A GUIDE TO EFFECTIVE FEEDBACK

For Standardized Patients

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STANDARDIZED PATIENT PROGRAM
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# REFERENCES


“Howley, LD, Simons, DF, Murray, JA; Focusing Feedback on Interpersonal Skills: a workshop for standardized patients”. 3rd Ed. University of Virginia Curry School of Education. 2005
WHAT is Feedback?

Feedback is information presented by the Standardized Patient (SP) regarding what was experienced during a simulation, based on the patient’s perspective.

Feedback is...

- SPECIFIC - identifies particular instances, behaviours, or communications. It is never “general” or applied in an “as a whole” form.

- OBSERVABLE – what is identified as something that actually occurred, never assumed or presumed.

- CLEAR – unambiguous, concise. It should not be confusing to the student.

WHY Do We Use feedback?

Standardized Patients are a valuable teaching resource and tool for future health care providers. An integral part of an SP is to be able to provide effective feedback.

Effective feedback provides learners the opportunity to refine their knowledge and skills, while allowing them the comfort of asking questions of the SP that they may not feel able to ask of a “real” patient.

If SP feedback is provided in a useful and non-threatening way, it can be beneficial in helping the learner better understand how their presence, actions, and tone can affect a patient.
WHEN Should You Use Feedback?

Feedback should only be given when the tutor asks or prompts the SP for it. This may be after each student, or at the end of a session. If it is at the end of a session, be aware that you may have to provide feedback to multiple learners all at once. In this instance, stick to one point per learner and never draw comparisons among different learners.

WHERE Do We Apply Feedback?

Feedback is applied to how the learner makes the SP feel as a patient. Some examples include:

- **Body language:**
  - Eye contact
  - Proximity
  - Position
  - Facial expression

- **Communication:**
  - Tone and rate of speech
  - Language (e.g. heavy accents, fluency)
  - Delivery of information with sympathy, empathy, compassion
  - Use of laymen’s terms
  - Concealment of personal attitudes and/or opinions (e.g. nonjudgmental)
  - Physical comfort & dignity:
    - Physical examinations
    - Privacy
    - Informed consent (they tell you what they are doing)
Feedback is **NEVER** to be applied to
- Medical knowledge or skills
- Personal matters (e.g. hygiene, appearance)
- SP personal experiences or hear-say knowledge

**HOW Do We Deliver Feedback?**

- **Get out of role**
- Always use “I” language presented in the third person
e.g. As [character’s name], I felt.....
- Use descriptive words
e.g. As [character’s name], I felt **grateful** when...
  As [character’s name], I felt **pressured** when...
  As [character’s name], I felt **comforted** when...

**The “D.E.S.C.” technique**

- You **describe** the behaviour (D)
- You **express** your feelings (E)
- You **specify/suggest** the desired change in behaviour (S)
- Communicate any **consequences** (C)

**The Sandwich Technique**

- Describes the order and amounts of positive vs. negative points in which to deliver feedback
- Always ‘sandwich’ negative feedback between positives - always end with a positive
• When providing negative criticism, make it constructive; offer an alternative to make it into a positive
  ** If there were multiple negative points that came up during the encounter, choose the most significant to include in your feedback.

The following are some suggestions of descriptive words:

<table>
<thead>
<tr>
<th>Reassured</th>
<th>At ease</th>
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<tr>
<td>Understood</td>
<td>Frustrated</td>
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<tr>
<td>Encouraged</td>
<td>Angry</td>
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<tr>
<td>Relieved</td>
<td>Let down</td>
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<tr>
<td>Cared for</td>
<td>Rushed</td>
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<td>Satisfied</td>
<td>Tentative</td>
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<td>Guided</td>
<td>Confused</td>
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<tr>
<td>Cheered up</td>
<td>Demeaned</td>
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<tr>
<td>Comfortable</td>
<td>Foolish</td>
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<tr>
<td>Confident</td>
<td>Nervous</td>
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<td>Grateful</td>
<td>Afraid</td>
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<td>Appreciated</td>
<td>Put down</td>
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<tr>
<td>Comforted</td>
<td>Embarrassed</td>
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<tr>
<td>Hopeful</td>
<td>Alienated</td>
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<tr>
<td>Calm</td>
<td>Terrified</td>
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<tr>
<td>Great</td>
<td>Disconnected</td>
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<tr>
<td>Pleased</td>
<td>Pessimistic</td>
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<tr>
<td>Sympathized with</td>
<td>Annoyed</td>
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<tr>
<td>Important</td>
<td>Judged</td>
</tr>
<tr>
<td>Listened to</td>
<td>Unsure</td>
</tr>
<tr>
<td>Relaxed</td>
<td>Overwhelmed</td>
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PROBLEM SOLVING TIPS

Student(s) becoming defensive about the feedback provided

Do not engage in an argument. If more explanation of your comments is required, do so calmly and concisely; avoid being negative.

Student(s) are unclear or confused about the feedback you provided

Take a few steps back. Was your feedback specific enough? Go back and address key behaviours observed during the simulation.

The tutor contradicts you

The tutor is in charge! Do not engage in an argument. It is important that all parties involved maintain professional behaviour. If an issue of professionalism results, speak with your trainers.

SP becomes emotionally invested in the role

Don’t take your role as the patient in the scenario personally. Feedback is always delivered out of role! If you become upset with how the student has treated you (as your character), ask the tutor for a minute while you step outside the room to cool down. If time is an issue, avoid any negative/constructive criticism and stick to positive only. Contact your trainers for debrief.

The tutor asks you to provide a different form of feedback

You have been trained on how to provide effective feedback. Kindly explain to the tutor that you need to remain as you were initially trained to ensure quality and standardization. If the tutor has further concerns, ask them to speak to a trainer directly.
DO’S & DONT’S

- DO try to include 2-3 points of feedback based on the sandwich
- DO NOT overload the learner with a large amount of negative feedback – stick to one significant point.

- DO stay in role before and throughout the simulation.
- DO NOT stay in role during feedback.

- DO speak to the student (not the tutor) when providing feedback.
- DO NOT ask the learner to self reflect—this has nothing to do with the SPs feedback.

- DO USE any ‘time-outs’ or breaks to collect your thoughts about the feedback you plan to give. Remember to stay in role!
- DO NOT judge or put a student down. Effective feedback is constructive and based on observable events.

- DO meet with the tutor a few minutes prior to the start of the simulation to discuss whether feedback is expected of the SP and the structure of the simulation.
- DO NOT give feedback unless asked to do so by the tutor.

- DO remember that this is someone’s classroom and you are not the tutor. You are there to offer information from the perspective of a patient. It is not your job to make decisions, educate or change anyone’s behaviour.