

OMS Staff Professional Development Workshop

Effective Feedback in a Clinical Setting

21 September 2022

Lead facilitator: Megan Anakin and guest: Sierra Beck

Co facilitators: Anthony Ali, Louise Beckingsale, Jon Cornwall,
Tehmina Gladman, & Joy Rudland

Karakia

Kia hora te marino

May peace be widespread.

Kia whakapapa pounamu te moana

May the sea be like greenstone;

Hei huarahi mā tātou i te rangi nei

a pathway for all of us this day.

Aroha atu

Let us show respect for each other,

Aroha mai

for one another.

Tātou i a tātou katoa.

Bind us all together.

Welcome and Introductions



Learning Outcomes

By the end of this session, you will be able to:

- Identify challenges and possible solutions when providing feedback in clinical settings
- Explore a model of feedback to use in clinical settings

Session Overview

1. Definition of feedback
2. View example of feedback in a clinical setting
3. Analyse example using a model of feedback
4. Apply the model of feedback to a scenario
5. Identify challenges and solutions when providing feedback in clinical settings

What is feedback?

“processes where the learner makes sense of performance-relevant information to promote their learning”

Henderson, Ajjawi, Boud, & Molloy, 2019. p. 17

“A dynamic and co-constructive interaction in the context of a safe and mutually respectful relationship for the purpose of challenging a learner’s (and educator’s) ways of thinking, acting, or being to support growth” (Ajjawi and Regeher 2018)

- Feedback has a powerful influence on learning
 - Increases effort and motivation
 - Helps restructure knowledge

Challenges with feedback



Learners often complain that they

- Don't get enough feedback
- Don't get enough constructive feedback
- Feedback is done *to* rather than *with* them

Teachers complain about

- Lack of time to give feedback
- Lack of exposure to learner to give meaningful feedback

Discrepancy between amount of (useful) feedback teachers report they give, and learner report

Van de Ridder et al, Med Educ 2008

Ajawi and Regehr Med Educ 2018

Example of feedback in a clinical setting

Sierra Beck

- View the video clip
- Notice how feedback is presented
- Please put comments into chat

The infamous sandwich...

But on the whole
things are fine

But you suck at this...

This was really good...

A better sandwich...

But on the whole
things are fine

But you suck at this...

This was really good...

Does this feedback help you
understand how to improve?

So I suggest you keep/stop/start.....

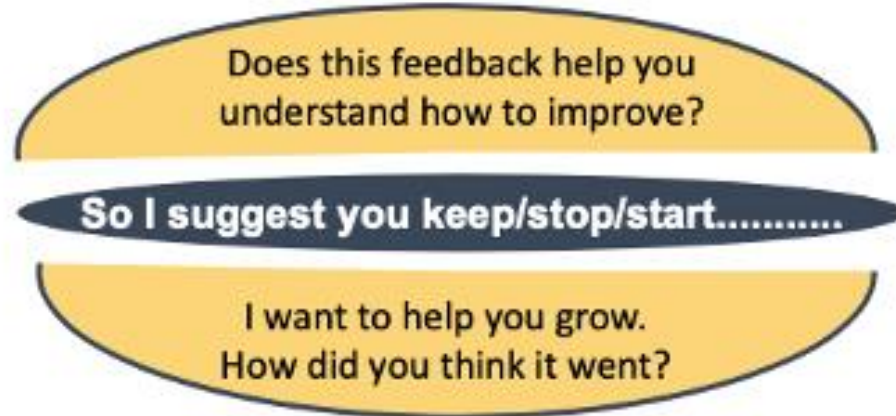
I want to help you grow.
How did you think it went?

Ask-Tell-Ask

ASK: How did you think this went?

TELL: I thought...., I suggest.... (Keep/Stop/Start)

ASK: What do you think of that?



Feedback as coaching conversation

- Instead of a one-way street...
- A mutual conversation to collaboratively achieve goals, which requires:
 - A sense of alliance
 - Shared goals
 - Collaborative problem solving

*Telio et al, Acad Med 2015
Ajjawi and Regehr, Med Educ 2018*



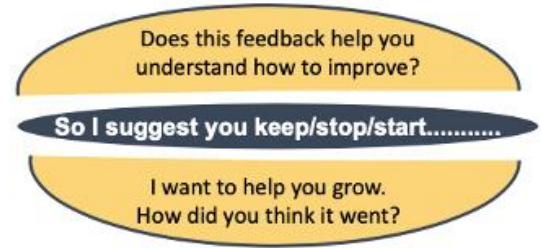
- Building rapport and relationships
- Developing mutual understanding of the purpose and goal of the supervisory relationship

“I want to help you get better”

“I would love to see you be more independent”

“I want you to be successful”

Asking as part of feedback



Start with a question/ end with a question:

- To avoid incorrect assumptions
- To get the learner's perspective/insights
- To increase acceptability of corrective feedback

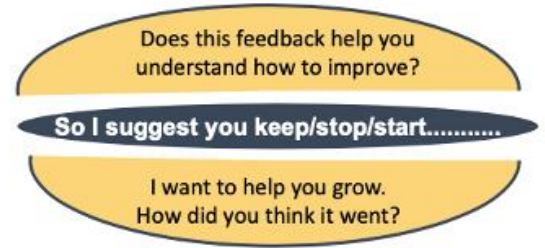
"I noticed that you started antibiotics overnight, and I wondered why you decided to do so?"

"I didn't quite see what happened there, but it seemed that the nurse was quite upset. Can you tell me what happened from your perspective?"

"I saw you come in late this morning, and I would like to understand what prevented you from being on time?"

(Tell) Keep/Stop/Start

- **Keep: reinforcing** – recognize areas of strength
 - *I liked how you ..., it worked well when you....*
- **Stop: correcting** – errors and unhelpful behaviors
 - *What didn't work so well...., what I wouldn't do next time*
- **Start: suggesting** – identify areas for further development
 - *As a next step, focus on..., to become more independent, try to...*



A better sandwich...

But on the whole
things are fine

But you suck at this...

This was really good...

Does this feedback help you
understand how to improve?

So I suggest you keep/stop/start.....

I want to help you grow.
How did you think it went?

Ask-Tell-Ask
(Keep/Stop/Start)

Applying the Ask-Tell (Keep/Stop/Start)-Ask model of feedback to a clinical scenario

Sierra Beck

- Replay scenario of student presenting their assessment and plan
- Discuss how you might provide feedback.



Evaluation strategy (Popcorn)
**One word or phrase that sums up what
you are thinking or feeling right now?**

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?



References

Ajjawi, R., & Regehr, G. (2019). When I say... feedback. *Medical Education*, 53(7), 652-654.

Henderson M., Ajjawi R., Boud D., Molloy E. (2019) Identifying Feedback That Has Impact. In: Henderson M., Ajjawi R., Boud D., Molloy E. (eds) *The Impact of Feedback in Higher Education*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-25112-3_2

Molloy, E., Ajjawi, R., Bearman, M., Noble, C., Rudland, J., & Ryan, A. (2020). Challenging feedback myths: values, learner involvement and promoting effects beyond the immediate task. *Medical Education*, 54(1), 33-39. <https://onlinelibrary.wiley.com/doi/full/10.1111/medu.13802>

Sargeant J, Armson H, Driessen E, et al. Evidence-informed facilitated feedback: the R2C2 feedback model. *MedEdPORTAL Publications*. 2016;12:10387. http://dx.doi.org/10.15766/mep_2374-8265.10387

Telio, S., Ajjawi, R., & Regehr, G. (2015). The “educational alliance” as a framework for reconceptualizing feedback in medical education. *Academic Medicine*, 90(5), 609-614.

Van De Ridder, J. M., Stokking, K. M., McGaghie, W. C., & Ten Cate, O. T. J. (2008). What is feedback in clinical education?. *Medical education*, 42(2), 189-197.



Tēnā koutou
Thank you