practice running smoothly, helping everyone from junior doctors to seasoned clinicians refine their skills and deliver the best possible care.

In healthcare, feedback isn't just nice to have; it's a must. It's how we keep our skills sharp, stay up to date with best practices, and, most importantly, ensure our patients are getting the care they deserve (Archer, 2010). But for feedback to really make a difference, it needs to be more than just a quick pat on the back or a stern lecture. It should be clear, specific, and balanced—think of it as a mix of constructive criticism and positive reinforcement (Ende, 1983). The goal is to help clinicians feel both supported and challenged in the right ways.

Stone and Heen (2014) break feedback down into three main types: **Appreciation**, **Coaching**, and **Evaluation**. These aren't just fancy terms; they're practical tools you can use to shape your feedback. **Appreciation** is all about recognizing and valuing someone's efforts, which is crucial in healthcare where the work is tough and often thankless. **Coaching** is the feedback that helps someone get better—whether it's improving a specific skill or learning something new. Finally, **Evaluation** is where you measure someone's performance against a standard or expectation. Each type has its place, and knowing when and how to use them can make your feedback much more effective.

Of course, giving feedback isn't always a walk in the park. One of the biggest hurdles is dealing with the emotional reactions that feedback can trigger. Stone and Heen (2014) talk about three types of feedback triggers that can make someone defensive: **truth triggers**, **relationship triggers**, and **identity triggers**. A truth trigger kicks in when the feedback feels off or unfair. Relationship triggers are all about the dynamics between the person giving the feedback and the person

receiving it—if there's tension or a lack of trust, it's tough to take feedback well. Identity triggers happen when the feedback seems to threaten who we are as professionals, which can make it hard to take anything in without feeling defensive.

So, how do we get past these triggers? One key strategy is to foster a growth mindset, a concept popularized by Dweck (2006). In a nutshell, a growth mindset means seeing abilities as something that can be developed with effort and learning, rather than as fixed traits. When clinicians adopt this mindset, they're more likely to see feedback as a tool for growth rather than a judgment on their competence. This shift in thinking can make feedback feel less like a threat and more like an opportunity.

How you deliver feedback also makes a huge difference. Kluger and DeNisi (1996) suggest focusing on tasks rather than the person's character. In a clinical setting, this means zeroing in on specific behaviours or outcomes. For example, instead of saying, "You're not responding to emergencies quickly enough," you might say, "In the last emergency, it took seven minutes to initiate the critical intervention. Let's talk about how we can reduce that time." This approach makes the feedback actionable and less likely to provoke a defensive reaction.

Timing is another critical element. In healthcare, where quick adjustments can save lives, the sooner the feedback, the better. Shute (2008) points out that immediate feedback allows for quick course corrections and helps reinforce good habits before mistakes become ingrained. That said, it's also important to pick the right moment—sometimes, giving someone a bit of time to reflect before diving into feedback can lead to a more productive conversation.

And let's not forget that feedback should be a conversation, not a monologue. Engaging in a two-way dialogue encourages clinicians to ask questions, share their perspectives, and work together on developing a plan for improvement (Watling et al., 2014). This kind of collaboration doesn't just deepen understanding; it also increases buy-in, making it more likely that the feedback will actually lead to change.

Creating a culture where feedback is a regular, natural part of the workflow is also key. Carless (2006) points out that feedback is most effective when it's part of an ongoing dialogue, rather than a one-time event. In clinical practice, this might mean incorporating feedback into daily routines like morning rounds, post-operative debriefs, or case reviews. When feedback becomes

a regular part of the conversation, clinicians are more likely to engage with it and use it to improve their practice.

In the end, feedback conversations are a crucial part of clinical practice. They're not just about pointing out mistakes or handing out compliments—they're about helping each other grow, improving patient care, and making sure we're all doing the best job we can. By delivering feedback clearly, thoughtfully, and in a way that encourages dialogue, we can make a real difference in how clinicians perform and how patients are treated. And as the healthcare world keeps changing, the ability to give and receive feedback well will continue to be a vital skill for anyone who wants to provide top-quality care.

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