

Scottish Council for  
Postgraduate Medical  
and Dental Education

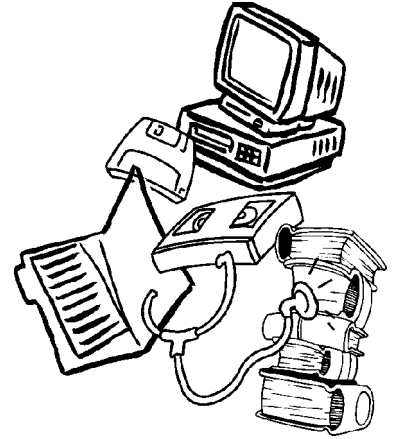


# Developing the teaching instinct

## 1 : *Feedback*

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The first in a new series of short educational programmes covering a range of important topics in medical education. Each programme defines the topic, provides some background information, presents some practical tips, gives some theoretical underpinning where relevant, provides some further reading and suggests an activity which can be carried out independently or with colleagues. The series has been designed in collaboration with NHS Education for Scotland as an aid to all engaged as trainers or teachers in the healthcare professions.



## Snippets on Feedback

### The Problem

Trainees may be unaware they are making mistakes or performing poorly:

*"No one ever told me that my endoscopy reports were considered to be inadequate"* [Trainee]

Feedback given badly can ruin a trainee's confidence:

*"That was awful - you didn't listen"* [Consultant]

Feedback received from one person can be inconsistent with that received from another:

*"My consultant pulled me up for prescribing X instead of Y, but I was told that it was the preferred drug in my last post"* [Trainee]

### The Solution

Such problems can be addressed through feedback given well, frequently and from a number of sources.

*"Feedback is the life-blood of learning and it must be kept flowing"* [Rowntree]

*"Every consultant or principal in the team shares with the educational supervisor responsibility for providing feedback on clinical progress"* [GMC 1998: The early years; GMC 1997: The new doctor]

### Short Summary

Feedback has the purpose of raising the trainee's self awareness about their performance and leaves them to choose their future actions. It can reinforce good practice as well as be corrective. When reinforcing it encourages continued good practice and has a motivating effect on the trainee. When corrective it enables the trainee to recognise the consequences of their actions and encourages them to modify their behaviour to achieve a more desirable result.

### Introducing Feedback

Feedback is an essential activity for helping trainees reach their maximum potential at their particular stage of training. It is an activity that is often omitted or done badly, but it is a skill that can be learned. Giving feedback is something you probably already do. However it is a fact of life that few trainees perceive themselves as receiving regular effective feedback. This can be due to a range of problems facing both the feedback giver and receiver eg a lack of time, a fear of giving or receiving criticism, inconsistent feedback from various sources, a lack of acceptance of the feedback given, and an inability to respond to the feedback.

It is important to be aware of the many factors that play a part in feedback – factors that can influence positively or negatively the effectiveness of any feedback given.

# Feedback in Action

## Giving feedback

Feedback should be undertaken within an atmosphere of trust and concern where both trainee and 'teacher' know and feel that they are working as allies with common goals – these being the best possible patient outcome and the development of the trainee. If that relationship is not there the feedback is less likely to be effective.

Feedback is effective when it is:

- well timed ie as part of the day-to-day work and as close to the event as possible or at a scheduled session negotiated with the trainee, not dictated by the teacher.
- based on firsthand data ie the person who observes the trainee's performance. Second or third-hand feedback eg *"Dr X says that you are...."* often passes as feedback but remember it is never as powerful as firsthand data and the trainee is less likely to accept the criticism.
- phrased in as non-evaluative language as possible eg not *"Your history taking with the patient was totally inadequate"* rather *"Had you thought about asking the patient ...?"*
- specific not generalised eg *"You appeared to be rushing with the last three patients"* rather than *"Time management seems to be a problem"*
- focused on actions rather than personality eg *"You lost eye contact with the patient etc"* rather than *"You're far too shy with patients"*.

## Making sure it is effective

Being aware of the barriers to giving effective feedback is the first step to overcoming them. These can include:

- a fear of upsetting the trainee or damaging the trainee/doctor relationship
- a fear of doing more harm than good
- the trainee being resistant or defensive when receiving criticism. Poor handling of a reaction to negative feedback can result in feedback being disregarded thereafter
- feedback being too generalised and not related to specific facts or observations
- feedback not giving guidance as how to rectify behaviour
- inconsistent feedback from multiple sources
- a lack of respect for the source of feedback.

In summary, the effectiveness of feedback is influenced by the credibility of the person giving the feedback, the message itself and the recipient's readiness to respond.

The last two often link back to the source ie negative feedback is more readily accepted if the source is respected, there is a rapport between the source and the recipient, and the feedback is discussed in a helpful way. Also if the feedback is seen as important or from an important source it is less likely to be ignored. When giving feedback a lot, therefore, depends on the way you do it and your relationship with the trainees.

## Informal and formal feedback

Ideally feedback should be given both informally and formally. On a day-to-day basis feedback should be given in the context of work activities, whilst observations over a period in time or trends in practice should be shared at a more formal feedback session.

Informal feedback should be frequent and occur in situations where specific behaviours or skills can be discussed in small doses and at the time or shortly after. If every consultant played their part in giving 'bites of feedback', trainees would not complain about lack of feedback, problems would be identified early, the stage would be set for trainee improvement/progress and formal feedback sessions would not contain any surprises for you or the trainee.

## Who should give feedback?

Anyone who makes a valid observation of a trainee's performance and who is experienced enough in that aspect of the clinical problem can provide feedback. This includes any subordinate within the hierarchy of doctors as well as nurses and, in certain areas, patients. Although patients cannot give technical feedback, they can, nevertheless, be an important source of feedback on the issues of communication and attitude. Remember, if trainees do not receive feedback they will generate their own system of feedback largely based on unintended cues you provide eg the fact that you haven't criticised means that all was fine.

In a more formal feedback session you should:

- ensure the trainee knows they are to receive feedback
- collect relevant data from others
- make notes prior to the meeting
- reinforce good practice with specific examples
- identify, analyse and explore potential solutions for any deficits in practice
- encourage the trainee to self assess their performance prior to giving feedback.

# Examples in Practice

## Providing feedback step by step

### Informal feedback

Giving informal on-the-job feedback can take only a few minutes of time.

- Feedback should take place at the time of the event or as soon after while the events are still fresh in the mind.
- It should focus on actions not generalisations eg positive feedback such as *"Your insertion of x was smoothly done"* not just *"that was excellent"*. This emphasises the trainee's strengths with specific examples and will help to reinforce desirable behaviour. Similarly negative feedback should be specific eg *"Have you considered doing an x test?"* Note the effort made to use non-judgemental language in this negative feedback example.
- If no obvious situations occurred which were worthy of discussion ie good/bad carrying out of a procedure; a good/bad decision; a good/poor rapport with other members of the ward etc; start with a general open question *"How do you think that went?"*. Then follow this by more exploring open questions.
- Avoid facial expressions and body language that can give generalised feedback in a non-verbal way.
- Be careful about giving negative feedback in front of peers. Try to be positive and supportive eg *"you correctly did x and y but you missed z. If you look again you can see that etc."*
- Limit the feedback to the amount of information the trainee can use. If you overload the trainee with feedback you will reduce the possibility that it will be used effectively.

Encourage trainees to seek feedback themselves from others. Get them to ask people *"How could I have better handled that situation?"* *"Do you agree with my choice of medication in this situation?"* Feedback actually works best when it is sought.

### A planned feedback session

- Ensure trainees are informed that they are going to receive feedback. Stress this is for your benefit as well as their own.
- Prepare yourself for the meeting through collecting relevant data from others on the trainee's performance.
- Demonstrate respect for the trainee eg through non-threatening seating, using the trainee's name, ensuring your bleeper is off.
- Involve the trainee. Encourage trainees to self-assess themselves at the beginning of the session eg *"How has the period in this unit gone so far – anything in particular you feel was tricky?"*.
- Wherever possible base the feedback on first hand data ie direct observation by yourself, patient notes. When this is not possible use the relevant data from other people. Try to get specific examples from them to back up their comments. The trainee will not believe the feedback if they feel you have inadequate knowledge of their performance.
- Address specific performances not generalisations wherever possible eg not *"Your analysis of clinical data is not always good"* rather *"What was your reasoning behind that particular decision?"* and then following up with what would have been a better decision and why. The less competent student needs to know when things go wrong, so that together you can explore how they can be improved. Good trainees like to hear that they are 'coping well'. By feeding back in this way they can continue to build on their experience.
- Try to make the feedback in non evaluative language eg not *"Are you aware of the reactions of ward nurses to working with yourself and the other trainees?"* and not *"You are brusque with the ward nurses"*. It will help you to point out what sort of approach is desirable.
- If the trainee cannot come up with potential solutions to negative feedback, make some appropriate suggestions yourself.
- Make sure the trainee agrees or disagrees with the feedback given. If the latter find out why and discuss.

## Group Activities

Having read this unit the best way to improve is to do a little role play with two colleagues. Let one person be the trainee, another the consultant and the third an observer. Imagine you have a trainee who is hard working, but whom, according to the nurses, seems to disrupt the smooth flow of work whenever he is on duty. Play out a short feedback session then explore how it went – How did both the 'trainee' and 'consultant' feel? What strategies did the 'consultant' adopt? Which strategies do you think worked? All three of you should give your perceptions. Then swap round and let someone else make a mess of it! Preferably try another scenario, eg a trainee who also is keen and hard working and gets on well with the ward staff, but needs to improve on her history taking and physical examination skills.

## Practical Tips

- ✓ All aspects of a trainee's work are worthy of feedback, eg performance of a physical examination or procedure, their attitudes to other staff and patients, coping with case load, making a presentation, documentation.
- ✓ To avoid being judgemental think of feedback as "This is what I saw – what do you think?"
- ✓ Give positive feedback first. The trainee is then more likely to be receptive to negative feedback.
- ✓ Try to ensure feedback focuses on actions or specific examples.
- ✓ Feedback given unexpectedly, especially if negative, is likely to result in an emotional response that may inhibit the trainee from taking the information on board. Prepare them for receiving feedback either through saying ' Shall we spend a few minutes discussing how the clinic went after your last patient?' or, for a more formal feedback session, ensuring the trainee knows what the meeting is for.
- ✓ Make sure the time and the place for an arranged feedback session is negotiated with the trainee rather than dictated to them – it helps to make the trainee feel valued.
- ✓ In a formal feedback session pay attention to the seating arrangements to help ensure the atmosphere is relaxed.
- ✓ Use open questions eg "How do you think she felt?" Further discussion may make having to point out a negative observation unnecessary.
- ✓ If a trainee seems to reject any negative feedback given, explore with them why they feel like this rather than just leaving it to be taken on board. They may be getting contradictory feedback from elsewhere which will prevent them from acting on your feedback and suggestions.
- ✓ Always make suggestions on how to remedy any negative situations.
- ✓ Use open ended questions eg "Which aspects did you think went well with that procedure? Which do you think you can improve on?"
- ✓ If you are an educational supervisor you may also be the person least able to offer effective feedback because your source of information may be second or third hand. Encourage the trainee to seek first hand feedback from others.



Feedback should be:

- constructive
- given frequently

## Other Learning Opportunities

Here are a few journal articles if you wish to read more about the topic

Ende J (1983). Feedback in Clinical Medical Education. *JAMA* 250: 777-781

*A comprehensive paper on feedback which many subsequent papers on the topic (including this unit) draw upon.*

Silverman J, Draper J, Kurtz S M (1997). The Calgary-Cambridge approach to communication skills teaching II: The SET-GO method of descriptive feedback. *Education for General Practice* 8: 16-23

*An excellent paper which covers, with many examples, the principles of giving feedback. It goes on to describe a simple model for delivering non judgemental feedback.*

Sachdeva A K (1996). Use of Effective Feedback to Facilitate Adult Learning. *Journal of Cancer Education* 11: 106-118

*A helpful paper that covers informal and formal feedback and gives detailed guidance on how to carry out a formal feedback session.*

Bing-You R G, Paterson J, Levine M A (1997) Feedback falling on deaf ears: residents' receptivity to feedback tempered by sender credibility. *Medical Teacher* 19: 40-44

*An interesting paper which explores trainee perceptions of the characteristics of effective feedback.*

Brukner H, Altkorn D L, Cook S, Quinn M T & McNabb W L (1999). Giving effective feedback to medical students: a workshop for faculty and house staff. *Medical Teacher* 21: 161-165

*A paper worth reading if you wish to run a training session on giving feedback or simply want to practise giving feedback with colleagues. The paper starts with Ende's practical guidelines for giving effective feedback. It then describes in detail their own workshop, including the trainee scenarios that were used for role play and the strategies that were suggested for each of the scenarios.*

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