



BLDE (Deemed to be University)
Shri B. M. Patil Medical College Hospital
and Research Centre Vijayapura
Medical Education Unit

**'Being a Competent
Medical Teacher'**

EDITOR

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15 IMPORTANCE AND SKILLS OF GIVING EFFECTIVE FEEDBACK

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Feedback is a vital part of education and training programmes. It helps learners to maximize their potential at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance.

Learning objectives:

At the end of the session the participant should be able to,

- Describe the different definitions of a feedback
- Discuss the different types and contexts in which feedback can be given.
- Discuss Importance of giving feedback in healthcare education and training.
- Understand the Principles of effective feedback
- Select an appropriate model to give effective feedback in a given situation
- To apply the learning from the this module to your own practice through carrying out activities and reflecting on these.

Different definitions of feedback:

- Feedback is: “**Specific information** about the comparison between a trainees **observed performance** and a **standard**, given with the intent to **improve the trainees performance**” (Van der Ridder et al -2008)
- Feedback is comments about a product or person's performance, Communication to another person which gives information about how he/she affects and is perceived by others.
- A way of helping another person consider changing his/her behavior..

- It is the information describing a student or faculty's performance in a given activity that is intended to guide their future performance in that or a related activity.
- Feedback is something that is valued highly by educators and students alike.

Who gives feedback?

- Teachers
- Clinicians from a range of healthcare professions
- Patients
- Peers and colleagues
- The learner themselves
- Others

Why Feedback is given?:

Jill Gordon (writing in 2003 about the importance and influence of one-to-one teaching situations in clinical medicine) reinforces this, noting that feedback is vital and that the most effective and helpful feedback is based on observable behaviors:

Helps learner achieve their learning goals

- Enforces engagement with learner, as training without feedback, mistakes can go uncorrected and bad habits can develop
- The learner may also drop positive behaviors or make inaccurate assumptions.

Needed for the development of competency and expertise

- Clinical reasoning
- Critical thinking
- Judgment

Facilitates learning process and teaching performance Improves teaching skills

University teachers receiving feedback aimed at improving teaching showed improvement immediately post consultation and this continued to be observable 3 years later.

Linking feedback to the learning process.

It is very important to ensure that the feedback given to the learner is aligned with the overall learning outcomes of the programme, teaching session or clinical activity in which the learner is engaged. Giving feedback can be seen as part of experiential learning. Kolb (1984) proposed that learning happens in a circular fashion, that learning is experiential (learning by doing), and that ideas are formed and modified through experiences. These ideas underpin the idea of the **'reflective practitioner'** and the shift from **'novice to expert'** which occurs as part of professional development.



Hill (2007) identifies that 'feedback plays an important role in helping learners move round the cycle. For example, feedback supports the process of reflection and the consideration of new or more in-depth theory. Through a process of negotiation, feedback can also help the learner plan productively for the next learning experience.

Principles of giving effective feedback:

Whether you are giving formal or informal feedback, there are a number of basic principles to keep in mind.

1. Feedback should be PLANNED :

Effective feedback is best when it has been planned. Planning involves setting the appropriate place, timing and environment for the feedback

session. Feedback is more beneficial to the learner if it is immediate. Provision of an appropriate time frame to allow discussion of the performance issues is likewise necessary. Setting the right tone and mood for the feedback encounter can engender an atmosphere of trust and respect.

Ex: Never correct a learner in front of a patient.

2. Feedback should be EXPLICIT:

Clinical teachers often give but students often feel, They don't get information about their performance, because students are not always aware they are being given feedback when it happens because it has not been made explicit to them. One of the most powerful strategies that can be used to overcome this problem is simply telling the learner that you are about to give them feedback prior to each feedback situation. Let them know that "This is Feedback!"

3. Feedback should be DESCRIPTIVE RATHER THAN EVALUATIVE:

Accurate descriptions on performance achievements and areas requiring improvement is the most effective way of giving information to a learner.

4. Feedback should focus on BEHAVIOUR RATHER THAN PERSONALITY:

Focusing on the actual behaviour of the learner minimizes a defensive response and allows

5. Feedback should be SPECIFIC, first hand objective information:

Clearly defined information about the actions that have been observed or behaviours that have been noted is the best approach and is more likely to result in improved outcomes. In this way, feedback is best when it is based on firsthand data. Learners want the specific rather than a global "overall you are doing fine"

"... feedback is formative, not evaluative – it presents information, not judgement ..." (Ende, 1983) med.monas.

6. Feed Back should be CONSTRUCTIVE:

Create awareness of strengths, as well as areas that need improvement. Follow the principle of positive critique. Appreciate what went well and tell them what needs to be improved.

7. Feedback should be NON- JUDGEMENTAL

8. Allow the LEARNER'S INPUT:

Learners should be given chance to comment on the fairness of the feedback and to provide explanations.

Types & contexts of giving feedback: Verbal:

Non-verbal: We continuously send and receive non verbal messages via tone of voice, raised eyebrow, smile, frown, hand gesture or body movement simultaneously

Formative Feedback:

Interactive activity between teacher and learner.

Purpose is to improve or modify the learner's knowledge, skills or attitudes. Useful in promoting learning

Should be provided on a frequent basis to a learner for most effect.

Summative Feedback :

Judgment is made about the learner's performance for the purpose of assigning grades, assessing competence, or comparing performance to standards. Thought of as a type of final assessment.

Not as likely to change learner's behavior

Major Feedback Scheduled feedback lasting 15-30 minutes often to address major issues or midpoint review.

Brief Feedback

Given often and is short, focused on a skill.

Formal Feedback

Provided when one sets aside time for feedback for 5-20 minutes- may be feedback about a case presentation.

Models of giving feedback:

The sandwich technique:

Feedback Sandwich:

- What did you do well? (Positive feedback)
- What could you have done better? (Positive criticism)
- How could you have done better? (Constructive advice)
- Do I make myself clear? (Check for understanding & end on note of encouragement)

Pendleton's rules :

- Allows the learner to make observations about his or her own performance.
- Briefly clarify matters of fact
- Learner states what was good about his/her performance
- Teacher states areas of agreement and elaborates on good performance
- Learner then states what was poor or could have been improved
- Teacher then states what he or she thinks could have been improved

Reflective feedback Conversation:

- A modified interactive feedback approach which builds on the Pendleton model
- Emphasizes learner, as ability to recognize his or her own performance deficits
- Includes a discussion about how the learner plans to improve
- Encourages development of reflective practice
- Teacher asks learner to share any concerns about a recently completed performance
- Learner describes what they would have liked to have done better
- Teacher provides views on performance and offers support
- Teacher asks learner to reflect on what might improve situation
- Student responds
- Teacher elaborates on response, correcting if necessary
- Feedback ends with a clear and agreed plan for change.

Six step feedback model :

Based on elements necessary to improve clinical performance An observed event (learner behavior)

An appraisal of that event(teacher, as assessment) A recommendation for improvement

Other feedback models:

- The SCOPME model
- The Chicago model
- The ALOBA model
- SET- GO method of descriptive feedback
- IMPROVE Model
- One-minute clinical preceptor 4

General steps in providing Effective Feedback :

1. Prior information to the student
2. Appropriate place/Situation
3. Begin with self assessment by the student
4. Highlight areas where the student is doing well.
5. Outline areas which need improvement using descriptive and not evaluative language.
6. Handle reaction maintaining the dignity.
7. Suggest an action plan.

Barriers to giving effective feedback:

Hesketh and Laidlaw (2002) identify a number of barriers to giving effective feedback in the context of medical education:

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 on how to rectify behavior inconsistent feedback from multiple sources a lack of respect for the source of feedback.

Do's and Don'ts of giving feed back:

Do's:

- Find an appropriate time and place
- Agree what you are going to focus on
- Start with what went well – accentuate the positive
- Distinguish between the intention and the effect
- Distinguish between the performance and the personal (e.g. 'what you said sounded judgmental' rather than 'you are judgmental')
- Identify areas for improvement
- Offer alternatives Check for understanding

Don'ts:

- Generalize
- Comment on things that can't be changed
- Criticize without making recommendations
- Be dishonestly kind – if there is room for improvement be specific
- Forget that your feedback says as much about you as about the person to whom it is directed

Conclusion:

Being able to give effective feedback on performance in both formal and informal settings is one of the key skills of a clinical teacher. Giving feedback can range from simple, informal questions and responses while working alongside a learner on a day-to-day basis through to giving written or verbal feedback through appraisal or examinations

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“If feedback is to be effective it needs to be frequent, constructive and instructive”. (Dinham,2008)

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