

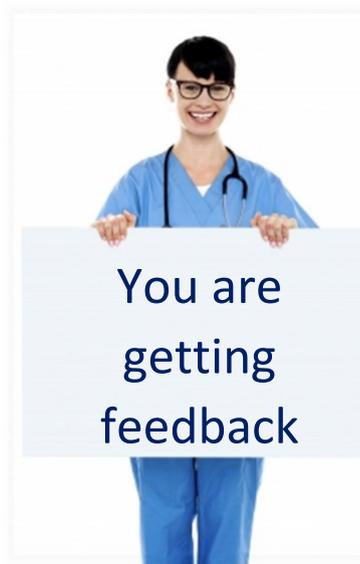
Giving Effective Feedback

This material has been produced by the Clinical Educator Programme (CEP) based on our review of the literature, our experience and that of our colleagues and programme participants. It provides a background for some of the discussions that we will have during the 'Giving Effective Feedback' workshop.

What is feedback?

The term "feedback" is very widely used in clinical education and its definition and purpose have become a little unclear. In fact, there seems to be no consensual definition of feedback in medical clinical education, (van der Ridder, J. M. M. et al, 2008), and often the terms "feedback" and "assessment" are synonymous. We would argue that it can be helpful to use a holistic definition of feedback, which includes everything from 'incidental' feedback through to the more 'formal' feedback that underpins formative assessment. In terms of learning, incidental feedback may often be the most useful. Clinical settings present a large number of brief, unplanned, day-to-day personal interactions, and most of these involve incidental feedback: when a student or trainee does something, we might say "well done", say nothing, or just raise an eye brow. These may communicate any number of things, but they will probably not help the learner understand, or improve, their practice, unless we make better use of these opportunities.

Regarding formal, structured feedback, this is generally more easily identified as feedback. Even so, there are huge disparities between the amount of feedback that supervisors and educators report to be giving and what students and trainees think they are receiving, (van de Ridder, J. M. M. et al 2008; Cantillon, P. and Sergeant, 2008). This discrepancy may partly explain the dissatisfaction that we see, fairly consistently, in national student and trainee surveys. First steps to improving the situation might involve **signposting feedback** more explicitly and helping promote ownership of this feedback by our learners.



***Pause and ponder:** think about the last time you offered someone feedback. How did your learner know that this was feedback? What do you do, or could you do, to help them take ownership of that feedback?*

What are the key elements of effective feedback?

The literature suggests that feedback is best received when it is bidirectional and non-judgemental. Of course, if we observe unsafe practice in clinical encounters, we may need to tell the person immediately in order to prevent serious problems. However, more often, the role of feedback is to guide performance and encourage development with the appropriate degree of supervision. Ende, J. (1983) outlines a set of principles for effective feedback, which we feel are very helpful and can be extrapolated to almost any situation. They are listed in the table below:

Feedback should be ...
<ul style="list-style-type: none">▪ Expected and well timed▪ Based on common goals (importance of shared mental models)▪ Based on first hand data▪ Regulated in quantity and limited to behaviours that can be changed▪ Phrased in descriptive, non-evaluative language▪ Deal with specific performances, not generalisations▪ Offers subjective data labelled as such▪ Deal with decisions and actions rather than assumed intentions or interpretations.

There are a range of feedback models, and most are based on Ende's principles. Ramani and Krackov's article summarises some practical tips, (Ramani, S. and Krackov, S. K., 2012). Several feedback models will be discussed in the workshop: we recommend that you decide which ones you prefer, and develop a strategy that works best for you and your learners. Regardless of the strategy you choose, we think that there are two key elements: reflection and trust.

Reflection

If we can help learners to self-evaluate, many will identify their own difficulties or areas they hope to develop. This presents the opportunity for you to offer suggestions to help improve their future performance. The key to promoting this kind of discussion is in how your learner perceives your intention: do they think you want to help them or to evaluate them? A collaborative tone, open questions, statements of fact and descriptive observations can be really helpful.

Trust

Without a degree of rapport and respect for one and other, there is a risk that your feedback may not be recognised as feedback, or that it could be perceived as judgement or criticism. When this happens, embarrassment or anger are likely to act as a barrier to reflection and could lead to defensiveness and limited learning. Cultivating good professional relationships is therefore really important. One very helpful thing you can do is to actually ask others, (including your students and trainees), for feedback, yourself. You would need to make sure that you prepare your learners well for this and give them plenty of support and encouragement, (eg you could negotiate a feedback model for them to use). Showing that you are interested in receiving feedback yourself can really help enhance trust. It also demonstrates that everyone is learning, all the time.

By focusing on enhancing reflection and trust, over time you can develop your own personal skillset for giving effective feedback.



Pause and ponder - Rather than relying on a particular model, consider how you might apply Ende's principles. What personal skills or attributes do you have that could make the feedback you give really effective?

(CEP Teaching Observation Survey 2019 results: what makes feedback helpful)

How can feedback be applied to practice?

In the same way that a meeting or consultation might close with a summary or agreement of actions, to make best use of feedback we suggest agreeing a plan of action. This could be formal, such as with a portfolio or mini-CEx, or informal such as with an impromptu discussion after a clinical event. Either way, it can help if action plans include a list of objectives. When objectives are written, try to make them SMART and use action verbs.

And finally ...

In preparation for the 'Giving Effective Feedback' workshop we ask that you please reflect on your own experiences of giving, and also receiving, feedback. Consider what you think worked well, and what has not worked so well, and be prepared to share your opinions and experiences with the group. Thank you.

References

Ende, J. (1983). **Feedback in Medical Clinical Education**. Journal of the American Medical Association. 250 (6): 777–781.

Cantillon, P. and Sargeant, J. (2008). **Giving Feedback in Clinical Settings**. British Medical Journal. 337: a1961.

Ramani, S. and Krackov, S. K. (2012). **Twelve Tips for Giving Feedback Effectively in the Clinical Environment**. Medical Teacher. Vol 34 (10): 787-791.

Van De Ridder, J. M. M., Stokking, K. M., McGaghie, W. C., and Ten Cate, O. T. (2008). **What is Feedback in Clinical Education?** Medical Education. Vol 42 (2): 189-197.