

PReP 15 - The Feedback Process

Lesson 3 - The Feedback Session

Joan:

Joan Selkirk speaking - can I help you?

Oh hi, Jessica - how is your father?

Oh I'm sorry to hear that. Is he alright?

Did he lose consciousness or hit his head at all?

Okay. So he's alright. I think it might be related to the Hydromorphone that he's on. I'd like to speak with Dr. Rudsak, and Gord the physiotherapist. Can you bring your dad in tomorrow morning?

Narrator:

Giving and receiving feedback are valuable, necessary skills. And with some planning and practice, not as difficult as you might think. You will receive feedback throughout your professional career. There may also be times when you will be asked to give your coworkers or employees feedback. Here is an overview of how to provide and receive feedback effectively in a Canadian workplace. We'll watch the following scenario unfold from the perspective of Joan, the Nurse Manager.

Joan:

Amisi, do you have any time in the next little while? I'd like to set up a short feedback session with you. It's nothing formal, just part of what we do around here.

Amisi:

Oh! Well I should be done in about 15 minutes. Is that okay?

Joan:

That's perfect. I'll meet you in my office.

Amisi:

Great. See you soon.

Joan:

Yeah! Thanks.

Joan:
Hi Amisi.

Amisi:
Hi.

Joan:
Thanks for coming.

Narrator:

A feedback session should have structure, and include the individual's performance compared to well-defined goals. But it should also feel like a brainstorming session. Both parties should take an active role. Ask open-ended questions that allow both of you to come to an agreement about the individual's overall performance. What aspects are successful, and what needs improvement? Then both of you can develop an agenda for the feedback session collaboratively.

When receiving feedback, it is important to be open to the feedback, and remain engaged and participate in the feedback session. Any important part of the individual's job performance can be discussed. But avoid making it personal. Unless they directly affect job performance, personality traits are not appropriate for feedback. Similarly, when receiving feedback it is important to not take it personally. Reflect on the feedback before responding, and avoid being defensive or reactive. Remember that the purpose is to help you improve your performance.

Feedback always works best when it's asked for rather than imposed. When it comes as a surprise, especially when it's negative, feedback can be met with a lot of emotion. The message gets lost.

When providing feedback, avoid an emotional reaction by keeping your language descriptive yet impersonal, using words such as "the diagnosis" instead of "your diagnosis". Even when you give positive feedback, avoid making it personal. And focus on the decision, not the decision-maker. Deal with specifics, making use of real examples. When you do have to provide a subjective opinion, make it clear. Start your observation with an "I" statement - "I felt" or "I saw".

Try not to overwhelm the individual with too much information. Be concise, and focus on behaviours that can be improved. And always verify that the message has been received. Invite questions or discussion. And have the person paraphrase what you've said. When receiving feedback, be sure to listen carefully; take notes; participate in the process; and be prepared to interpret and paraphrase what is said.

Joan:
Hi Amisi.

Amisi:
Hi.

Joan:
Thanks for coming.

Amisi:
No problem.

Joan:
So Amisi, every now and again I'll pull you aside for a short meeting like this - a feedback session. It just helps me see how you're doing, and to guide you as you get used to working here. I do it for all my nurses. It's a bit like the orientation process you went through, but less formal. Have you ever had anything like this before? Back home, for instance?

Amisi:
Well... I used to get regular job evaluations. Is that what you mean?

Joan:
Well, not exactly. A job evaluation is really meant to assess your performance. Feedback is more if I notice you're doing something I think needs changing, and then I would just chat with you and go over how we do it differently here. It's also if you're doing something really well - I'll give you feedback on that because I want you to continue to do it well. So for instance the way you were dealing with Mr. Chu yesterday; I noticed your soothing tone of voice, your touch, and just your slower pace, really helped calm him down.

Amisi:
That's good. He was in quite a state when he came in yesterday.

Joan:

Yes - you did an excellent job with that. So now can you update me about Mr. Rose? I've just brought a few notes with me.

Amisi:

Oh yes. Gord came to me yesterday with Mr. Rose and said that he noticed he was feeling tired and dizzy. More unsteady on his feet than he was last week. Dr. Rudsak had put him on a new medication—

Joan:

Meaghan? Yeah. I think she switched it to Hydromorphone.

Amisi:

Yes - that's it. So I did an assessment on Mr. Rose, as you see there, and he seemed fine, although his blood pressure was a little low. He also said he was fighting a bug, and just didn't feel well.

Joan:

Yes, I can see that everything has been entered clearly in his chart. But in a case like this, our procedure is to notify the doctor, and to follow up with the physiotherapist.

Amisi:

Oh, I see. I didn't do that! I am so sorry, Joan. I know you had mentioned that in your orientation.

Joan:

It's okay; this is all just a learning process. But what happened in this case is I did get a phone call from his daughter, Jessica. And Mr. Rose had a fall yesterday. So Jessica was upset, and she had mentioned that you had assessed her father, and just wondered what we thought she should do next.

Amisi:

Oh yes, I walked Mr. Rose to his daughter's car and let her know what Gord had noticed. I am so sorry he had a fall!

Joan:

He's okay, but what we usually do in a case like this is have Meaghan see him while he's here, especially because he had that change in the medication; and then follow up with Gord.

Amisi:

I see. I'm so sorry about this Joan - I feel badly.

Joan:

Amisi, this a normal part of the learning process. What is important here is we learn from it, we make our adjustments, and we move forward.

Amisi:

Okay. But in this case, I didn't feel I needed to bother Dr. ... Meaghan.

Joan:

I wouldn't worry about that. Meaghan is used to our practice—in fact she helped develop our best practices. So don't worry about that. But can I ask you another question?

Amisi:

Of course!

Joan:

Now this is just a personal observation, so please tell me if I'm wrong, but do you feel comfortable dealing with Meaghan? The reason I ask is - for example, yesterday I noticed when she came into the lunch room and started chatting with you, I felt you seemed a bit shy with her. Am I totally off on this?

Amisi:

No. It is a little strange with Meaghan. You see, where I'm from, a doctor is not someone a nurse chats with in the lunch room. It's very separate - do you know what I mean? And Meaghan is a doctor, so I...

Joan:

Okay. I think I'm beginning to understand. It sort of - it makes sense. In fact it reminds me of the way things used to be here many years ago. But now, each member of the team is regarded as a professional, and we all have an important role to play in the patient's care. So it's different. We all collaborate, and so you have no need to feel shy.

Amisi:

Okay. And with Gord. I need to feel comfortable approaching both of them.

Joan:

Absolutely. In fact, that is a part of our policy, so you can feel confident doing that.

Amisi:

Okay! Thank you for explaining these things to me, Joan. I really appreciate it.

Joan:

Well thank you, Amisi. And thank you for listening.

Amisi:

May I ask you one more thing, Joan. What you would like me to do next? Should I speak with Meaghan and Gord?

Joan:

Well I've done that already, so you don't need to do that. But could you follow up with Mr. Rose's daughter Jessica? Meaghan would like to see Mr. Rose first thing in the morning, and she's suggested a lower dose of the medication for tonight. Here's the information.

And Gord would like to find out his living situation. Does he live in a two-storey? Is he in a bungalow? And he really wants to find out how much family support he has. So if you could get started on that, I would really appreciate it.

Amisi:

No problem.

Joan:

And I've put Mr. Rose first on the agenda for the morning. Can you let Jessica know that?

Amisi:

Yes. So I'll arrange a morning appointment for Mr. Rose, and I'll let Jessica know to lower his dosage tonight. I'll also find out about Mr. Rose's living situation and his family supports, and I'll let Jessica know that we will be discussing Mr. Rose's case before his appointment tomorrow morning. I will also apologize for the confusion and explain what happened.

Joan:

I think that's a good idea. And I just want to say too, that I'm really happy with the quality of the work you're doing here. When I hired you I made a good decision.

Amisi:

Thank you, Joan. This was very helpful. But would you mind listening to what I will say to explain?

Joan:

Oh - sure, of course; I'd love to.

Amisi:

Great.