

# 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?



There is plenty of descriptive literature available on how to give feedback, e.g. *Teaching on the Run* – see reference. The box below gives some pointers.

When a student is learning about 'becoming a professional' (doctor in this case), it's really important to emphasise the positive in how to behave. This can be as simple as being on time for a ward round or as complex and significant as engaging well within the health care team. It's important that students seek feedback. It's also really valuable to encourage them when you spot something they've done well.

Praise them, build their confidence, and reaffirm what you expect of them. However when it's a specific skill they're working to acquire, they'll often find it more useful when you identify areas for improvement. Include the warm and fuzzy but explain why something's good.

In short don't tiptoe around the difficult feedback but do avoid the sledgehammer.

#### EFFECTIVE FEEDBACK SHOULD BE:

- P** precise, with attention to the specific
- R** relevant to practice
- O** outcome-based, with clear aims
- M** measurable where improvements can be assessed
- P** possible/achievable
- T** time determined, giving a clear period to achieve outcomes
- E** encouraging and constructive
- D** descriptive

(Rudland et al 2013)

#### WANT TO GET BETTER AT ENGAGING IN FEEDBACK?

The Faculty Education Unit will offer workshops in 2015. Contact: [karin.warnaar@otago.ac.nz](mailto:karin.warnaar@otago.ac.nz) for details.

#### REFERENCES

Rudland, J., Wilkinson, T., Wearn, A., Nicol, P., Tunny, T., Owen, C. and O'Keefe, M. (2013), A student-centred feedback model for educators. *The Clinical Teacher*, 10: 99–102. doi: 10.1111/j.1743-498X.2012.00634.x

By: Vickery, AW; Lake, FR. (2005) *Teaching on the run tips 10: giving feedback*. *Medical Journal of Australia* Volume: 183 Issue: 5 Pages: 267-268

---

For further information and assistance, contact your Medical Education Adviser or Clinical Education Adviser, details below or at [otago.ac.nz/feu](http://otago.ac.nz/feu)

#### Early Learning in Medicine (ELM)

Medical Education Adviser, ELM: Tony Barrett [tony.barrett@otago.ac.nz](mailto:tony.barrett@otago.ac.nz)

#### Dunedin School of Medicine

Medical Education Adviser: David Tordoff [david.tordoff@otago.ac.nz](mailto:david.tordoff@otago.ac.nz)

Clinical Education Adviser: David Gerrard [david.gerrard@otago.ac.nz](mailto:david.gerrard@otago.ac.nz)

#### University of Otago, Christchurch

Medical Education Adviser: Anthony Ali [anthony.ali@otago.ac.nz](mailto:anthony.ali@otago.ac.nz)

Clinical Education Adviser: Maggie Meeks [maggie.meeks@otago.ac.nz](mailto:maggie.meeks@otago.ac.nz)

#### University of Otago, Wellington

Medical Education Adviser: Peter Gallagher [peter.gallagher@otago.ac.nz](mailto:peter.gallagher@otago.ac.nz)

Clinical Education Advisers: Sean Hanna (Wellington) [sean.hanna@otago.ac.nz](mailto:sean.hanna@otago.ac.nz)

Joy Percy (Palmerston North) [joy.percy@midcentraldhb.govt.nz](mailto:joy.percy@midcentraldhb.govt.nz)

Do you know ...



January 2015

---

The DYK series is produced by the Faculty Education Unit. Information contained is as up to date as possible, but learning theory and practice evolves. Further developments are posted on the Faculty of Medicine learning management system. For access to this, please contact [philip.tilson@otago.ac.nz](mailto:philip.tilson@otago.ac.nz)