

HOW TO PROVIDE TIMELY AND EFFECTIVE FEEDBACK

TIPS AND SCRIPTS

Approaching healthcare personnel about lapses in infection prevention measures can be tense for both parties. Doing it the right way can take a missed opportunity and turn it into an enduring learning experience that benefits the facility, the healthcare personnel, and the

patients or residents for which they care. This tool describes general tips and a framework for providing effective feedback when observing practices among healthcare personnel. Written scripts for addressing lapses in hand hygiene, personal protective equipment (PPE) use, and contact precautions (CP) compliance are included on Pages 5-7.

How to Give Feedback Effectively

Feedback is a cornerstone of improving infection prevention and control (IPC) practices in healthcare settings and begins with organizational culture. Unit-based and facility leadership can create an environment in which even negative feedback is given and received in a productive manner. Feedback is most impactful when delivered both verbally and in writing, and should be communicated in a way that supports behavior change. So, what are characteristics of effective feedback?

Effective feedback is...	Effective feedback is not...
<ul style="list-style-type: none">• Respectful, direct, and professional	<ul style="list-style-type: none">• Shaming, passive aggressive, or unkind
<ul style="list-style-type: none">• Engaging and attracts positive attention when delivered in front of patients or colleagues	<ul style="list-style-type: none">• Dismissive of barriers encountered by healthcare personnel
<ul style="list-style-type: none">• Timely, delivered regularly, or given promptly following the event	<ul style="list-style-type: none">• Given long after the fact, or delivered on top of other feedback given on an unrelated event
<ul style="list-style-type: none">• Specific and relevant to the event observed	<ul style="list-style-type: none">• Generalized, irrelevant, or ambiguous
<ul style="list-style-type: none">• Given within a relationship of mutual respect	<ul style="list-style-type: none">• Given between colleagues that have ongoing interpersonal issues
<ul style="list-style-type: none">• Helpful, with guidance for behavior redirection	<ul style="list-style-type: none">• Punitive, lacking direction on how to improve
<ul style="list-style-type: none">• Planned ahead of time and intentional	<ul style="list-style-type: none">• Hasty or impulsive, with no clear objective

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4 Core Characteristics of Actionable Feedback

Timely	<ul style="list-style-type: none">• <i>Feedback is delivered on a regular basis (monthly or more frequently)</i>
Individualized	<ul style="list-style-type: none">• <i>Feedback is about an individual's own performance measures</i>
Non-punitive	<ul style="list-style-type: none">• <i>Feedback is delivered in a positive, helpful way to redirect behavior</i>
Customizable	<ul style="list-style-type: none">• <i>Performance data are presented in a meaningful way to the healthcare personnel</i>

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Types of Feedback

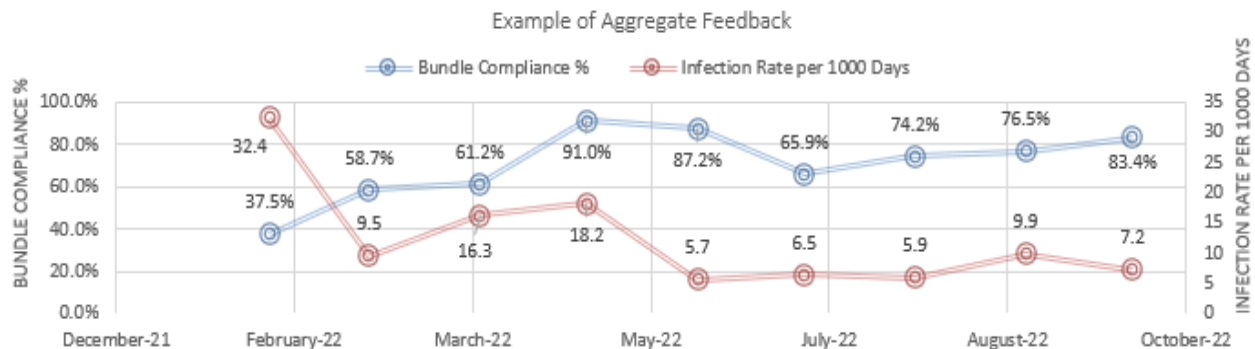
Written Feedback

Individual Feedback

Individualized written feedback should be provided privately in a timely manner. It may be given shortly after delivering verbal feedback on a particular instance, or as soon as possible after data collection is complete.

Aggregate Feedback

Some facilities present aggregate data of compliance along with other metrics such as infection rates, allowing for review of patient outcomes in addition to their individual behaviors.



Verbal Feedback

There are a variety of feedback models to reference when exploring how to provide feedback. Three approaches are detailed below, with scripted examples on Pages 5 to 7. Each type may not work in all situations or with all people. It's important to be flexible and try out different approaches to identify what works best.

The "Feedback Sandwich"

This method begins with giving positive feedback and highlighting strengths before providing redirection on the behavior being observed¹. After providing feedback and redirection, close the discussion with highlighting another strength, or appreciating the healthcare personnel for their hard work. This format should not be used when behavior change is required to prevent patient harm, as healthcare personnel may focus on the positive aspect of the feedback and fail to comprehend the lapses in patient safety.

"Chronological fashion" Feedback

This approach walks the healthcare personnel through the observed events in chronological order¹. Feedback can be given throughout on the ways in which compliance was followed appropriately, and on the opportunities for improvement at each applicable step. This may be especially useful when prevention measures are bundled, or checklists are used.

The Pendleton Model

This method is learner centered and begins with checking that the healthcare personnel is ready for feedback¹. By using prompts, healthcare personnel are given the opportunity to explain what led to their

behavior. Next, they walk the observer through what was done correctly, and what could be improved next time. Behavioral change can be accomplished through positive reinforcement and identifies a plan of action for improvement through collaborative discussion.

Examples:

- *How do you think things went?*
- *If you were doing it again, what would you do next time and what would you do differently?*
- *What did you learn from this occurring the way that it did?*

Verbal Feedback Pro-Tip: Practice Gratitude

Communicate to healthcare personnel that they are appreciated, out loud and often. During and after delivering feedback is a great time to remind them that leadership sees how hard they are working and that they are valued as a staff member. Surveys have shown that 60% of people never or very rarely express appreciation at work but doing so can have a real impact on the wellbeing of healthcare personnel by increasing self-worth, happiness, and productivity^{3,4}. As an added bonus, it improves our own mental health too. Learn more about gratitude in healthcare [here](#).

How to Receive Feedback Effectively

When feedback is non-punitive and an expected component of an organization’s culture, it creates a supportive environment for everyone in which behavioral change is more likely to occur. Feedback can be multidirectional and given between supervisors, healthcare personnel, patients, and family members¹. Be open to learning how feedback delivery can be improved through communication and collaboration with team members.

Practice listening well

Sometimes when we are receiving feedback, we are already preparing a response in our minds before the person has finished speaking¹. Practice taking a breath and pausing while listening to what the person is saying. This can help us to respond mindfully. If something is not clear, ask for further clarification. Affirm understanding to the person providing feedback such as, “What I am hearing you say is ____, is that correct?”

Remember the bigger picture

Remember that everyone in the healthcare facility has a shared goal: Providing excellence in taking care of patients or residents. Both the observer and the healthcare personnel receiving feedback are working towards this shared goal from different perspectives. Providing safe patient care is bigger than everyone’s individual role within the facility, but everyone’s individual actions contribute to this larger purpose.

Practice compassion for yourself and others

Practicing self-compassion helps us to have more compassion for others. Treat every moment of feedback as a learning opportunity. Thank the person giving the feedback and practice self-kindness. Shame and blame are counterproductive. If an error occurred, know that it has likely happened to someone else. Learning how errors happen can help improve care and can help unit and facility leadership provide needed supplies to help everyone do the right thing.

Summary

Effective feedback improves IPC in healthcare settings and protects the safety of patients, residents and healthcare personnel. The way feedback is delivered can have a positive influence on its ability to create behavioral change and improve outcomes. There are several ways to deliver feedback, so practice identifying the approach that feels most impactful, recognizing that one approach may not be appropriate in every scenario. Feedback is a learning opportunity in which we can all teach, and all learn from one another.

References:

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- [3] The Greater Good Science Center at UC Berkeley. (n.d.) Why Gratitude Matters in Health Care [PowerPoint Slides]. The University of California, Berkeley.
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HAND HYGIENE COMPLIANCE FEEDBACK SCENARIOS

AFTER OBSERVING COMPLIANCE

“I’m conducting hand hygiene observations on the unit today and I wanted to commend you on cleaning your hands at all the appropriate indications for hand hygiene while providing care to the patient. Thank you for your hard work.”

AFTER OBSERVING NON-COMPLIANCE

Feedback Sandwich – “I notice that you do a great job cleaning your hands when you leave a patient’s room. Healthcare environments can be very contaminated, so it is important to protect the patient by cleaning your hands before you touch them as well. Patients really like to see healthcare personnel using alcohol-based hand sanitizer before they touch them. Keep up the good work on that last moment of hand hygiene before you leave the room! I appreciate all the of the hard work you’re doing for our patients.”

“Chronological Fashion” – “The first thing you did really well was use alcohol-based hand sanitizer upon entering the room. You then went on to check the patient’s blood pressure and administer their medications, doing a great job to communicate with them on what you were doing. You got really focused on maintaining a sterile field for their port dressing change, and you began prepping the materials, but you had not cleaned your hands at this point. When I quietly gestured to the sanitizer dispenser, you stopped what you were doing, performed hand hygiene, and began the aseptic procedure over again. That was the appropriate way to handle that. Recognizing when hand hygiene should be done requires mindfulness between tasks. When your patients see you do hand hygiene, they know you are committed to their safety. Thank you for keeping our patients safe.”

Pendleton Model – “Thanks for speaking with me. I am conducting hand hygiene observations on the floor today and I wanted to talk through the hand hygiene moments that I just observed. What do you think went well? What do you think could have been done differently? What could be further improved? How can we achieve that?”

A STAFF MEMBER SAYS, “I DIDN’T TOUCH THE PATIENT”

“Even though you may not have touched the patient in this instance, it’s a good habit to establish performing hand hygiene every time we enter, and every time we leave a patient’s room. Healthcare environments can be very contaminated, and even though we may not intend to touch the patient or their surroundings, it can end up happening. We may touch their bedrail, or remote, or a countertop and not realize it. So, to protect ourselves and our patients, it’s best to make these practices a habit. I appreciate you talking this through with me, do you have any comments or questions?”

A STAFF MEMBER SAYS, “BUT I DID WASH MY HANDS”

“Thank you for letting me know that. I’m sorry that I did not see you clean your hands when you entered the patient’s room. I did see and appreciate you using alcohol-based hand sanitizer before leaving the patient’s room. Thanks for all that you do.”

PERSONAL PROTECTIVE EQUIPMENT (PPE) COMPLIANCE FEEDBACK SCENARIOS

AFTER OBSERVING COMPLIANCE

“I am conducting PPE observations on the unit today. Thank you for donning PPE even though you were in there for just a few seconds. I know that it can take extra time, but it protects everyone. I appreciate your hard work.”

AFTER OBSERVING NON-COMPLIANCE

Feedback Sandwich – “I noticed that you consistently do a great job acknowledging the isolation sign and selecting the correct PPE to wear before entering a patient room. When we enter a room with a patient on Contact Precautions, we run the risk of taking contaminants with us when we leave on our scrubs if we are not properly covered. After you don your isolation gown, it’s important to tie the gown behind your neck and hips before entering a patient’s room so that you don’t accidentally contaminate yourself. Keep up the good work on your donning and doffing orders. I appreciate your consistency and so do our patients.”

“Chronological Fashion” – “While I am giving you feedback on PPE compliance, I’d like to walk through the process from donning to doffing. First, you performed hand hygiene prior to beginning the donning process, which is an important step, so thank you for doing that. Next, I observed that you first donned your gloves, and then put on your gown, where you did a great job remembering to tie your gown in the back. However, when we put our gloves on before our gown, it can leave a gap between our sleeves and gloves which can potentially expose our skin to pathogens in a patient room. To protect yourself and the patient, it’s best to don your gloves after putting on your gown and tying it behind you, so that your sleeves fit underneath the glove. When you doffed your gloves, you can see that it required you to reach underneath the sleeve with dirty gloves, which is something we want to avoid. You’re doffing order was correct, and you performed hand hygiene to complete the process. Great job observing the isolation sign and choosing the correct PPE for a patient on Contact Precautions. Thank you for your continued hard work to keep our patients safe.”

Pendleton Model – “I’d like to take a minute to talk with you about PPE use while you were working with your patient today. Let’s walk through your gown and glove doffing process. What do you think your strengths are, what do you get right every time? Is there anything you struggle with doing consistently that you have noticed? How can I help you work on that?”

A STAFF MEMBER SAYS, “BUT I ONLY WENT IN THEIR ROOM FOR A MINUTE”

“I know that donning and doffing PPE can be a time-consuming process, especially when you’re busy. Healthcare environments can be very contaminated and taking those pathogens with you only takes one moment of contact. I know donning PPE for a quick visit can feel like one more thing on your plate, but it’s really one more way you can protect yourself and your patients. Is there anything you would like to talk through?”

A STAFF MEMBER SAYS, “THE PPE CART ISN’T STOCKED. I DON’T HAVE TIME TO RESTOCK IT.”

“Thanks so much for letting me know that the cart isn’t stocked. I know that you are working hard to take care of all of your patients. This is something that we can work on together as a team to ensure that you always have access to the PPE you need. I’ll work with leadership to address this, and when you notice that the cart is getting low, or isn’t stocked, I want you to feel comfortable letting me know so that I can help. Do you have any thoughts on how to improve this situation for next time?”

CONTACT PRECAUTIONS COMPLIANCE FEEDBACK SCENARIOS

AFTER OBSERVING COMPLIANCE

“I am conducting Contact Precautions observations on the unit today and I observed that you recognized the sign on the patient’s door and donned the correct PPE for entry. Thank you for your attention to detail and for following Contact Precautions.”

AFTER OBSERVING NON-COMPLIANCE

Feedback Sandwich – “I want to thank you for your attention to detail when you recognized that the patient had diarrhea, saw that they had a recent stay in a rehab facility where they were treated with antibiotics, and worked with the physician to order a C. difficile test and initiate Contact Precautions. I noticed that you then brought the portable blood pressure monitor out of their room. When a patient is on isolation, a few items like thermometers or stethoscopes become “dedicated equipment” and should always stay in the patient room until discharge. It’s tough to quickly change gears on portable equipment, but it’s an important part of proper isolation. Again, we were able to implement Contact Precautions in a timely manner because of your vigilance and collaboration with other members of their treatment team. Thank you for your dedication and effort.”

“Chronological Fashion” – “I would like to walk through your recent process of transferring our CDI patient to their appointment in radiology. First, you began by preparing the transfer document, correctly marking that they have a current C. difficile infection, however, the need for Contact Precautions was left blank on the document. This documentation is an important step so that everyone in the receiving department takes the correct precautions, including cleaning the wheelchair using a sporicidal agent. Once at the appointment, you verbally confirmed that they are under Contact Precautions and the receiving Nurse marked it on the ticket, which was the right step to take and helped to catch a previous miss. Thank you for doing a great job communicating with other staff.”

Pendleton Model – “When thinking about Contact Precautions, let’s talk about your patient’s recent isolation due to CDI to go over the process of initiating Contact Precautions. After the stool was collected, what do you think went well? Is there anything you would change for next time? Can I help you in achieving that?”

A STAFF MEMBER SAYS, “WE DIDN’T USE ISOLATION FOR THIS IN MY LAST FACILITY”

“Isolation policies can vary between facilities. We are working hard to meet our goals to reduce hospital onset CDI, so it is important that we are vigilant in recognizing a case of diarrhea that can’t be attributed to other factors. When we observe diarrhea and suspect CDI, the next step is to initiate Contact Precautions while we await laboratory results for a suspected case. I can understand that it may feel unnatural at first, but our policy was determined by our CDI working group and has been in place for several years. Do you have any questions about our policy? I appreciate you bringing this up to me so we can talk through it.”

A STAFF MEMBER SAYS, “IT’S ONLY SUSPECTED CDI, NOT CONFIRMED.”

“Even though the cause of the patient’s diarrhea has not yet been confirmed to be CDI, we keep them in isolation until we rule it out. This protects us and other patients while proper testing can be performed. C. diff spores can spread easily and can survive for a long time on surfaces in the hospital room if not properly cleaned, so it’s best to place potentially infectious patients on Contact Precautions while we care for them and await testing results. Do you have any questions for me?”