

# Building a Culture of Feedback and Coaching

Susan Glover Takahashi, M.A.(Ed), PhD.  
Rebecca Dubé, M.D, F.R.C.P.C., M.Sc.



I/we have no conflicts  
of interest to declare

# Why *this* project?

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Consistently, reported as needed...*in others*.

However, we all need to enhance our feedback and coaching skills.

# Building a Culture of Feedback and Coaching

## HURDLES

- Hard to take.
- Hard to give.
- Can be misunderstood.

## BUILDING CULTURE TOGETHER

- Growth mindset
- Relationship building & Communication
- Co-learning
- Integrated processes.

## TYPES

- For reassurance.
- For comparison or benchmarking.
- For focused performance improvement.

## WHAT

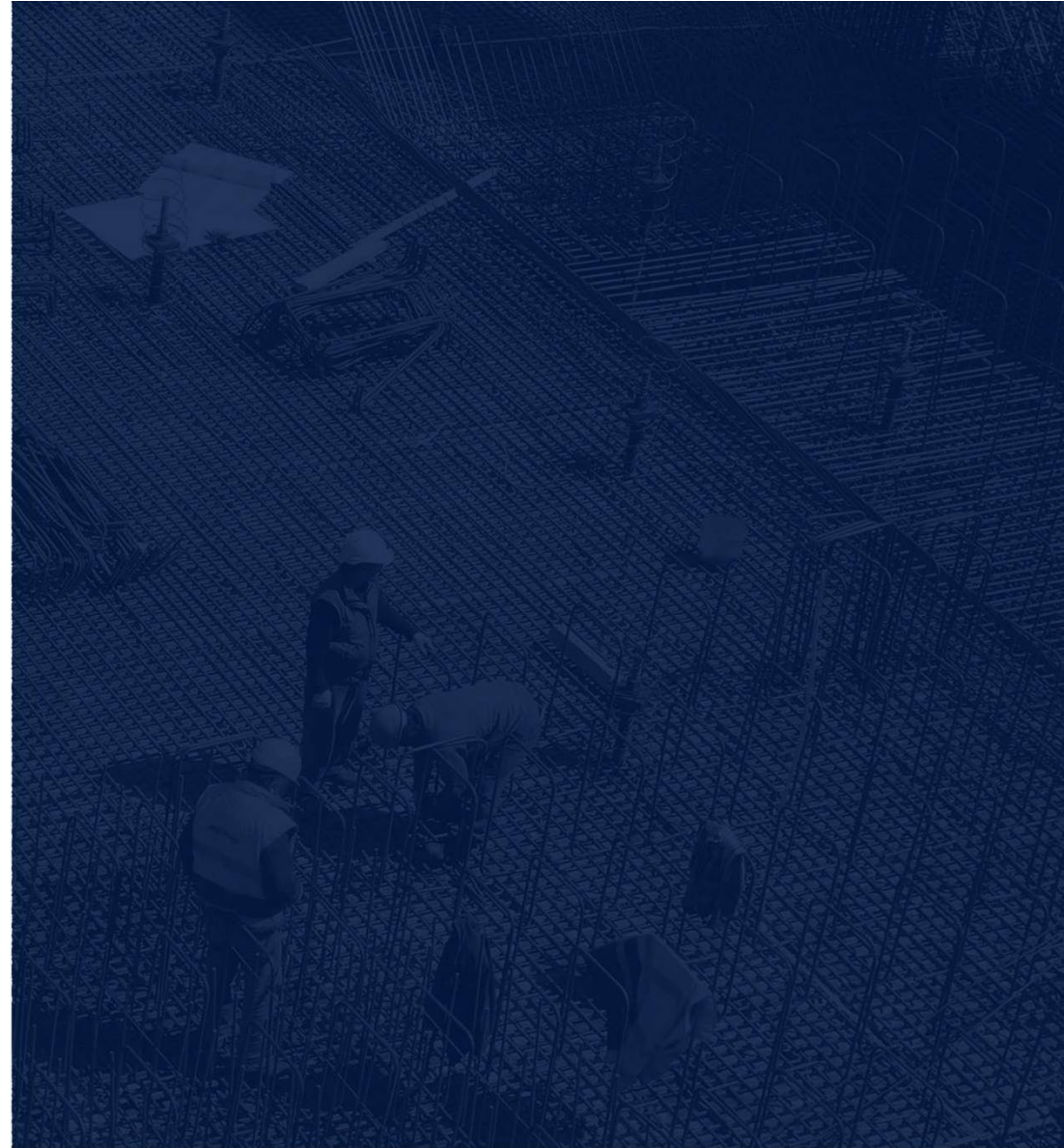
- Feedback requires trust.
- Data, but not data alone.
- Poor feedback can have a negative impact.

## HOW

- Feedback requires trust.
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# Building a Culture for Feedback Together

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# 01

Feedback and 'in the moment' coaching work as **integrated processes.**

# 02

**A growth mindset  
nurtures a feedback and  
coaching culture.**

# 03

**Relationship building  
and communication  
improve feedback and  
coaching.**



# 04

Residents & Teachers **co-learning about feedback & coaching** enhances the learning culture.

# What the Feedback Giver and Receiver Need

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# 01

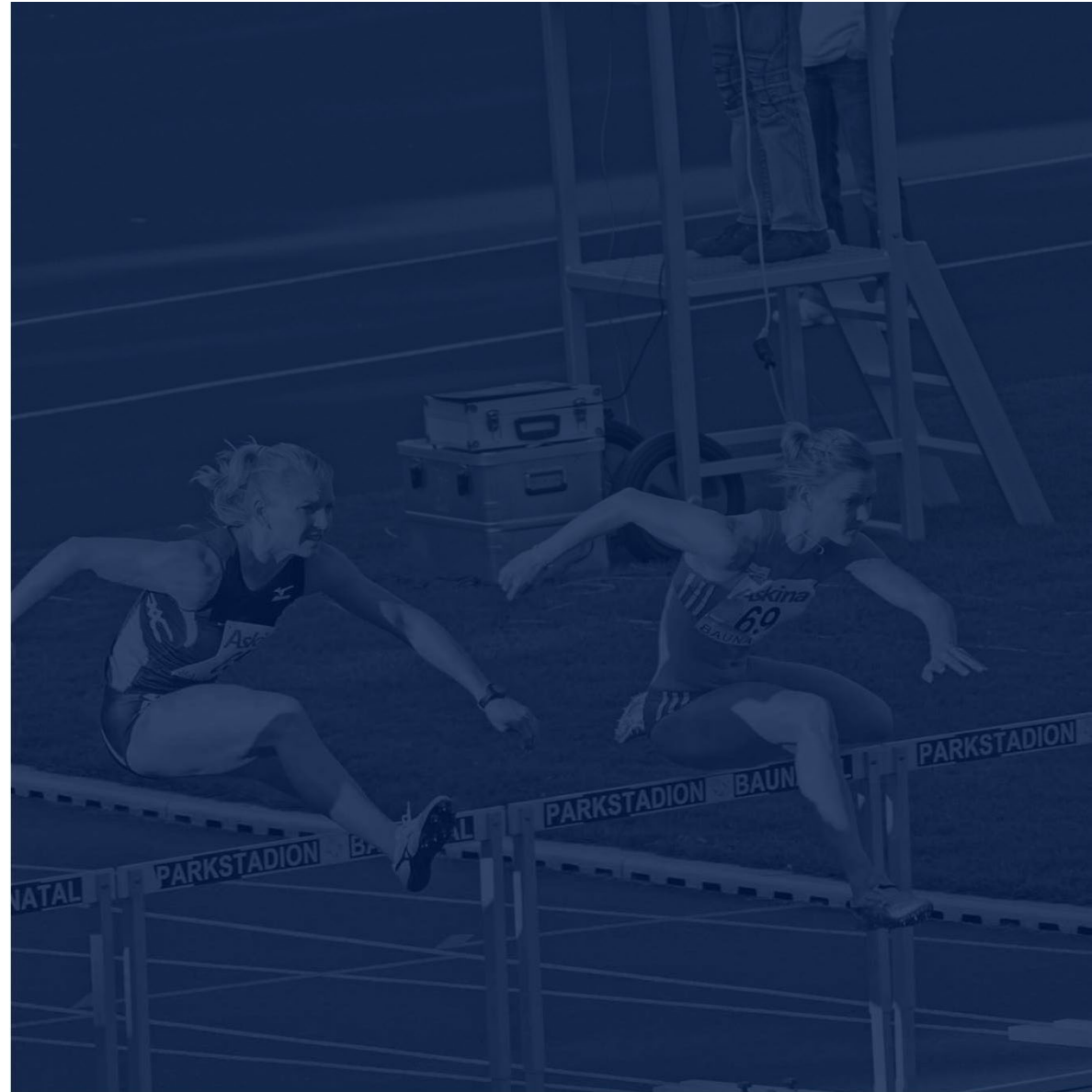
Feedback requires a trusting relationship.

# 02

Feedback needs  
observational data.

# Hurdles to Feedback

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# 01

## Feedback is **hard to give.**

“Coaching someone who is already excellent is possibly more challenging than coaching someone who needs more help. We need guidance on how to do this.”

Quote from Faculty

# 02

## Feedback is **hard to take.**

“Sometimes if a lot of negative feedback is delivered at once, it can be overwhelming, especially for someone who isn't used to feedback.”

Quote from Resident

# 3 Types of Feedback

## 1. Reassurance

Acknowledging the work being done, and expressing appreciation by letting the receiver know they are on the “right track.”

## 2. Benchmarking

Letting the receiver know how they’re doing in relation to the giver’s expectations, i.e. “where they stand.”

## 3. Performance Improvement

Giving actionable advice with the goal of getting the receiver to the “next step.”



# How to Give/Receive Feedback

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# 01

Confirm feedback  
readiness.

# 02

Determine the type of feedback required.

# 03

Feedback needs time  
and space.

# 04

Label as feedback.

# 05

Stick to the facts.

# 06

Engage in reflection.

# 07

Conversation for  
improvement.



# 08

Plan actionable next steps.

*Individually*, take a few moments to read your assigned case, jot down some thoughts.

*Then, in groups* of 3-5, discuss the case.  
(be prepared to report back)

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# Sample Scenario

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As a Resident, I receive compliments or generic feedback. I'm told to keep doing what I am doing, 'terrific to work with,' 'read more around cases,' etc. While nice to hear, how do I reach the next level?

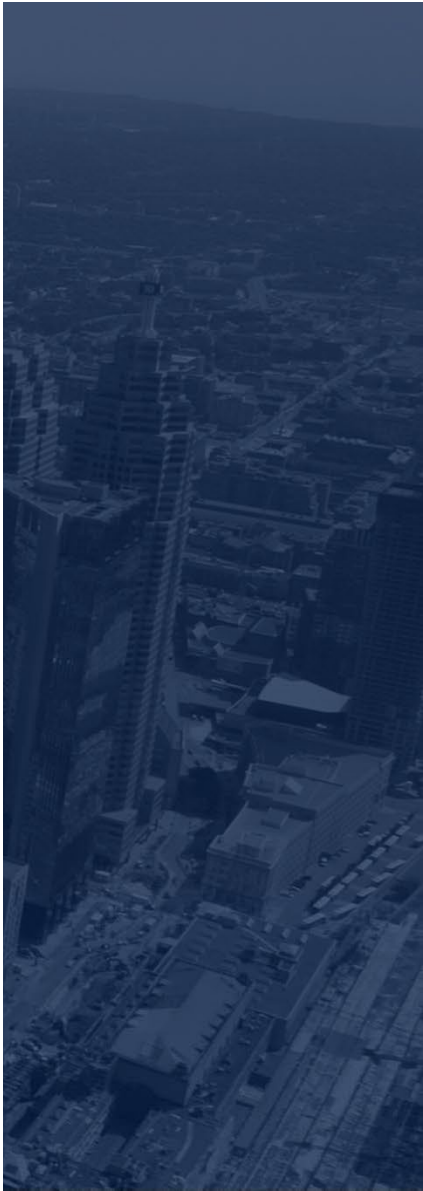




# Sample Scenario

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Someone whose confidence seems fragile – you want to try to bolster them up and fear that giving feedback may make them feel more insecure. At times, we feel like we may be being too gentle or too firm. How do we adjust the feedback to match the style that will resonate best with the trainee? How do we identify what form of feedback or coaching delivery will work best for the individual?



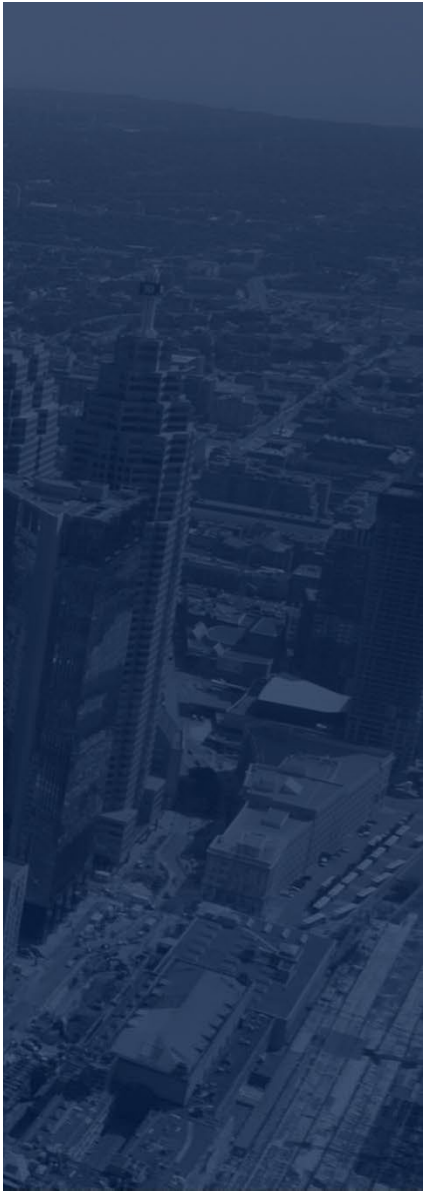




# Sample Scenario

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A Resident raised concerns about receiving ITERs which were quite good, but did not reflect the discussion the Faculty had with the Resident in person. Their scores were very good, but despite the Resident knowing there was robust feedback from Faculty sometimes there are absolutely no comments written on the ITER at all, and residents are consistently letting us know that the comments are the most important part of the form for them to grow, not just the numbers.








# Sample Scenario

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One challenging feedback/coaching conversation occurred with a Resident who had no insight into his/her weaknesses. When I brought them to his/her attention, he/she was very resistant to the feedback and emphasized that he/she felt he/she was unfairly judged, and the resident actually got fairly emotional. I think it perhaps had a bit to do with my delivery, as well as this Resident's lack of insight.






# Sample Scenario

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A challenging feedback/coaching scenario was when there was a difficult clinical event that wasn't very well managed and the opportunity for feedback was delayed. Returning to discuss the difficult event after a few days made the conversation more challenging.






# Sample Scenario

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I received feedback from a Faculty member that made a general, but critical/negative comment about my manner with patients, but then received no information as to the specific behaviours that caused this, or tips or coaching on how to move forward and make improvements in the future...

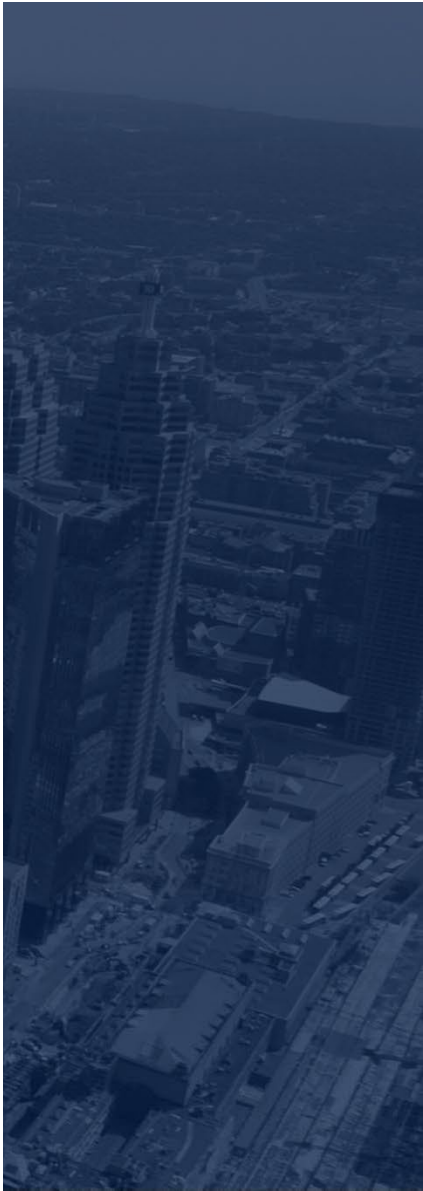




# Sample Scenario

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From a Faculty perspective, raising issues, and providing constructive feedback can be challenging with some Residents as they don't feel a sense of the Resident 'accepting' the feedback, they may feel the Residents 'get their back up' or 'don't agree' and perhaps blame others for the behaviours etc. These are sometimes the scenarios where Faculty have received a 'retribution' evaluation and feel that it is 'not worth it' to do again in the future.



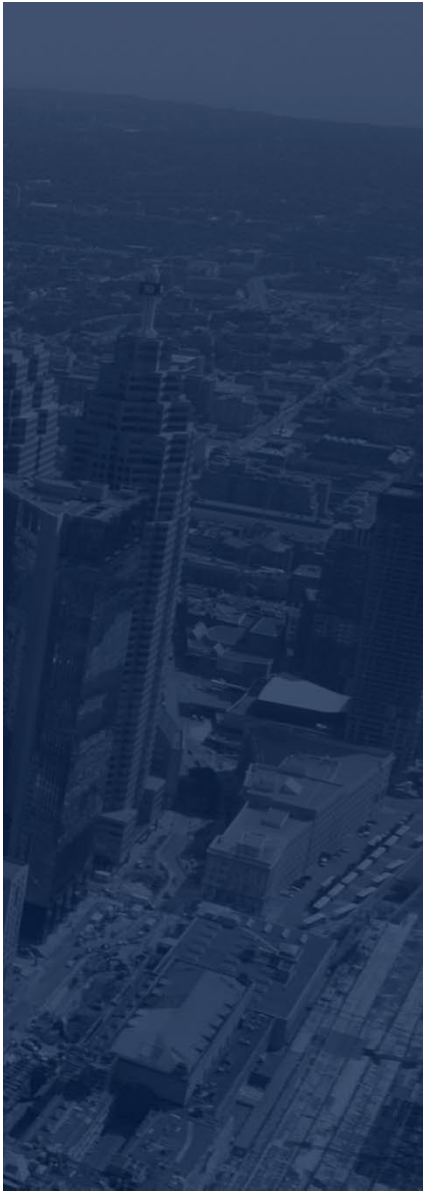




# Sample Scenario

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Sometimes, I know I've had a bad day in terms of my performance in the OR or clinic—perhaps exposure to a task I realize I'm struggling with, or difficulties managing difficult interpersonal interactions. At the end of the day, though, I sometimes feel people are worried to tell me honestly how I performed, and how to improve, and generic feedback is provided. This leaves me with uncertainty and questions – is my performance too difficult to discuss? How bad was it really?





# Sample Scenario

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A Resident presented a case that illustrated that s/he missed the point in a history (i.e., that the symptom history in the case was important in arriving at a treatment plan). I asked several (too many?) questions to illustrate the gap and s/he started to demonstrate distress (i.e. face red, voice stressed, etc). I backed off, said something like 'I am sorry I upset you,' and continued on the clinic. The remainder of the rotation was completed uneventfully.

