Feedback: What's New and Different?

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Abstract

Although giving feedback has been frequently discussed in the supervision literature, there has been little attention given to two other important aspects, namely receiving and inviting feedback. This article will highlight the kinds of feedback, the triggers that are obstacles to receiving feedback, and suggestions to manage resistance to feedback. In addition, guidelines to giving feedback based on knowledge about receiving feedback will be presented, as well as five evidence-based insights into inviting feedback.

Giving feedback is one of the primary teaching methods used by clinical educators. We want our students to improve their skills so that their clients and patients can improve their speech and language skills. So we use feedback to let our students know what we observe, what we question, and what we suggest so that they might become competent clinicians. This use of feedback is not new or different to clinical educators. What is new, different, and neglected is attention to the other aspects of feedback, namely receiving it and inviting it.

One stimulus recently that is catching the attention of people across the business, education, and health-related professions is the 2014 publication of the book *Thanks for the Feedback: The Science and Art of Receiving Feedback Well* by Douglas Stone and Sheila Heen, two Lecturers on Law at Harvard Law School and founders of a consulting firm. Their work is based on their 15 years of experience, as well as their extensive review of pertinent research. This

article, as well as an ASHA short course presentation by the four authors (McCready, Raleigh, Schober-Peterson, & Wegner, 2015), is based in large part on the information and concepts in this book.

History of the Concept of Feedback

Stone and Heen summarize the history of the concept of feedback. The term was first used in the 1860s at the time of the Industrial Revolution "to describe the way that outputs of energy, momentum, or signals are returned to their point of origin in a mechanical system" (Stone & Heen, 2014, p. 4). Ten years later, feedback described the sound loop in an amplification system. It was not until after World War II that people in industry used the term "feedback" to describe the performance of employees. Today, feedback has become a crucial part of communication in most workplaces.

The Nature of Feedback

Clinical feedback has been defined as "specific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance" (Van De Ridder, Stokking, McGaghie, & ten Cate, 2008, p. 193). According to ASHA (2008), supervisors should understand the characteristics of constructive feedback as well as the strategies for providing it. In addition, supervisors need to be skilled in giving feedback that is descriptive and objective in nature and delivered in a timely manner through both oral and written means. Although there has been an emphasis in the supervision literature (ASHA, 2008; Dowling, 2001; McCrea & Brasseur, 2003) on reciprocity in the supervisory process (i.e., the exchange of feedback between supervisor and supervisee and the joint discussion of supervisory issues), the focus for clinical educators has been primarily on being the givers of feedback.

Receiving Feedback

Stone and Heen (2014) assert that throughout our lives, we are coached, judged, evaluated, and ranked (i.e., we are constantly on the receiving end of feedback). The challenge arises in how we empower ourselves, as well as those we supervise, to receive feedback well. According to Stone and Heen, "It doesn't matter how much authority or power a feedback-giver has; the receivers are in control of what they do and don't let in, how they make sense of what they're learning, and whether they choose to change" (p. 20). For us as clinical educators, it is crucial that we cultivate the skills that will allow the receiver, that is, a student clinician, to make thoughtful decisions about if and how he or she will use the information that is received.

There are three kinds of feedback, all of which serve different purposes and satisfy different human needs. The giver's purpose for *appreciation* is to validate, motivate, and express thanks. *Coaching* is geared toward facilitating improvement in the receiver or identifying a problem in the relationship between the giver and the receiver. *Evaluation* serves to rate or rank the receiver against a set of standards. All three types of feedback are necessary in the supervisory relationship in order for both parties to know where they stand, to grow, and to feel valued. Problems arise in feedback conversations when the receiver desires a different kind of feedback than is delivered, or when the feedback is incorrectly interpreted. Stone and Heen (2014) refer to these issues as "cross-transactions" (i.e., the giver and the receiver are misaligned with regard to the purpose of the feedback).

There are three triggers that are obstacles to receiving feedback: *Truth triggers* are ignited by the content of the feedback itself and the receiver then may feel angry, deflated, confused, or indignant. *Relationship triggers* are set into motion because of the person who is delivering the feedback. These triggers can evoke questions about the credibility, trustworthiness, or motives of the giver. According to Stone and Heen (2014), "switchtracking" can occur when the receiver

blocks the original feedback by changing the topic from the what to the who; with two separate topics on the table "the conversation gets tangled" (p. 104). Lastly, *identity triggers* have nothing to do with the person who gives the feedback nor the feedback itself; the receiver's reactions emanate from how he or she views his or her future. The feedback is perceived as threatening. While triggered reactions may not be unreasonable, the actual leverage lies in understanding and managing them, and learning to engage skillfully in feedback conversations. The following role-play exercises (Table 1) are designed to give clinical educators a chance to try out both triggered responses and growth identity responses to feedback from a student. The first example of responses to a truth trigger model the supervisor-learning response. The next five examples require the clinical educator to develop the response, based on the first example and the material presented in this article. This practice could also be modified for student clinicians receiving feedback from their clinical educators.

Table 1. Feedback Practice for Clinical Educators.

Trigger Type	**Student**	**Clinical Educator's Triggered Response**	**Clinical Educator's Learning/Growth Response**
Truth Trigger	Ms. McCready, I don't think you're observing me enough. I'm afraid I'm not going to be able to count all my hours for ASHA.	That can't be right! First of all, I would never shortchange you.	Let's talk about this some more and show me your hours' sheet.
Truth Trigger	I appreciate all the feedback you're giving me, but sometimes it's overwhelming because you give me too much.	That's not helpful. Last week you told me I wasn't giving you enough.	
Relationship Trigger	Ms. McCready, I don't mean to offend you, but I'm having a lot of difficulty with you interrupting my sessions.	Well let's talk about your difficulty taking my guidance. After all, I was just coming in to demonstrate.	
Relationship Trigger	I've been afraid to talk with you Ms. McCready.	Really?! You should never feel that way.	
Identity Trigger	Ms. McCready I hope you don't mind but I got some ideas from Dr. Connors about how to work with our TBI patient.	Oh, ok. Let's talk about your plan for tomorrow. *(McCready: She doesn't think that I know enough about TBI treatment and I am not sure I do either.)*	
Identity Trigger	I did not understand why you asked my client to keep repeating herself.	Have you looked at your session video yet? (*McCready feels defensive and thinks that she has done something wrong.)*	

Stone and Heen (2014) state that when the receiver of feedback understands his or her own individual "wiring" and temperament, he or she has better positioned himself or herself to understand his or her reaction to feedback and to keep it in proper perspective. Once distortions about feedback are dismantled, the feedback can be viewed with more clarity and objectivity. In doing so, the receiver can move from having a vulnerable "fixed identity" to a robust "growth identity" (Dweck, 2006). With a "fixed identity" the receiver believes that change is not possible.

With a “growth identity,” the receiver uses feedback to establish where he or she stands now, and to determine how he or she can learn and move forward.

The following suggestions from Stone and Heen (2014) can help create the pull that allows receivers to manage resistance to feedback and grow from it:

- Determine the purpose of the feedback (appreciation, coaching, or evaluation). Clarify the intent with the giver, if necessary.
- Resist the tendency to spot what is incorrect about the feedback because it is counterproductive to learning. Instead, adopt an attitude of “tell me more” versus “you are wrong.”
- Seek to fully understand the feedback before deciding if it is correct or incorrect.
- Identify the true relationship system and refrain from “switchtracking.”

Giving Feedback

Although giving feedback can be complicated, it is one of the most important ways that supervisors teach. Guidelines for giving feedback (ASHA, 2015; McCrea & Brasseur, 2003) include the following:

- Be aware that timing, frequency, tone, form, and specificity can influence the effectiveness of feedback.
- Be descriptive instead of evaluative and specific when describing behaviors.
- Consider the appropriateness of your feedback style based on the needs of the recipient and not yours. Supervisory research in our field from 1971–1985 reviewed by McCrea and Brasseur (2003) revealed that supervisors in conferences tend to use one feedback style (direct/active as defined by Anderson, 1985) even when they think they do not. There has been no research to date to refute this finding.
- Determine how useful the feedback will be in order for the recipient to act on it.
- Try to determine receiver readiness; feedback must be well-timed.
- Seek clarification to see if your feedback was understood.
- Check the accuracy and objectivity of the feedback and control the amount you give.

Here are additional guidelines based on our knowledge about receiving feedback discussed in the previous section:

- Separate appreciation, coaching, and evaluation when you are giving written or oral feedback; in other words, be transparent about the type of feedback you are giving.
- Encourage and model a “growth identity” versus a “fixed identity.”
- Model learning versus preaching about it.
- Remember balance in all things; pushing or pulling too hard is counterproductive.
- Be aware that your own sensitivity to feedback can affect how you give it.

Inviting Feedback

This aspect of feedback involves requesting input about one’s own performance or behaviors from another person, ideally one who has been an observer. As noted by Stone and Heen (2014), feedback-seeking behavior, as it has been named in research studies, has been correlated with

"higher job satisfaction, greater creativity on the job, faster adaptation in a new organization or role, and lower turnover. And seeking out negative feedback is associated with higher performance ratings" (p. 9).

In their extensive literature review, Crommelinck and Anseel (2013) found evidence that feedback-seeking behavior aids adaptation, performance, and learning in both work and educational settings. Here are five evidence-based insights into inviting feedback, as adapted by the authors of this article, from Crommelinck and Anseel (2013) for use in clinical education:

- Encourage those with low performance expectations to seek feedback from their clinical educators in order to correct errors and learn from them. Clarify that mistakes are an acceptable part of the process of learning.
- Encourage feedback-seeking at the very beginning of the students' clinical education program.
- Help students examine their attitudes about success and failure and about their need to be perfect.
- Train fellow clinical educators in strategies for encouraging feedback-seeking by modeling the behavior.

Application With Examples and Outcomes From Two University Programs

Georgia State University

Our approach to teaching students about the art of receiving feedback began in the spring of 2015. During a weekly clinic class, the Clinic Director presented a one-hour seminar on the topic of feedback to first-year students. The hope was that by directly teaching students about the need to be receptive to feedback, they would view their clinical experiences differently. Initially, the students' perspectives on feedback were discussed. Mostly, they viewed "feedback" as a somewhat negative term and thought the main purpose of receiving feedback was to evaluate performance. Next, the three types of feedback outlined by Stone and Heen (2014) were explained and examples relevant to their clinical experiences were provided. Time was spent discussing why it is important to understand the types of feedback and to avoid the temptation to make judgments about the feedback (e.g., this is wrong, this is not what happened). In addition, students were taught about the nature of feedback, including the fact that it is autobiographical; in other words, that advice to others is based on one's self. So, this means that people provide feedback and interpret feedback based on their own experiences, assumptions, and preferences. Finally, information about the role of clinical educators and their expertise was described. Specifically, clinical educators are skilled coaches "who are valuable precisely because their gifts of judgements are strong" (Stone & Heen, 2014, p. 70).

Following the presentation, students were encouraged to identify the specific types of feedback received after a treatment session and to consider it in a new light. In addition, they were encouraged to talk with their clinical educators more directly about their feedback. The next step at our university is to continue sharing information about receiving feedback with students and to encourage all clinical educators working for us to read the Stone and Heen (2014) book.

University of Kansas

At The Schiefelbusch Speech-Language-Hearing Clinic, we use a team-based model (K-TEAM) of clinical education (McCready & Wegner, 2006; Wegner, 1999) that includes seven clinical teams (six speech-language, one audiology) that meet weekly for two hours with clinical educators. Each

semester there is a theme and for two semesters our theme was "Thanks for the Feedback." The clinical faculty had read the Stone and Heen (2014) book and decided that it would enhance the supervisory process as well as the interactions between student speech-language pathologists and their clients.

As an introduction to the feedback theme, at our first meeting with all the students, the clinical faculty presented a PowerPoint about the types of feedback and how they related to teaching and learning in the clinic. The students then participated in discussions with the other members of their team around the topic of feedback. The theme of feedback was continued each week in our weekly team meetings with readings, feedback challenges, and discussion of the challenges. The feedback challenges provided students the opportunity to give, receive, and reflect on feedback during their clinical experience. A sample of two weekly feedback challenges is presented below:

- *Feedback Challenge for 9/1–9/5: Identify one piece of feedback from each category that you receive during this week. Bring this information to our September 5th team meeting.*
- *Feedback Challenge for 11/3–11/7: Watch a video of a portion or all of one of your sessions. Give yourself feedback: What went well and why? What did not go well (if anything) and why? What would you change (if anything)? Strengths? Areas to improve? Questions for your team?*

Below are two examples of the types of feedback the clinical faculty used in the documentation of our observations and feedback to students:

Example 1:

Appreciation: J's parents and I both appreciate how prepared you are for your session and how you incorporated the pictures the family sent even though you didn't get them until late.

Coaching: You gave J plenty of time to respond and encouragement to do so by saying "keep looking." Take advantage of opportunities to show J how he can use his device. For example, when you asked J how his weekend was, he gave you the thumbs up sign. You could have said "oh, it was good. Another way to say it is to push XXX on your device. Good means (show thumbs up)."

Do you know when he doesn't know something? Seems like he gives you the device or has a gesture. This is another opportunity to teach him how to say it with his device: "If you don't know, you could tell me by pushing XXX."

Do you think the word mountain was in the software already? It appeared that you added it to a page-you may have searched and found it which is what I would suggest.

In your next session try to provide more aided input. I realize you are just learning the device. You can also use the Think Aloud strategy.

Evaluation: You had an effective session with J. He will learn a lot this semester.

Example 2:

Appreciation: I appreciate how positive you are with S.A.

Evaluation: You are doing a good job asking her questions and using her response to build on. You are also using cloze phrases very effectively. You are doing a good job relating the concepts she is learning to her life and experiences. You might want to define "in common" as "you both like" and repeat that when you use "in common." It is good to use "in common" and other vocabulary others her age are using. Your graphic organizer with the pictures and thought bubbles was great. Share that at team meeting this week.

Good session!

Though the "Thanks for the Feedback" theme has not been used again, we have continued to use the introduction to feedback and the clinical education process in all our meetings at the beginning of the semester. We will, no doubt, use this theme again as it was well-received by students and enhanced our opportunities to explore feedback in the context of clinical education.

Summary

Feedback is not a new concept for clinical educators. In fact, giving feedback has received extensive review in the literature of clinical education and supervision. We now know that there is more to the art and science of feedback than just giving it. Inviting and receiving feedback are equally important and have been neglected aspects that are now being given more attention by scholars such as Stone and Heen.

There is current evidence that inviting feedback can improve performance and increase learning in an educational setting. Subsequently, we, as clinical educators, could model and encourage feedback-seeking at the onset of our students' practicum experience.

With regard to receiving feedback, it is important that we are sensitive to the perspective of the student and realize that when we give feedback to a student clinician, it is likely to elicit one or more of the three triggers described in this article. One method by which we can increase our sensitivity is to examine our own personal triggers when receiving feedback. A feedback practice sheet is included with this article to enable clinical educators to role-play responses that reflect both triggered and growth reactions to a student's feedback.

In conclusion, let us consider including all three aspects of feedback in our clinical education programs. Everyone will benefit!

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