ACADEMIC MEDICINE

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Feedback conversations are prone to common pitfalls in our own behaviors or in the feedback recipient. Here are some ways to prevent potential unintended negative consequences.

	Emoti-Stunned	Clear As Mud	Data Dump	The Sandwich	Again?!?	Authoritarian Royal We
	When you encounter an emotional reaction that you don't expect and feel paralyzed.	*When you give feedback that is jumbled and the learner looks confused.*	*When you can't help it and give a whole lot of feedback all at once.*	*When your hard-hitting feedback is wrapped in positive generalities.*	*When you restate the same feedback after witnessing the same issue repeatedly.*	*When you shame the learner intentionally or unintentionally by implying "we all know."*
BEWARE of these negative consequences	• Intense emotion may derail the feedback conversation • No improvement opportunities exist without feedback	• Improvement cannot occur without understanding • Jumbled feedback leads to selective attention and likely subsequent distortions	• Cognitive overload[1] inhibits comprehension and action • Too many areas for improvement lowers confidence	• Hard-hitting feedback may not be heard [2] • Loss of trust results due to perceived hollow praise	• Learner receptivity decreases with repetition of the same feedback • Repetition may signal a mismatch between learning needs and teaching	• Implied lack of respect inhibits effective learning relationships • Openness is inhibited
REPAIR the situation	• Pause and ask if it is okay to continue • Talk about the emotions after confirming comfort with continuing[3]	• Ask the learner how you are being heard • State your intention to be clear and invite queries for more clarity	• Acknowledge and apologize for the overload • Choose together which topics to discuss and which to delay[1] • Reinforce your desire to facilitate improvement	• Directly discuss areas for improvement • When discussing positive observations, provide concrete examples • Ask what the learner would do again and what would change next time	• Get curious—state what you observed, your feelings, and ask an open-ended question to gain insight[3] • Describe the dynamic (e.g., identify the pattern)	• Explain the basis for your statement • Acknowledge that best practices evolve and that you are working on self-awareness about assumptions • Validate mutual goal of patient-centered care
PREPARE for next time to avoid making the same mistakes	• Think about whether the conversation triggers identity, personal, or professional issues • Schedule feedback based on learner's readiness and availability[3] • Explore your own reactions, including implicit bias	• Make an agenda • End the conversation by discussing what you are both taking away	• Elicit the learner's self-assessment before giving feedback • Start with the learner's goals unless your list has an urgent safety concern	• Recall that change requires feedback and feedback can be uncomfortable[3] • Organize feedback in two columns with specifics for what is done well and what needs improvement • Address one column before moving to the next	• Reflect on patterns and consider underlying sources[4] or reasons • Script what you observe and *practice* open-ended questions-- and your potential responses[3]	• Use "I" not "We" • Consider other legitimate reasons[4]

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