Feedback: The educational process of giving and receiving

Gibbs T, MBCh.B (Liverpool), FRCGP, DA (Educational Leadership), MMedSci, ILTM, FFHom Bute Medical School, University of St Andrews, St Andrews, Fife, Scotland.

Brigden D, MEd, M I Biol, ILTM

Visiting Professor of Professional Development, Faculty of Health Sciences, University of Cape Town & Adviser for Postgraduate Medical and Dental Education, Mersey Deanery, University of Liverpool Liverpool, UK

Hellenberg D, MBCh.B (UCT), MFamMed, MFGP (SA)

Professor of Family Medicine, University of Cape Town, Faculty of Health Sciences, University of Cape Town

Correspondence: Professor Derek Hellenberg, E-mail: dhellenb@cormack.uct.ac.za

Summary

The report of the Standing Committee on Postgraduate Medical Education in the United Kingdom stated in 1995 1 that "all those involved in teaching can contribute by creating a positive educational environment, helping learners to achieve their goals by providing support and constructive feedback... They need to understand more about the need for, and the ways of achieving feedback, appraisal, openness and trust."

Over a number of years, many surveys have shown that a lack of feedback is the most common complaint students, interns and registrars make about their teaching and training. In many ways it is the most serious, for feedback is essential to progression in learning.

The purpose of this article is to describe the concept of feedback, its triangulation with effective teaching and learning and to demonstrate its potential in maximising any teaching activity that is encountered within practice. It will also explore how, because of its close proximity to appraisal, feedback may provide personal drive and motivation.

"Think like a wise man but communicate in the language of the people."

William Butler Yeats¹

(SA Fam Pract 2006;48(2): 5-6)

Teaching, learning and the feedback loop.

From educational theory, we know that effective teaching and learning is neither linear nor uni-directional.3 In a valued and credible educational system. teaching and learning are reciprocal activities; the teacher learns from the contact with those he or she has taught, the learner learns from the teacher and eventually teaches what he or she had had previously learned.4 In effect it is a two-way process whereby teaching and learning are indistinguishable from each other, and information transfer and knowledge acquisition form an integral part of a teaching - learning interaction. An essential part of this dynamic relationship is the communication that occurs outside of the standard transfer and sharing of knowledge, the communication that explores the potential outcomes, the feedback. To some, feedback appears commonplace, cf the process of a parent teaching a child how to tie a shoelace; the feedback

either from the parent or observation from the child that the lace becomes undone is essential and immediate feedback, upon which future learning is based. We know that a learned task becomes more difficult without this feedback, and makes the activity part of accepted practice. In a way, the communication has changed the two way process of teaching and learning, into a cyclical, interactive and dynamic process.

Compare the situation with previous models of medical education and use a common taught skill e.g. the taking of a blood pressure measurement. Most of us learned this from observation, trial and much error, without any or much feedback. Learning became more difficult and the outcomes often variable, so that today, there are many ways in which we each take a blood pressure. Compare that model with the modern concept of clinical skills centres with high fidelity simulation, life-like models and a built-in feedback and multi-

repetition style of learning. Although learning can and does occur from other teaching activities, it is made all that more valuable, meaningful and retentive with this dynamic feedback.

To be effective, feedback must be constructive. If feedback is information about the result of a process that is directed towards a goal or outcome, we can consider either negative or positive feedback. Negative feedback relates to how far the learner is away from the goal, (what is missing or what needs to be done) and attempts to reduce any deviation from the goal; the goal has still to be reached. It is **not** simply stating what is bad or not so good! but merely to point out the missing gaps and finding or suggesting ways to fill them in order to achieve the objective. Positive feedback, in relating to what is good (the goal has or may have been reached), can lead persons away from the original goal onto future outcomes. In effect it enhances the learning by looking beyond the original objective,

SA Fam Pract 2006;48(2) 5

once it has been achieved.

It has long been accepted that a feedback process is affected by the order in which positive or negative feedback is given. Suggestions are that the exploration of what is good or went well precedes questions of what went less well and how it could be improved.⁵ Unfortunately, the positive side of feedback is often overshadowed, or perceptively belittled, by the negative aspects. We know that positive reinforcement of good practice has a profound positive effect upon learning, more supportive and effective than a negative conclusion. This negative effect of feedback can be reduced however by making sure that feedback is accompanied by self-analysis and constructive discussion regarding the future. It is part of a feedback loop that consists of:



This is also supported by some of the principles of adult learning found in Figure 1:

Figure 1: Principles of Adult Learning.

- Effective learning results from positive motivation.
- Interested learners come from interesting subjects.
- Learning is more effective if it is in context and relevance to the learner.
- Regular feedback motivates learning
- Positive feedback is more reinforcing than negative
- Learning feeds on learners' success.
- Giving responsibility to learners increases their learning
- Rewards bring results
- Personalising learning objectives achieves deeper learning.

Feedback, appraisal, assessment and evaluation

If feedback is the integral link between teacher and learner, whereby performance related activities are observed and critically valued, then the close proximity of feedback to an appraisal activity can be easily seen. Despite the fact that feedback may relate more to educational activities and a teacher –learner process, and appraisal is more workplace and performace based, we can conclude that the rules of engagement are very similar and both focus around attainment of shared goals or objectives.

Assessment tends to be more of a constructive quantitative measure, specifically summative assessment, although formative, and even self-assessment, show some similarity to feedback. Evaluation remains in the more affective, qualitative and value domain, although again it should be working towards specific goals or outcomes.

It remains to say that feedback, appraisal, assessment and evaluation are all closely linked and often share the same rules to improve effectiveness. They all equally apply outside the standard teacher-learner situation, and feedback shares some common themes with the standard audit cycle found within practice. If the applied rules are taken to be common, then the following are relevant to our daily practice and interactions with all within the practice:

- Be prepared to engage with the feedback process.
- Take the initiative by setting the appropriate climate for feedback.
- Set aside sufficient time to offer suitable support and encouragement
- Provide both positive and negative feedback, positive preceding the negative.
- Make the negative feedback (if necessary) highly specific and directed at behaviour that can be improved.

Action Points on Giving and Receiving Feedback

For tutors, partners and managers:

- Give lots of specific feedback partners, staff and trainees need it to learn.
- Remember how much people can rely on indirect feedback (personal interpretation of activities) – which may give the wrong impression of your actual views.
- Offer both positive and negative feedback constructively.
- Be specific with the feedback avoid vague praise or hidden blame.
- Praise in public, criticise in private.
- Criticise the behaviour, not the

- person.
- Ask for some feedback on your teaching, training and management it will help you get better at it and your asking shows you think feedback is essential to sound learning and improvement
- Allow time to check on an understanding of the points raised.

Learners, partners and staff:

- If you don't get much feedback, ask for some – be clear what you want and choose the moment when you ask for it
- Clarify the areas of misunderstanding
- Ask for help to develop specific areas
- Learn the different types of feedback

Conclusion

Feedback forms an integral part of the teaching and learning model. If we believe that teaching and learning are intrinsic to our daily practice, then it concludes that feedback is essential for practice. However, despite it being accepted as part of a normal activity in dealing with the teaching of our children, we often forget to use it in other aspects of our daily lives. The implementation of structured feedback into everyday practice and personal activities can only enrich what we try to achieve and in fact maybe a stimulus to personal development.

"Loving a baby is a circular business, a kind of feedback loop. The more you give the more you get and the more you get the more you feel like giving."

Penelope Leach ⁶

Points to Ponder

- Feedback is integral and makes effective any teacher and learner encounter
- Teaching and learning are important aspects of daily practice life, whether through formal structure or informal activity.
- Feedback becomes part of our daily practice and personal lives.
- Feedback can be a pre-requisite to personal development

References

- SCOPME . Fifth Report Annual report on the work of the Standing Committee on Postgraduate Medical and Dental Education (April 1995) www.scopme.org.uk
 William Butler Yeats (1865-1939). Irish Dramatist and
- William Butler Yeats (1865-1939). Irish Dramatist and Poet
- Brookfield SD. The Power of Critical Theory: Liberating Adult Learning and Teaching. Jossey-Bass. USA. 2004
 Ramsden P. Learning to Teach in Higher Education.
- Routledge, London & New York. 1992.

 5. Peyton RJW. Teaching and Learning in Medical Practice.
- Manticore Press, Europe. 1998.
 Penelope Leach (1937-) U.S. child development psychologist.