



Editorial Comment

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Editor

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Giving feedback is something we do frequently yet may not think about frequently. We know feedback is the communication process that allows exchanging information about task performance. It allows for the identification of strengths and weakness and serves as an opportunity to come up with ideas for improvement. The concept is not only important in academic medicine but also for the private physicians who oversee office staff.

Though our knowledge of the importance of providing feedback was developed during our training years, our approach to giving feedback may be less well developed. Giving constructive feedback requires planning. It is not something we should do "on the fly." When giving feedback there are some things to keep in mind. To be constructive, the timing and the message of the feedback needs to be thought out. In our busy day it is easy to squeeze giving feedback when we are between cases or patients and to focus only on the negative because it is what has to change. This is poor strategy. Giving thoughtful feedback may require more than five minutes and should be positive and negative. Only discussing negative aspects of behavior or performance is a quick way to create frustration and to demoralize office staff, nurses, resident physicians and medical students.

Timing feedback is important. Be quick to praise. People appreciate knowing what they do well when they have done it well. When discussing improvement do this privately. Subordinates may be under time pressure thus; providing feedback at a mutually convenient time may be more effective than telling them in a hallway conversation for all to hear. Think of times you have observed a hallway discussion involving negative feedback and walked away embarrassed for the person.

Unprofessional attitude, language and personal attacks usually do not result in improvements. Approaching office staff unprofessionally and using derogatory language has a tendency to create resentment, decrease productivity and decrease job satisfaction. Concentrate on what you feel is important and avoid personal attacks. For physicians in training, unprofessional language may lead to poor role modeling that ultimately results in future abuses of co-workers and even patients.

Always ask at the end of your conversation about how the situation can be improved and whether the feedback you provided was useful. Your office staff may suggest opportunities to make your practice more productive and efficient. Your medical student may suggest better ideas on how to teach your assigned topic.

Finally, plan a time for follow up. Provide positive feedback to office staff for correcting identified problems. Give credit to staff for coming up with ideas to improve your private practice. Congratulate the resident for improved clinical skills and reassure the medical student when s/he is documenting progress notes better.

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