R&R Series

Oh no! Not Another Workshop on Feedback in Clinical Education!

Session summary for the R&R Series webinar hosted on June 17th, 2025, with panel members Drs. Rola Ajjawi, Tracey Oh, Katherine Wisener, Laura Farrell, Robin Roots, Clarissa Wallace, and Mr. Odie Huynh.

Session Learning Objectives

- Reflect on supervisory strategies to promote feedback across health professional contexts
- Explore learner's and faculty's perspectives on engaging with feedback
- Consider a variety of feedback approaches relative to learner-faculty shared goals

Key Concepts for Engaging in Effective Feedback in Clinical Education

Bridge the feedback gap

- Feedback has limited impact when there's a disconnect between teacher intent and learner perception. A supervisor may see a problem, but the learner may not understand, agree, or know how to act on the feedback information.

- Even when learners acknowledge a problem, they often don't change behaviour unless feedback is actionable and clearly understood, with opportunities for dialogue.

- Unconcious biases in feedback (e.g., labeling women "aggressive" vs. men "assertive") can distort its impact and stigmatize learners.

TIPS:

☐ **Engage** learners in feedback conversations: Be specific about what the issue is, why it matters, and what the learner can do differently.

☐ **Check** for understanding: Ask the learner to summarize what they heard and how they plan to act on it.

1

Feedback is emotional

- Feedback isn't just information; it can trigger emotional defenses like avoidance or discounting (1).

- Feelings of scrutiny, anxiety, fear, shame, and guilt are common and may hinder uptake—or, if acknowledged, can fuel meaningful reflection (2). They can also lead to supervisors avoiding feedback.

TIPS:

☐ **Ask** learners how they feel about their performance or the feedback conversation to invite emotional insight and growth.

☐ **Normalize** discomfort as part of learning.

☐ **Be** compassionate and non-judgmental when giving difficult feedback.

Build an educational alliance

Modeled on the therapeutic alliance, a strong teacher-learner relationship supports effective feedback (3).

Key components include:
- Trust and mutual respect (authenticity, credibility).
- Shared goals for learning and performance.
- Agreement on how to work together toward those goals.
- Strong alliances that improve feedback uptake, increase help-seeking and feedback-seeking behaviour, and reduce emotional resistance to feedback.

TIPS:

☐ **Establish** shared goals early.

☐ **Create** regular opportunities for conversations about work.

☐ **Be** consistent and reliable to build credibility.

☐ **Frame** feedback as a team effort towards shared goals.

2

Recognize the influence of feedback culture

Every clinical setting has its own feedback culture, which shapes what feedback looks like, when it happens, and what's valued or ignored (4). For example, even within a single profession such as medicine, feedback norms vary widely (e.g., operating room vs. intensive care unit). Awareness of your context's norms helps you create opportunities for feedback conversations.

TIPS:

☐ **Take note** of the feedback norms in your setting—what is explicit and what remains unspoken?

☐ **Prepare** learners by naming and describing feedback expectations in your setting.

☐ **Be** transparent about your own feedback approach so learners know what to expect and how to engage.

Feedback is part of a larger learning process

• Learners build understanding of their progress over time by piecing together incomplete information from multiple sources.

• Effective feedback supports both immediate performance on a task, and the learner's long-term professional development.

TIPS:

☐ **Scaffold** feedback to help learners make sense of fragmented input (e.g. from multiple people, tasks, contexts etc.).

☐ **Help** learners connect dots and see patterns in the feedback they are receiving.

☐ **Revisit** feedback over time to support growth.

☐ **Encourage** learners to seek feedback regularly from multiple trusted sources.

Defining the length of feedback encounters depends on the educational context (for example, sometimes learners are working with you for month(s), other times just half a day).

Consider these examples of different contexts:

CONTEXT	SUGGESTIONS
The **emergency department** is a busy setting where it's difficult to find space, there are multiple preceptors, and few chances to follow-up (5).	Consider prompting the learner with a question upfront (see below for more examples of this).
In the **ambulatory clinic**, feedback is only within 3-16% of encounters, about 30 seconds in duration, often only consists of "right" or "I agree", and is mitigated to preserve learner confidence (6).	Schedule a time well in advance so the learner and preceptor have an opportunity to share feedback at a designated time.

A **goal-oriented approach** incorporates the following feedback considerations:

Timely and specific

Psychological safety   **Tools and techniques**

Credibility   **Feedback literacy**

Ongoing dialogue between learner and preceptor about the focus of learning consists of upfront goal exchange, observation, and goal negotiation/co-construction.

4

Prompts for encouraging the learner to reflect on, negotiate and co-construct goals

UPFRONT	MIDWAY
What goals would you like to achieve this shift/clinic today?	What was your goal when you did X?
To work independently is a broad goal. How do you think I can help you with that in this clinic/classroom?	I noticed you did X, what were you trying to achieve?
Often students say they want to learn X, Y or Z... is there one you want to focus on?	You seemed uncomfortable... when you did X. What do you think the goal of X is?
What goal could you set based on feedback on your previous rotation/clinical encounter/placement?	Your goal was to do X, which I think you have achieved well. I think you could set a new goal. Do you have any ideas?

Approaches to challenges with feedback

Learner not engaged in goal-setting and/or co-creating goals.	• Ask about prior feedback and if there are related goals they can be working towards. Role-model sharing your own teaching or learning goals.
There are concerns about professionalism (e.g., time management, priority setting, learning engagement).	• Try to explore and address underlying cause of challenge. • Develop specific goals to address each specific challenge. • Reflect on how necessary these 'norms' are.
Self-assessment does not align with preceptor assessment.	• Explore perspectives further, share observations, and ask clarifying questions.
Learner's goals are too ambitious for level of development and competence.	• Break-down goal. • Co-create a goal that can be met at an appropriate level.
Learner's goal is to collect experiences versus establish skills.	Share that the preceptor's role is to teach the learner how to be a well-rounded clinician –explore why they are only focusing on those experiences and bring it back to the common goal of good patient care.

The following reflections from a health professions learner offer valuable insight into how feedback is received—and how faculty can foster more effective feedback interactions.

Feedback works best when it is expected and collaborative

- ✓ Informal feedback is most effective when it's co-constructed, discussed and agreed upon early in the placement.
- ✓ Establishing shared expectations at the start of the rotation—and checking in regularly—creates a stronger feedback relationship (educational alliance).

Learner tips for giving constructive feedback

- ✓ Schedule informal time for feedback to promote openness and readiness to reflect.
- ✓ Consider tone and delivery, especially when the message is critical.
- ✓ Acknowledge the emotional weight and allow space for processing of feedback, as even with good intentions, feedback can be hard to hear. Emotions, even negative ones, can be a source of learning.
- ✓ Encourage learners to advocate for how they best receive feedback, reinforcing their responsibility in the learning partnership.
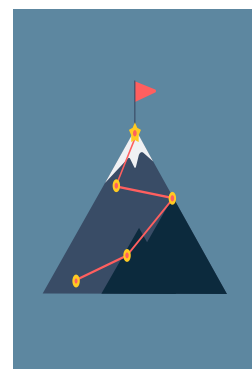
Learner challenges in giving feedback to teachers

- ✓ Fear of retaliation, even in strong relationships.
- ✓ Worry about hurting feelings or damaging rapport.
- ✓ Reluctance to offer feedback due to peer warnings/previous negative stories.
- ✓ Hesitancy to offer critique to faculty in the context of faculty shortages and an overburdened health care system.

How faculty can encourage honest learner feedback

- ✓ Model humility and vulnerability; share your own areas for growth.
- ✓ Normalize feedback as part of learning, not a judgment on personal worth.
- ✓ Explicitly invite feedback and reassure learners with concerns that it will not affect their placement, future, or your relationship.
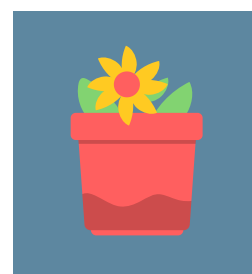
Timing & consent in feedback conversations

- ☐ Ask the learner "*Can I share some feedback with you right now?*"—this gives learners agency and emotional readiness.

- ☐ If the moment isn't right, schedule a check-in to preserve the relationship and quality of the feedback.

Framing feedback for impact

- ☐ Link feedback to learning goals and observed impacts, rather than personality traits.

- ☐ Use feed-forward language, especially when time is limited: "*I'll be working with another learner next week—what might I try differently to make this more effective?*"

- ☐ When providing critical feedback, err on the side of asking before telling, especially with less established relationships.

Navigating feedback in challenging or high-stakes situations

- ☐ When time is tight, remember that the quality of the relationship you build (e.g., educational alliance) is more important than focusing on how much time you have spent with them.

- ☐ Build in opportunities for ongoing conversations, not just middle or end-of-rotation evaluations, to reduce surprise and avoid escalation.

- ☐ Be mindful of the differences between written and verbal feedback:

    - **Written feedback** is often higher stakes and stays on record.
    - **Verbal feedback** can be helpful to frame and prepare learners for what may be documented.

When feedback isn't about a skill, but an attitude

Avoid judging or labeling (e.g., "rude"); instead:

- ☐ Explore what is happening in the situation and whether they are aware of some of the ways that their actions could be interpreted by others. Open a discussion about clinic expectations and professional norms.

- ☐ Stay curious, explain the local culture, and co-construct understanding of professionalism in this context.

Addressing learners who avoid feedback

When learners seem disinterested or just want to "pass and move on":

☐ Be curious about their underlying motivations or concerns.

☐ Emphasize that meeting objectives still matters, and feedback is part of that process.

☐ Establish shared understanding of goals before focusing on performance improvement.

Creating safety for two-way feedback

☐ Recognize that learners often fear retaliation, even in good relationships.

☐ Express humility, acknowledge your own learning edges and invite feedback as a shared process.

☐ Remember, feedback culture matters. Build one where curiosity and partnership drives improvement.

Resources

Watch the R&R Session Recording

Click or Scan to Watch on Vimeo ⟩

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Other key articles from our speakers' presentations:

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• Wisener K, Hart K, Driessen E, Cuncic C, Veerapen K, Eva K. Upward feedback: exploring learner perspectives on giving feedback to their teachers. Perspectives on Medical Education. 2023 Mar 22;2(1):99. https://doi.org/10.5334/pme.818