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Commentary and Opinions

Breaking bad news, building better learners: using the SPIKES framework for medical education feedback

Annoncer une mauvaise nouvelle, former de meilleurs apprenants : utiliser le modèle SPIKES pour la rétroaction en éducation médicale

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During a job interview last year, I was asked about my greatest weakness—a common interview question in any field. Having reflected on this in the past, I answered, "My greatest weakness is my hesitancy when providing feedback because I am worried about coming across as too harsh." Providing and receiving feedback can be difficult, especially when it involves constructive criticism. This difficulty also exists in medical education, where physician educators must provide feedback, positive and constructive, to trainees that shapes clinical competence. This dynamic mirrors the emotional discomfort clinicians may experience when breaking bad news to patients—both situations require balancing honesty with empathy while addressing emotional responses.

As a medical learner, although I look forward to receiving feedback, sometimes it can be superficial, which makes growth and improvement difficult. Educators have also identified that they avoid constructive feedback in the hopes of not upsetting students, which can result in a lack of meaning and missed learning opportunities.[1] Given the central role that feedback plays in clinical education, addressing this gap is imperative.

The SPIKES framework is a six-step protocol (Setting, Perception, Invitation, Knowledge, Emotions, and Strategy/Summary) for delivering bad news to patients in a clinical setting.[2] Each step is carefully designed to balance information gathering, knowledge translation, providing support to the patient, and involving the patient in the decision-making process. Therefore, a parallel can be drawn between breaking bad news to patients and providing learners with constructive feedback.

We propose the use of a modified SPIKES framework to train faculty to provide meaningful feedback, both positive and constructive. Kistler et al. conducted a randomized controlled trial where they evaluated the SPIKES model for peer-to-peer feedback amongst Internal Medicine residents, and saw an increase in extent, specificity, and satisfaction of feedback.[3] However, no literature exists on the use of the SPIKES model for educators providing feedback to learners in a medical setting.

To explore the value of using SPIKES when providing feedback, here's how the six steps can be adapted for feedback delivery:

1. Setting: Choose a private, quiet location where the learner feels comfortable and safe. Creating the right setting can reduce anxiety and increase openness and receptiveness.
2. Perception: Ask the learner about their perception of their performance. This provides context and allows educators to gauge the learner's self-awareness and readiness to receive feedback.
3. Invitation: Seek an invitation to share feedback. Ensuring the conversation is collaborative

reinforces that the purpose of feedback is growth rather than criticism.

4. Knowledge: Provide knowledge of specific observations and examples rather than generalizations. It is important to highlight both strengths and areas for improvement to ensure a balanced conversation.
5. Emotions: Acknowledge and validate any emotions from the learner in response to the feedback. Constructive feedback can evoke anxiety, defensiveness, or disappointment, and addressing these can help make the conversation a learning opportunity.
6. Strategy/Summary: Collaborate with the learner to create a clear strategy for improvement by setting realistic goals and identifying helpful resources.

For example, in the *Perception* step, a physician might ask a patient, "What do you know about your illness?" Adapting this to medical education, an educator could ask a trainee, "What do you think you did well in this task? What was your thinking behind this task?" This additional question about intention enables learners and educators to understand the cognitive processes driving the learner's actions and address the root cause to provide effective feedback.

From a theoretical perspective, the use of the SPIKES framework for feedback aligns well with Self-Determination Theory by supporting autonomy, competence, and relatedness to foster motivation and engagement in learners.[4] Integrating feedback with the *Perception* and *Invitation* steps promotes autonomy by actively involving learners in their development. Additionally, the *Knowledge* and *Strategy/Summary* steps provide specific, actionable feedback, guiding learners toward improvement. Finally, the *Emotions* step is especially relevant in the preceptorship model of medical education, where empathy and collaboration between preceptor and trainee are essential.

Many clinicians already have experience using SPIKES in patient care, making it a familiar and transferable skillset to provide feedback and foster growth in medical trainees. By adapting the SPIKES model to the context of feedback to medical learners, clinicians can lean into their existing clinical communication skills to navigate potentially uncomfortable conversations and situations in medical education. This approach would enhance the psychological safety of the feedback process for preceptors (and learners), while enabling them to deliver constructive criticism in a manner that trainees are more likely to accept and act upon for professional growth.

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