

Otago Medical School, Educational Development and Staff Support Unit

# Giving feedback beyond the task

## Online Professional Development Series

Facilitators: Dale Sheehan

Co-facilitators: Jon Cornwall, Tehmina Gladman, Louise Beckingsale

July 2023

# Outcomes

- To consider the role of feedback to enhance self (learner) development

# Format



- Whole group - introduction
- Break-out group – warm up exercise
- Whole group – feedback task focus



- Break-out group – main activity
- Whole group – feedback to enhance self



Feedback and learning

# Break out group 1

- Introduce yourself
- Answer Case 1 or 2
- Report back



# Warm-up

## Consider Case 1 or 2

### Case 1

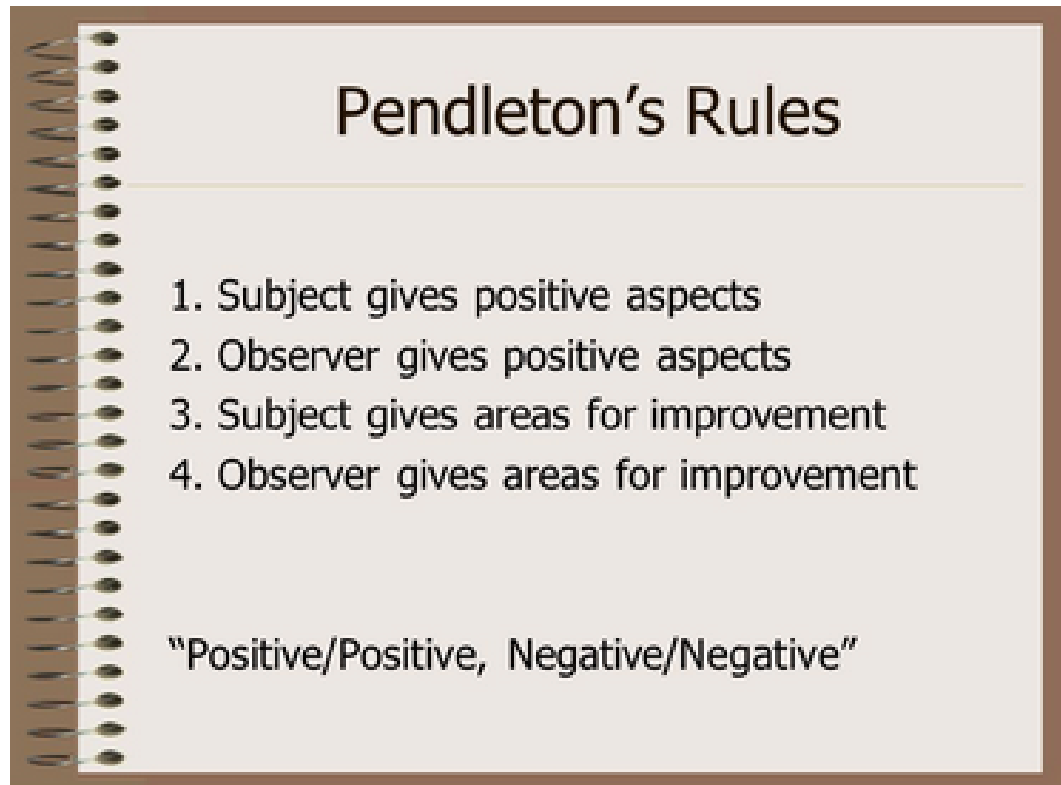
You ask a senior student, final year, to **examine the abdomen**. This is in a clinic with 2 other students. The technique used is well below expectations at this level. The patient leaves and there is an opportunity to give feedback. What **process** do you follow to ensure that the student is aware of the correct technique?

### Case 2

In a small group setting you ask a learner to **differentiate between asthma and COPD**. The explanation is well below expectations at this level. What **process** do you follow to ensure that the student is aware of the key issues to differentiate these common conditions?

# Process to offer feedback on Task

- Pendletons, feedback sandwich etc



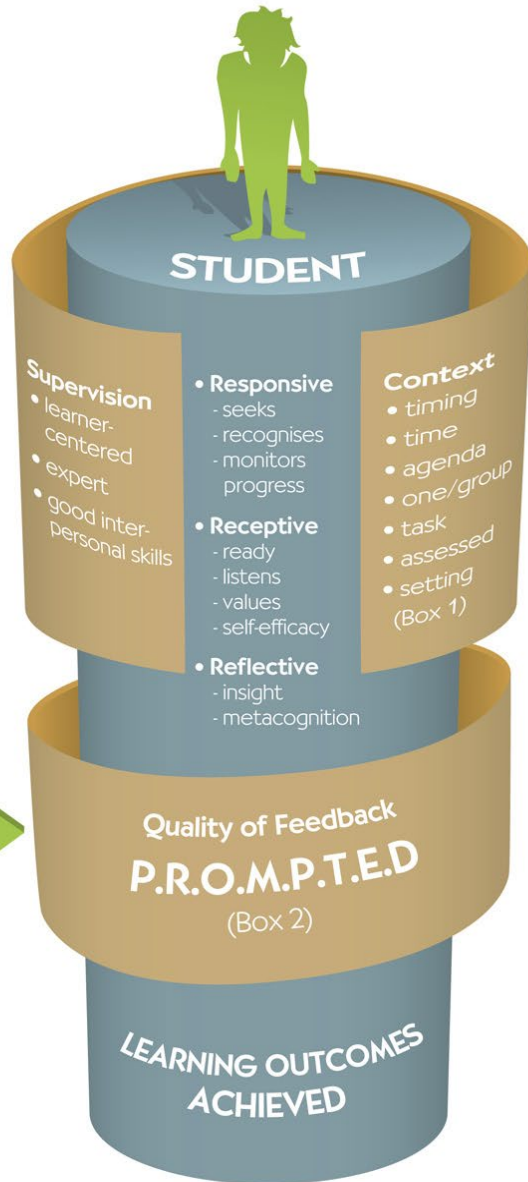
**Pendleton's Rules**

1. Subject gives positive aspects
2. Observer gives positive aspects
3. Subject gives areas for improvement
4. Observer gives areas for improvement

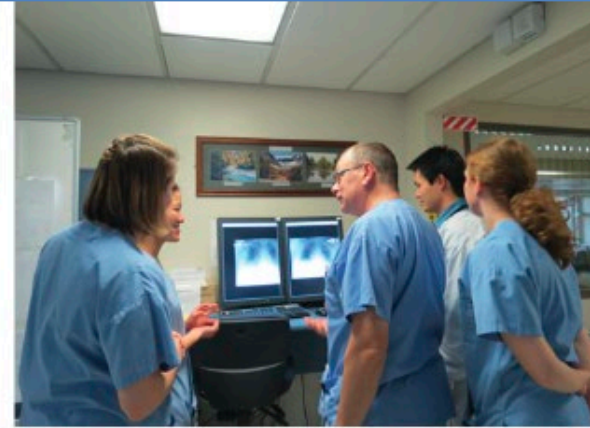
"Positive/Positive, Negative/Negative"



Approaches to feedback  
(Pendleton, Silverman)



Novel approaches



## A student-centred feedback model for educators

Joy Rudland, Faculty Education Unit, Faculty of Medicine, University of Otago, New Zealand

Seduced by the simplicity of task-based feedback

# Myths of feedback

Received: 9 June 2018 | Revised: 4 December 2018 | Accepted: 5 December 2018

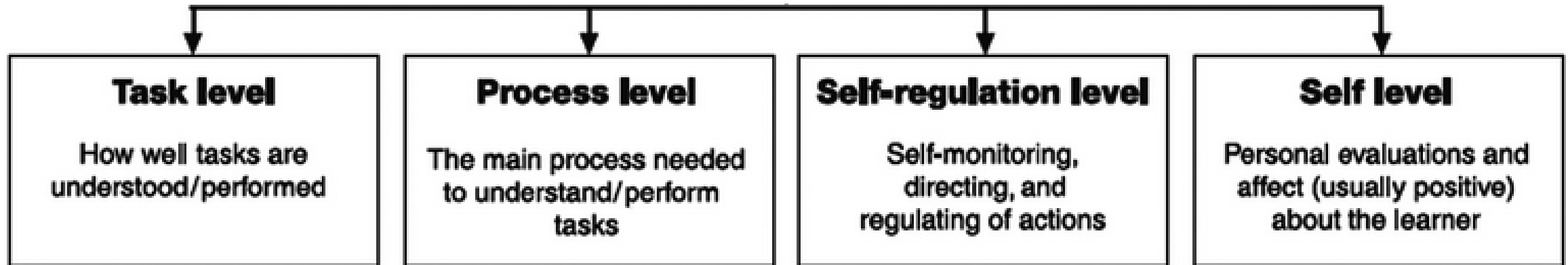
DOI: 10.1111/medu.13802

## TEACHING STRATEGIES

### Challenging feedback myths: Values, learner involvement and promoting effects beyond the immediate task

Elizabeth Molloy<sup>1</sup>  | Rola Ajjawi<sup>2</sup>  | Margaret Bearman<sup>2</sup>  | Christy Noble<sup>3,4,5</sup>  |  
Joy Rudland<sup>6</sup>  | Anna Ryan<sup>1</sup> 

- feedback needs praise-criticism balancing rules;
- feedback is a skill residing within the teacher; and
- feedback is an input only.



How does the educator 'help' the learner to the self-regulation, self level

# Main exercise

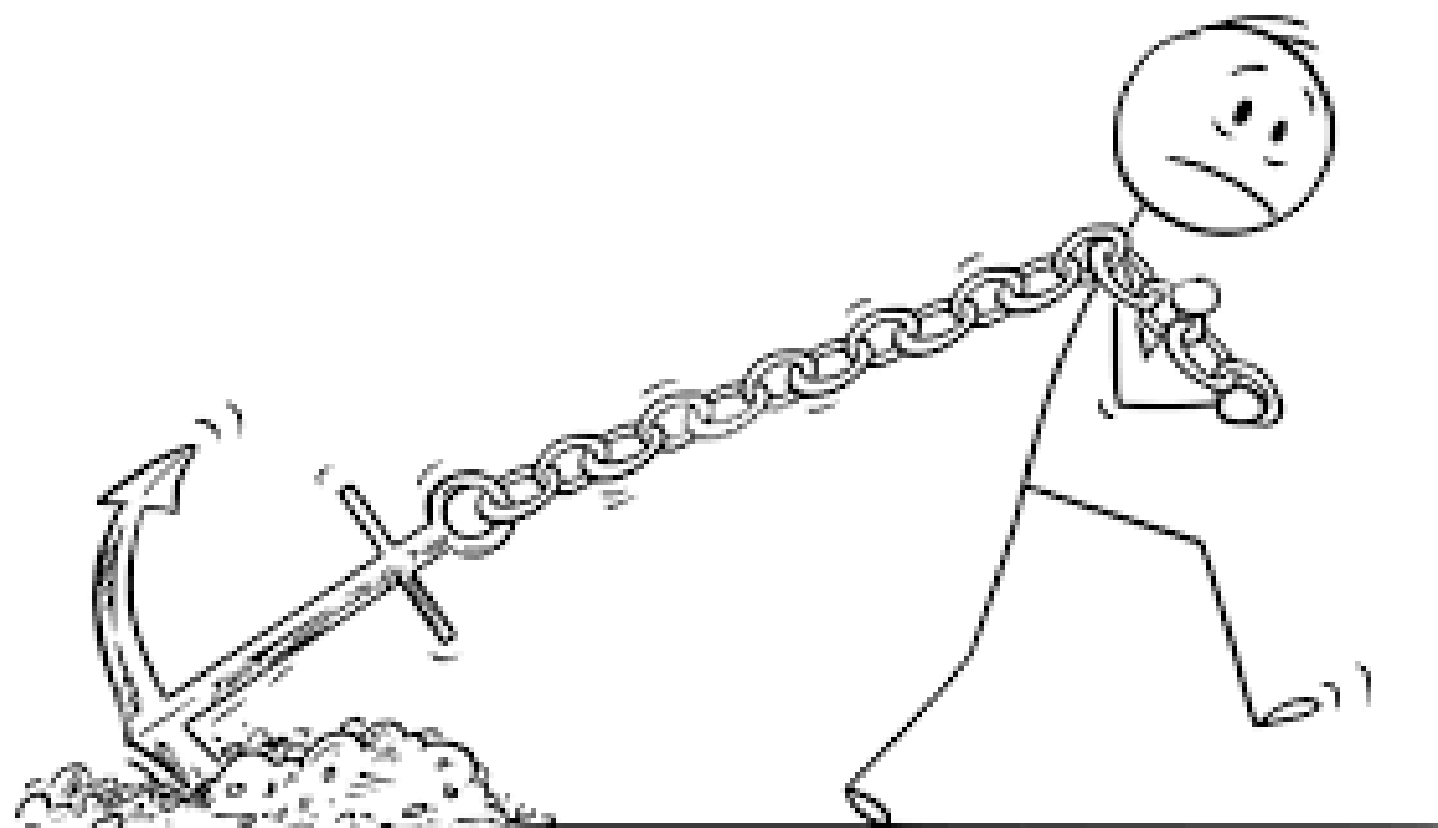


Consider this phrase.

- I saw you struggling with aspects of that examination . . . how did you feel how it went, and what contributed to the ‘struggle’?
- Anticipate what learner may say (list)? How does this influence the feedback and support you give?

# Reasons

Reason given	Implications
Unclear of the standard expected.	Have they seen the standard modelled? (self-regulation)
Thought this was the right way of doing / thinking	Were they taught correctly? Did they learn incorrectly, why?
Didn't prepare	Why not? Not important, not interested, no time (working).
Haven't practice	Why not? Not important, not interested, <b>no opportunity?</b>
Get flustered easily (bottled it)	Observation tension - what can you do?
Was tired and or upset	Can you help, not indicative of usual behaviour?



# Motivational Interviewing

- **R** Resist the righting reflex (resisting the urge to tell!)
- **U** Understand the learners' motivations
- **L** Listen with empathy
- **E** Empower the learner

What may promote a learner to share vulnerabilities?

Place in chat



# Summary

---

- Do give feedback about task
- When the opportunity presents explore further – support self-regulation
- Build relationships and trust for effective feedback



Do you know ...



how to make the most of participating in feedback?

You know that constructive feedback is important to effective clinical education. But do you know that we've moved on from talking about 'giving' feedback?

These days we prefer to view feedback as akin to a partnership between people rather than a teacher imposing an agenda on a student.

The medical degree formally requires occasions for giving prescribed feedback, but increasingly in the clinical settings everyone – clinicians, students, and the organisation – expects that students might also ask for feedback.

Most students are clever enough to (mostly) have a good idea about what challenges them.

Conversely, some lack confidence about identifying their strengths.

Effective feedback should work for both parties but students don't always find it easy to approach staff. If we want students to consider their learning needs, they need you to meet this request positively.

Think about whether you and your colleagues make it comfortable for them to make such approaches. If you're too busy, set another time. Ask yourself:

Do you foster an environment that welcomes and accepts students?

Do you know their names?

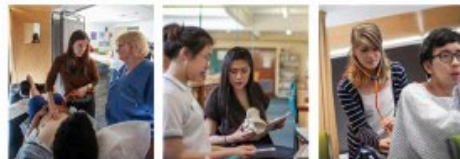
Are you kind, knowledgeable, skilled and generous with your thoughts about their learning?

Remember most students want to learn, and to be like you when they graduate. You are their role model. No pressure!

SOME TIPS FOR PARTICIPATING IN FEEDBACK

- Make it timely – don't leave your feedback too late. This irritates students and makes the feedback less effective.
- Start with their perspective: how did they think it went? Ask them what they think they need to learn and how feedback may help.
- Make the feedback as valuable as possible. It's up to the student to determine what they take from the interaction – but do involve them.
- Set up expectations by discussing with the student which areas of practice they should be learning and what opportunities are available.
- Be specific in identifying the areas on which you'll offer feedback. For instance the feasibility of a management plan, specific aspects of a history taking consultation, how to best interact with the nursing staff.
- Match your teaching activities to the learning expected of them. For empathy, communication skills, physical examination, you will need to observe the student. Their history taking can be achieved afterwards, without direct observation.
- Be specific about the feedback you give. Comments such as: 'That was ok' don't help.
- When talking about things that the learner can and should change, keep it specific.
- Highlight what is good ... not just the bad bits, as that can be really demoralising.
- Follow up on the feedback – what are they going to do about any learning gap that was identified?

Each student is different and some just need a bit of confidence. Build them up where you can. Remember how intimidating the clinical environment was when you were a student? Is that how you want students to remember you?



# Resources

## Challenging feedback myths: Values, learner involvement and promoting effects beyond the immediate task

Molloy, Elizabeth; Ajjawi, Rola; Bearman, Margaret; Noble, Christy; Rudland, Joy; Ryan, Anna

ISSN: 0308-0110 , 1365-2923; DOI: 10.1111/medu.13802

Medical education. , 2020, Vol.54(1), p.33-39

Hattie, J., & Timperley, H. (2007). The Power of Feedback. Review of Educational Research, 77(1), 81–112. <https://doi.org/10.3102/003465430298487>

... focus on Task ... (the basics)

But move to self-regulation and self