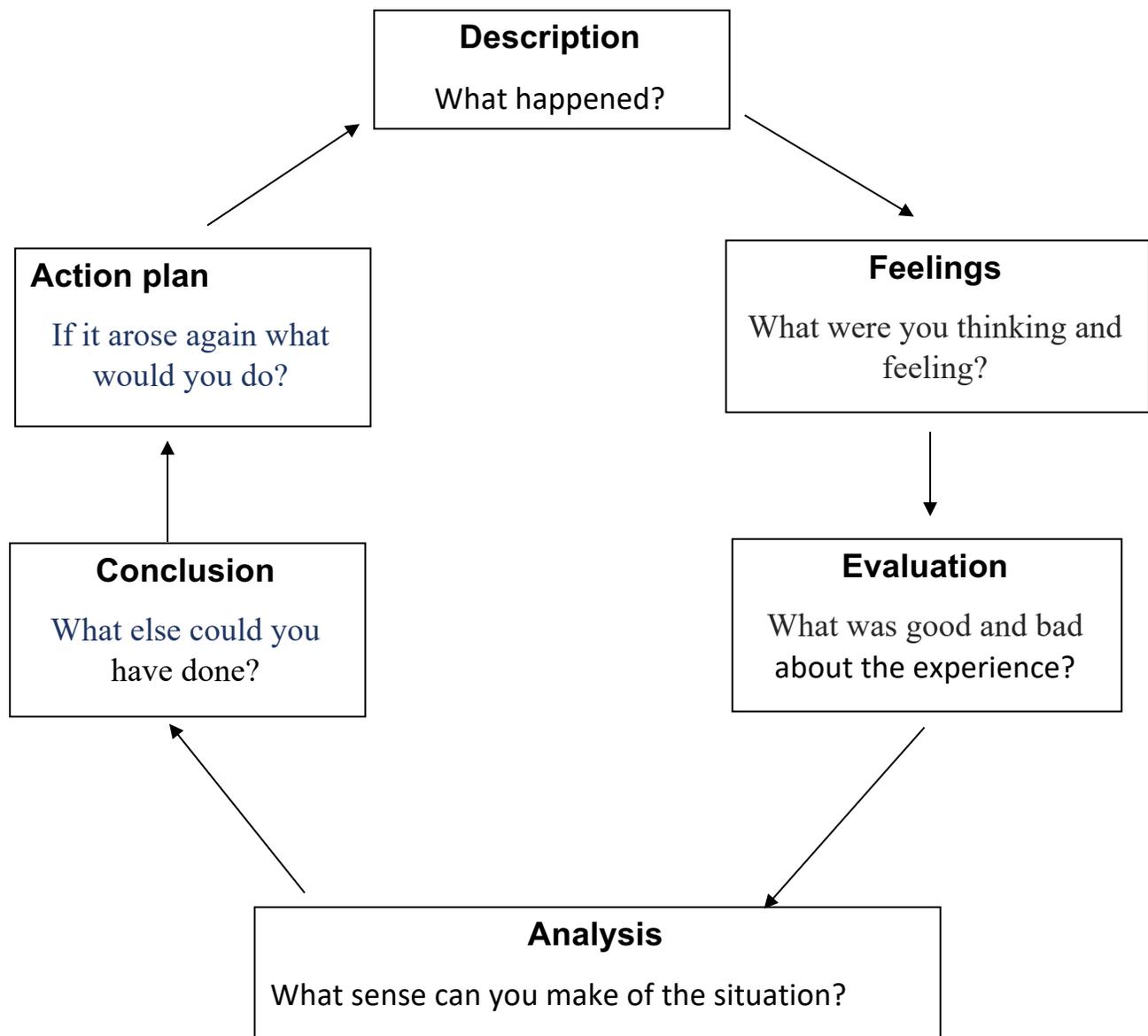


## Giving feedback

*“Ultimately, feedback is about communication. The skills are generic: active listening; asking a balance of open, reflective, facilitating, and closed questions; challenging; and summarising. Giving feedback is not just to provide a judgment or evaluation. It is to provide insight. Without insight into their own strengths and limitations, trainees cannot progress or resolve difficulties.”*

## THE REFLECTIVE CYCLE (Gibbs 1988)



General introduction:

<https://www.youtube.com/watch?v=cg-S4KM6X4U>

“Feedback - Everything You Ever Wanted To Know”, Dr. Ramesh Mehay, Programme Director, Bradford VTS <https://www.bradfordvts.co.uk/teaching-learning/feedback/>

Medical education: giving feedback to doctors in training. BMJ 2019; 366 doi:

<https://doi.org/10.1136/bmj.l4523> (Published 19 July 2019)

<https://www.bmj.com/content/366/bmj.l4523.full>

- Inviting the learner to assess their own performance promotes reflective learning. The reflective learner will aim to consider the meaning and implications of the feedback within their existing experiential and knowledge frameworks.
- feedback is most effective when it is a two-way conversation promoting self assessment, self reflection, and self directed lifelong learning, and when it is based on shared educational and clinical goals.
- If the learner’s thoughts and feelings are elicited, with consensus suggestions for improvement made by both trainer and learner, it is part of a dialogue, which is preferred over a unidirectional mandate or criticism
- Effective feedback can narrow the gaps between actual and desired performance.
- .....part of of their learning environment’s culture. As such, encourage learners to establish an interest in receiving feedback early in a rotation or clinical encounter and to request that peers and trainers provide commentary on their clinical performance
- ,,,,,,checking in with learners at the beginning of a clinical experience to determine goals, objectives, expectations, and timing for feedback during and at the end of the clinical rotation or session.
- Focus on behaviours that can be changed, and not on a learner’s personality or character.
- Barriers to providing effective feedback include time pressures due to clinical or other obligations, distractions or interruptions during feedback, and discomfort with giving negative feedback.
- A trainer seeks out a time when the environment is calm. Agree on a set time to meet for feedback

- Discomfort with giving negative feedback can be addressed by developing a “feedback process” (use of a framework- see article and below) or discuss/introduce at the start of the clinical attachment “Ten tips for receiving feedback effectively in clinical practice, Ali H. Algiraigri Article: 25141 | Received 08 Jun 2014, Accepted 09 Jul 2014, Published online: 28 Jul 2014 <https://www.tandfonline.com/doi/full/10.3402/meo.v19.25141>

Frameworks/models for giving feedback:

<https://www.bmj.com/content/366/bmj.l4523.full>

**Table 1**  
Steps of delivering feedback

	Educator actions in giving feedback	Rationale
	Set the stage: inform the learner that feedback is planned and identify an appropriate setting with protected time	Encourages learner preparation and participation
	Organise your own specific observations and commentary	Increases the effectiveness of the feedback
1.	Clearly state, “This is feedback”	Makes the learner aware that a feedback session is starting
2.	Ask the learner for 2-3 specific aspects of a skill or behaviour that they think they did well	Builds self reflection skills and confidence
3.	Reinforce the positives and challenge inaccuracies of self assessment with specific examples	Encourages deeper self assessment and continues the two way conversation
4.	Ask the learner to assess their own performance, identifying what went well and what they think needs improvement	Builds self directed learning skills
5.	Offer specific, responsive feedback to the learner’s behaviour and performance (using examples)	Offers objective (and not subjective) review of performance
6.	Agree on areas for focus, ongoing reflection, and development in future clinical encounters	Considers goal setting

	Educator actions in giving feedback	Rationale
7.	Agree on an action plan, with specific commitments and actions for both the trainer and learner	Considers goal setting
8.	Agree on a timeframe for implementing reflection and behavioural changes, and for a plan for review. Invite the learner to generate a plan for improvement, as opposed to providing a “to do” list	Considers goal setting
9.	Ask the learner to summarise the “take home” points from the feedback	Reiterates and reinforces what has been covered

One minute Preceptor model: <https://www.youtube.com/watch?v=eRBdfXRj5N0>

Pendleton’s rules of giving feedback:

- Clarify any points of information/fact
- Ask the learner what s/he did well – ensure that they identify the strengths of the performance and do not stray into weaknesses.
- Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well; again, keep them to the strengths.
- Ask the learner to say what went less well and what they would do differently next time.
- Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations.