Contributed from Michael W. Rabow, MD, FAAHPM

As we continually work to improve our communication and clinical care, soliciting and valuing feedback from patients and families is key. However, **receiving feedback can be difficult** for a number of reasons. Feedback may be appropriate, accurate, and reveal problems that must be addressed. Additionally, there is the possibility that feedback (accurate or not) is difficult to hear or even hurtful personally to the recipient. I suspect many of us have bristled at negative comments or scores and felt inadequate, misjudged, angry, or even injured by the experience.

The medical and business literature is filled with recommendations and studies exploring various aspects of how to receive feedback. Communication Professor Cameron Conaway wrote in the Harvard Business Review: *Processing feedback goes far beyond listening to it in the moment and implementing it. It involves continuous reflection, conversation, and practice* [read the paper here].

I received a call for help the other day when a UCSF clinician received negative feedback and wanted advice about how to "not take it personally." This gets to the challenge of understanding that appropriate feedback is about our behavior, and not about us as people.

If feedback points to necessary quality improvement work, we must respond by doing better. Of course, if feedback is actually an attack on you as a person, it is inappropriate and an official response from your supervisors may be necessary to protect you and others.

**If feedback hurts personally, as you start to feel defensive reading your patient comments, here are a few things to keep in mind…**

1. **Listen** and try to hear what is true for the person providing feedback. Your first job is to listen, be open, and be curious about what is being said and about the experience of your patient. Conaway describes this as "Poise." *Poise is about holding feedback with neutrality and grace in the moment you receive it.*

2. Start to **process** the feedback. Sit with it. Notice what you are feeling. Try to understand what the patient was feeling. Were they angry because you made an error, angry because they were in pain, angry because they are facing serious illness out of their control? Conaway calls this "Processing" and says *it's critical to let feedback run through both your body and your mind. That means feeling your feelings and investigating why you may be feeling them.*

3. **Empathize**. Conaway (speaking to the business world) uses the concept of "Positionality"— *consider the feedback provider's motives, position, and intent.* I call it empathy— deeply understanding what someone else is feeling. Sometimes, if you

are grounded, you can serve as a lightning rod— receiving the energy from the patient (even if it's "not your fault") and channeling it down to the ground, without getting hurt yourself. Sometimes, you may not be in a place for that gracious service.

4. **Have Self-Compassion & Find community**. To sustain in this work, perhaps the goal is to develop not a thick skin (where you are not touched and cannot feel), but rather, resilient skin (where you can engage deeply but sustain in the work). We want to be able to feel what is true for ourselves and the patient, but not be overwhelmed by it. It's a tricky balance and some self-compassion and the perspectives and support of our friends and colleagues at work can help. Ultimately, we must each recognize that we do important, but difficult work. We strive to do our best always, but must accept that sometimes, we cannot do our best (for so many reasons) or our best is simply not enough to achieve everything for which we might hope.

All *my* best,
Mike

P.S. You can find an archive of all my past communication tips on the MERI website: https://meri.ucsf.edu/meri-center-communication-tips

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