AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

PERSPECTIVES on

SPECIAL INTEREST GROUP — Administration and Supervision

Feedback in Supervision

1. Elissa Zylla-Jones, Column Editor

1. Lori A. Nelson

+ Author Affiliations

1. *Northern Michigan University*
   Marquette, MI

Next Section

Abstract

Provision of feedback is a vital component of the supervisory process. The challenge for clinical supervisors is how to make this feedback an effective catalyst for positive change without damaging the supervisory relationship. Many professions outside of speech-language pathology have studied various forms of feedback and their effects. This paper summarizes a number of research articles drawn from the fields of communication studies, speech-language pathology, medical education and counseling. These articles provide details as to what constitutes effective or ineffective feedback along with guidelines for successful implementation of feedback in clinical supervision. Positive and negative aspects of peer feedback in the supervision process are also discussed.

Provision of feedback is an integral part of the supervisory process. Feedback is a general term and to understand it fully, some questions that need to be answered include: What constitutes "effective" feedback and what type of feedback is counterproductive to the supervisory relationship? When should one provide feedback? How much feedback is enough? Who should provide feedback—only the supervisor or peers as well? This paper summarizes the findings of several studies that have focused on effective feedback. The studies draw from the fields of communication studies, speech-language pathology, medical education and counseling.

O'Reilly and Anderson (1980) studied the effect of feedback on performance and job satisfaction using a random sample of 121 managers from a manufacturing firm. Participants completed a questionnaire measuring feedback, trust in the supervisor, and job satisfaction using five-point Likert scales. Data was analyzed via an 11 item intercorrelation matrix using a factor analysis (O'Reilly & Anderson, 1980). Mean scores were organized into high trust and low trust subgroups. Results showed that when feedback was accurate, relevant, frequent, and helpful in advancing job skills, job satisfaction was higher. The level of trust in the supervisor played an important role in the receiver's willingness to accept feedback. The data

suggested that the high trust subgroup perceived feedback to be more relevant, accurate and more significant in quantity than the low trust subgroup. Analysis further indicated that for feedback to have a positive impact, the receiver had to accurately perceive and respond to the message. Accurate perception of the message was questionable in cases where trust between supervisor and supervisee was low. Relevant and accurate feedback was especially important for the low trust subgroups. In conclusion, accuracy, relevance, frequency of feedback, as well as trust in the supervisor were key elements necessary for building a successful supervisory relationship (O'Reilly & Anderson, 1980).

In 1990, Vest and Culton investigated perceptions of speech-language pathologists toward supervisory feedback they received during their clinical training. Data was compiled from 114 questionnaires sent to practicing speech-language pathologists (SLPs). The questionnaires addressed the frequency and types of feedback these SLPs were provided as students. Data was analyzed by t-test computation to determine the significance of the difference between means of responses by degree level (bachelors versus master's degree). Results showed that supervisors frequently provided oral and written feedback regarding lesson plans, clinical sessions and reports (Vest & Culton). The SLPs indicated that they never considered the feedback to be trivial or meaningless. They also recalled that their supervisors provided the same types and amounts of feedback whether they were bachelor's or master's level students. The latter finding contradicted the assumption that graduate students are more independent and require less supervision than undergraduates. Although the training periods for the participants spanned three decades, results showed that reported levels of feedback had not changed significantly over that time span. It is interesting that the authors found such little change over the decades in the amount and manner that feedback was provided. One must consider, however, that it had been 30 years since some of the respondents had earned their degrees. This leads one to question the accuracy of recall decades after the supervision had been provided. Nevertheless, this study further emphasized that the relevancy and amount of feedback are important factors in the supervisory process (Vest & Culton).

Familiarity with the basics of the supervisory process does not always make the task easier for supervisors. Hoffman, Hill, Holmes, and Freitas (2005) studied the supervisory process from the supervisor's perspective. Fifteen counseling center supervisors reported on three distinct episodes of feedback provision. The first episode involved provision of "easy" feedback, the second involved feedback that was given reluctantly or with difficulty, and the third involved no provision of feedback. Supervisors were questioned about the context, the content, the manner in which feedback was conveyed, the supervisee's initial reaction, the long range outcome of the feedback, what may have occurred if feedback had not been given, changes the supervisor would implement if the opportunity repeated itself, and the factors that facilitated or hindered providing feedback. Supervisors reported that "easy" feedback frequently involved clinical problems. This feedback was typically direct and had positive effects. Supervisee openness also contributed to the ease of providing feedback. Difficult feedback often involved issues such as the supervisory relationship, personality traits of the supervisee, and professional issues. This type of feedback was given indirectly and had mixed impact (Hoffman et al., 2005). Often it was associated with lack of supervisee openness (defensiveness, discomfort, resistance). Instances in which feedback was withheld often related to personal and professional concerns, feedback of questionable relevance or feedback that prompted anticipation of a negative reaction by the supervisee. In these circumstances, supervisors felt that the costs outweighed the benefits. When supervisors were faced with the need to provide difficult feedback that might be outside the boundaries of supervision, be potentially injurious to the supervisee, or might seriously strain the supervisory relationship, they focused on minimizing negative outcomes more than maximizing positive ones. In summary, this article highlighted some of the challenges of supervision (Hoffman et al.). Especially difficult situations are those where supervisors must decide whether or not to withhold negative feedback.

Although there may be times when negative feedback must be tempered or withheld, its value to clinical teaching remains high. Boehler et al. (2006) studied student satisfaction with feedback provided by medical educators and stated, "effective feedback has long been recognized as one of the main catalysts for effective learning" (p. 746). Their study involved 22 medical students performing a motor learning lesson, which required tying a two-handed surgical square knot. After a pre-test, each student was given identical instructions by the same expert instructor and was subsequently recorded executing the task. Students were

then randomly assigned to one of two groups. Students in the first group (compliment group) were observed performing the skill by the expert and given "scripted" compliments. Students in the second group (feedback group) were observed in the same manner, but were given feedback on their deficiencies. After the intervention, a final performance was videotaped (post intervention) and subjects were asked to rate their satisfaction using a seven-point Likert scale. Subject performances were coded and ordered blindly and randomly onto a single videotape (Boehler et al.). Intra-observer agreement among expert ratings of performance was calculated using two-way random effects intraclass correlation methods. Paired sample t- tests were used to determine any differences for the pre- and post-test intervention knot-tying. Independent t- tests were used to compare average performance ratings among groups. Average satisfaction scores of the two groups were also compared using independent sample t-tests (Boehler et al.).

Results showed that average pre-test performance ratings were equivalent, as was the average performance rating after the initial brief instruction. For the post-test performance, the compliment group had significantly lower average performance ratings than did the feedback group; however, they had a significantly higher global satisfaction rating. Although students preferred receiving praise, the praise alone did not correct deficiencies on the motor task. Results suggested that instructors should provide both corrective feedback and praise. Although students may be more satisfied when given praise only, it is constructive criticism that helps the student grow and further develop specific skills (Boehler et al., 2006).

Geddes and Linnehan (1996) researched the quality and complexity of praise by studying the underlying dimensions of positive and negative feedback. Participants included 158 volunteers from upper division communication and business courses at a large Midwestern university and several eastern businesses. Volunteers ranged in age from 18 to 57 years old with a mean age of 26 years. In Phase One of the study, all participants were asked to recall a recent instance in which they received feedback pertaining to a job or assignment. They rated this feedback on a seven-point "positive-negative" Likert scale (Geddes & Linnehan, 1996). Thirty messages rated as "positive" and thirty rated as "negative" were then randomly selected as items for Phase Two. In Phase Two, a second group of participants sorted cards with these messages into a positive or negative category. Multi-dimensional scaling techniques were used to measure association or co-occurrence between pairs of stimuli. Two dimensions were identified for positive feedback: no instruction/praise vs. instruction/guidance and process vs. product focus. Negative feedback involved four dimensions: explicit vs. ambiguous feedback; destructive vs. constructive criticism; low vs. high knowledge of conditions of performance; and mixed/inconsistent vs. clear standards of evaluation. The fact that negative feedback had twice the dimensions as positive feedback suggested an increased complexity for negative feedback. Increased complexity may be due to the fact that negative feedback included multiple simultaneous goals. (e.g., wanting to improve performance, but not damage the relationship with the receiver). Geddes and Linnehan (1996) indicated that the receiver could mindlessly process positive feedback. Negative feedback, on the other hand, may be more mindful, requiring a more diligent, active thought processes. They concluded adding complexity, such as guidance, to positive feedback may improve its effectiveness. The authors surmised that feedback relating to the process and not just the outcomes was necessary and suggested that supervisors adopt the role of "coach" rather than "judge" in their work (Geddes & Linnehan, 1996).

Providing feedback is not an easy or straightforward process, thus, some investigators have focused on the most effective methods for providing feedback. Tracy, Van Dusen, and Robinson (1987) described qualities of "good" and "bad" criticism. Subjects were 110 students from an introductory communication course in a large urban university. Students were asked to provide a written description of two situations in which they had been criticized, and to categorize these descriptions as criticism "well given" or "poorly given". A coding system was created for the following characteristics of every message: criticism content (appearance, skill performance, relationships, general personhood and decision-making); relationship of the person giving feedback; aspects of style (negative language/harsh manner, specifics about change provided, assistance to make the change provided, beneficial reasons for change suggested, and criticisms embedded in positive context); context; and consequences of the feedback. "Good" and "bad" forms of criticism were then compared (Tracy et al.).

The authors concluded that well-given feedback should provide the receiver with information on how to improve as well as a rationale as to why the suggested changes would be beneficial. This type of feedback also emphasized the receivers' positive attributes. Further, well-given criticism was conveyed in private, began positively, was clear and specific, and conveyed respect and concern for the other person (lack of harsh language, taking the role of the other). Respect and concern was demonstrated when providing a rationale for the suggested changes. These factors increased the probability that the criticism would be received positively (Tracy et al., 1987). Poorly-given criticism, on the other hand, was likely to evoke negative emotion and might be interpreted as inaccurate or untrue. Poorly-given feedback did not take into account the receiver's perspective. This type of feedback was also frequently associated with negative language and/or a harsh manner (Tracy et al.).

Another study focusing on descriptions of positive and negative feedback was conducted by Hewson and Little (1998). They analyzed literature-recommended techniques for providing effective feedback. Participants included 60 health care workers (physicians, psychologists, social workers, nurses, and educators) whose jobs required them to give feedback in medical training. This study required participants to complete a one week course on improving teaching of medical interview skills. Qualitative methodology required the participants, upon course completion, to provide a brief description of two selected course-related feedback incidents, one judged as helpful and one as unhelpful. For the quantitative analysis, this narrative feedback was coded and categorized into conceptual groups. Participants rated their own narratives on a 5-point bipolar rating scale of recommended and non-recommended feedback techniques. Recommended techniques derived from the literature included creating a respectful, open-minded and unthreatening environment; eliciting thoughts and feelings before giving feedback; being nonjudgmental; basing feedback on observed facts and specifics; giving the right amount of feedback; suggesting ideas for improvement; and basing feedback on well-defined, negotiated goals (Hewson & Little). Non-recommended feedback techniques included: creating a disrespectful, unfriendly, closed, threatening environment; not eliciting thoughts and feelings before giving feedback; being judgmental; focusing on personality; basing feedback on hearsay and generalizations; giving too much or too little feedback; not suggesting ideas for improvement; and basing feedback on unknown, non-negotiated goals (Hewson & Little).

Respondents were asked to mark the descriptor on the scale that most closely represented the incident being described. Non-recommended techniques were at the 1.0-2.9 end of the scale and helpful techniques were at the 3.1-5.0 end of the scale. Mean scores and confidence intervals for the group on each scale was calculated and profiles emerged from the two concepts; helpful and unhelpful feedback. A Spearman rank correlation coefficient was calculated and results from the qualitative and quantitative analysis were compared (Hewson & Little, 1998).

Results indicated that helpful corrective feedback took into account personal styles of learning. The manner in which feedback was provided (e.g., supportively, with concern) also strongly affected perceptions of helpfulness. Respondents did not willingly accept feedback provided in inappropriate places (e.g., crowded areas where other people were present) nor did they appreciate being lectured or given redundant, gratuitous information (Hewson & Little).

Quantitative analysis provided the strongest evidence for effective feedback being nonjudgmental, conveying the right amount of information, being goal-based, and eliciting thoughts, feelings and suggestions for improvement. Hewson and Little (1998) found congruence between the qualitative and quantitative feedback that confirmed literature-based recommended techniques for providing effective feedback. The authors used their data to create a feedback model using these principles for providing corrective and reinforcing feedback.

Another aspect of feedback involves feedback which is provided by group members. Clinical supervisors in a university setting have the opportunity to use peer feedback in clinical practica. This could involve group observation of sessions and provision of feedback to student clinicians by their peers. Morran and Stockton (1991) investigated the exchange of feedback between 48 members of personal growth groups in a university community counseling agency. Members represented a mix of university students and

community residents. They were randomly placed in one of six groups, each led by doctoral student co-leaders. Four seven-point scales were used to assess group members' reactions to delivering feedback. They were asked to anticipate the recipients' perception of the helpfulness of the feedback. Group members were scored on the Social Risk-Taking subscale of the Risk-Taking Personality Inventory. Morran and Stockton indicated that this scale "defines social risk as a willingness to risk embarrassment in order to advance one's goals and express oneself freely" (p. 411). At the beginning of the third group meeting, co-leaders introduced the feedback-exchange exercise. Group members were instructed to write and then orally deliver positive and corrective feedback to their fellow group members. Results confirmed the hypothesis that group members had an easier time delivering positive than corrective feedback (Morran & Stockton). Group members feared the possibility of confrontation and rejection if corrective feedback were delivered. Because group members often have a strong desire for acceptance, they were reluctant to deliver corrective feedback. Results were similar for all exercises requiring group members to provide corrective feedback. It was hypothesized that an even more difficult task would entail group members voluntarily providing corrective feedback. Morran and Stockton suggested that this reluctance may be resolved by making it a focus of group discussions. They also recommended that guidelines for exchanging effective feedback be reviewed with group members. This study is important for clinical faculty members to consider prior to initiating peer feedback activities. One can surmise that it would be equally awkward and uncomfortable for SLP clinical supervisees to critique each other, especially verbally and in the presence of the receiver.

In summary, there are many elements that constitute successful provision of feedback in supervision. Based on research presented, an open-minded, nonthreatening environment with a strong element of trust provides a sturdy foundation to the supervisory relationship (O'Reilly & Anderson, 1980). Praise alone is not as effective as high quality constructive criticism (Boehler et al., 2006). Feedback should be systematic, ongoing and provided in a private setting (Hewson & Little, 1998). Frequent, nonjudgmental feedback that elicits the supervisee's ideas and emotions, and provides suggestions for change is recommended (Hewson & Little; Tracy et al., 1987). Feedback should be relevant and not redundant or gratuitous (O'Reilly & Anderson; Hewson & Little). Corrective feedback should be fact-based, and provided in a supportive manner (Hewson & Little; Boehler et al.). If peer feedback is to be utilized, the supervisor is cautioned to be aware of student hesitancy to provide corrective feedback for peers and address ways to minimize this reluctance (Morran & Stockton, 1991).

Feedback is one aspect of the multi-faceted role of the supervisor. A wise and effective supervisor must know how to use this tool skillfully and sensitively to successfully train future members of the profession.

Previous Section

References

1. ↵
    1. Boehler, M.,
    2. Rogers, D.,
    3. Schwind, C.,
    4. Mayforth, R.,
    5. Quin, J.,
    6. Williams, R., &
    7. Dunnington, G.

    (2006). An investigation of medical student reactions to feedback: A randomized controlled trial. Medical Education, 40, 746-749.DOI: 10.1111/j.1365-2929.2006.02503.x

CrossRefMedline

2. ↵
    1. Geddes, D., &
    2. Linnehan, F.

(1996). Exploring the dimensionality of positive and negative performance feedback. Communication Quarterly, 44(3), 326-344.

3. ↵
    1. Hewson, M., &
    2. Little, M.

(1998). Giving feedback in medical education. Journal of General Internal Medicine, 13, 111-116. Retrieved February 16, 2008 from http://www.ncbi.nlm.nih.gov/sites/entrez

CrossRefMedline

4. ↵
    1. Hoffman, M.,
    2. Hill., C.,
    3. Holmes, S., &
    4. Freitas, G.

(2005). Supervisor perspective on the process and outcome of giving easy, difficult or no feedback to supervisees. Journal of Counseling Psychology, 52(1), 3-13. DOI: 10.1037/0022-0167.52.1.3

CrossRef

5. ↵
    1. Morran, K., &
    2. Stockton, R.

(1991). Delivery of positive and corrective feedback in counseling groups. Journal of Counseling Psychology, 38, 4, 410-414. Retrieved February 9, 2008 from http://www-ca5.csa.com/ids70/results.php/SID=itogcqhjgpcrgb0pite41j9rl4&id=2

CrossRef

6. ↵
    1. O'Reilly, C., &
    2. Anderson, J.

(1980). Trust and the communication of performance appraisal information: The effect of feedback on performance and job satisfaction. Human Communication Research, 6(4), 290-298.

CrossRef

7. ↵
    1. Tracy, K.,
    2. Van Dusen, D., &
    3. Robinson, S.

(1987). “Good” and “bad” criticism: A descriptive analysis. Journal of Communication, 37(2), 46-59.

CrossRef

8.

1. Vest, J., &
2. Culton, G.

(1990). Speech-language pathology students' perceptions of supervisory feedback during their cli