Supervisor Development Program
Becoming an effective clinical supervisor
Caboolture Hospital and Redcliffe Hospital, Medical Education Units

Effective Feedback
- Reviewing/reflecting on the experience
- Think about what you did
- Think and watch
- Kolb (1984)
- Concluding/learning from experience
- Make generalisations
- Thinking
- Planning/trying out what you have learnt
- Doing
- Doing/having an experience
- Doing something
- Feel and watch

Active Experimentation
Concert Experience
Abstract Conceptualisation
Reflective Observation

Metro North Hospital and Health Service Putting people first
Learning Objectives

By the end of the session, you should have:

• learned and updated some of the principles behind giving effective feedback
• recognised the importance of effective feedback in clinical teaching
• considered the different contexts in which feedback can be given
• thought about some of the issues involved in giving feedback
• had an opportunity to apply the learning from the session to your own practice through carrying out activities, debriefing, sharing and reflecting on these
• a toolbox of resources to help build your feedback knowledge, abilities and confidence.
What are we going to be doing in this session?

Introduction and Learning Objectives
What junior doctors think of feedback
Current written feedback - snap shot
AMA and Feedback
What is feedback
Feedback models
Discussion and reflection on giving feedback (small group and whole of group)
Themes identified, what to do when it all goes wrong
Summation and take home message
What do junior’s doctors think of feedback?

- Junior Doctors and Feedback
Feedback given, collated from 50 assessments

clinical judgement
clinical knowledge communication communications skills confident diligent doing well enthusiastic exceeded expectations excellent clinical knowledge excellent RMO excellent trainee good clinical skills good communication good communications skills good intern good knowledge good teamwork improved performance increased responsibility knows limitations outstanding professionalism proactive procedural skills reliable resilient teamwork time management good very good RMO very reliable working hard
AMA Junior Doctor Training Education and Supervision Survey
Report Findings 2009

FEEDBACK

Feedback loops are essential for quality assurance, service improvement and process re-design. The sourcing of junior doctor feedback is a basic standard of most specialty colleges, and is explicitly required by the postgraduate medical education councils which, at a minimum, accredit intern training posts. Educational programs can only be improved if appropriate feedback and evaluation mechanisms are in place.

Results

Table 12. The hospital has a mechanism for consultation with, and feedback from, junior doctors regarding their work and training

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>INTERN</th>
<th>RMO</th>
<th>REGISTRAR</th>
<th>SENIOR REGISTRAR</th>
</tr>
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<tbody>
<tr>
<td>Strongly agree</td>
<td>8%</td>
<td>11%</td>
<td>8%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Agree</td>
<td>50%</td>
<td>55%</td>
<td>52%</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>Not sure</td>
<td>17%</td>
<td>15%</td>
<td>17%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Disagree</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>6%</td>
<td>2%</td>
<td>6%</td>
<td>9%</td>
<td>12%</td>
</tr>
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Figures are rounded.
AMA Junior Doctor Training Education and Supervision Survey
Report Findings 2009 continued

Have we progressed with how we give feedback and how often since, 2009?
What is feedback?
What is feedback?

• Feedback is an essential part of education and training programmes.
• It helps learners to maximise 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.
• Feedback can be seen as informal (for example in day-to-day encounters between supervisor and trainees, between peers or between colleagues) or
  • Formal (for example as part of assessment (mid-term, end of term, Mini-CEX, DOPs).
• Feedback is part of the overall dialogue or interaction between supervisor and trainee not a one-way communication.
What is feedback? - continued

• If we don't give feedback what is the trainee gaining, or indeed, assuming?

• They may think that everything is OK and that there are no areas for improvement. Trainees value feedback, especially when it is given by someone credible who they respect as a role model or for their knowledge, attitudes or clinical competence.

• Failing to give feedback sends a non-verbal communication in itself and can lead to mixed messages and false assessment by the trainees of their own abilities, as well as a lack of trust in the supervisor or clinician. (Ramsden, 1992).

• Failing to give feedback is unjust and represents poor leadership and role modelling skills.

• **Feedback should promote reflection.**
Feedback should promote reflection
What is feedback?

- Did everybody bring their giving feedback recoding (unsatisfactory assessment)?
- When does feedback occur?
- What types of feedback are there?
- When you hear the word feedback, how do you feel?
How to give a constructive criticism sandwich

1. Begin with some positive comments regarding the situation in question
2. Give praise for the person’s strong points
3. Give compliments
4. Remind the person of their strong points
5. Give thanks, offer support in the areas for improvement and leave on a positive note

The tastiest way to give a team member feedback!
Pendleton (1984) a common model for giving feedback

<table>
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<th>Step</th>
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<tbody>
<tr>
<td>Check the trainee wants and is ready for feedback</td>
</tr>
<tr>
<td>Let the trainee give comments/background to the material that is being assessed</td>
</tr>
<tr>
<td>The trainee states what was done well</td>
</tr>
<tr>
<td>The supervisor states what was done well</td>
</tr>
<tr>
<td>The trainee states what could be improved</td>
</tr>
<tr>
<td>The supervisor states how it could be improved</td>
</tr>
<tr>
<td>An action plan for improvement is made</td>
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SHARP Model for Clinical Skills Feedback

BEFORE CASE

Set learning objectives
What would you like to get out of this case?

AFTER CASE

How did it go?
What went well? Why?

Address concerns
What did not go so well? Why?

Review learning points
Were your learning objectives met for this case?
What did you learn about your clinical/technical skills?
What did you learn about your teamwork skills?

Plan ahead
What actions can you take to improve your future practice?

https://emergencypedia.com/2014/03/22/medical-education-advocacy-and-enquiry-in-a-nutshell/
**Advocacy-Enquiry Model**

The Advocacy-Enquiry model is used as a debriefing tool in simulated learning environments. Feedback and debriefing are similar in that both require two-way dialogue between the supervisor and learner, but feedback is largely related to improving performance and debriefing is largely related to promoting understanding. Advocacy aims to create shared understanding and direction, turn words and ideas into coordinated action, and move collective thinking forward. Enquiry, as an adjunct to advocacy, is a method of engagement. Attentiveness and curiosity, along with active listening, are important tools for effective enquiry.

<table>
<thead>
<tr>
<th>Advocacy-Enquiry model</th>
<th>Process: Advocacy-Enquiry</th>
<th>Example</th>
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| • Uncover ideas and thought processes that lead to a behaviour  
• Help the learner find ways to improve performance | **Observe** an event or result  
**Comment** on the observation  
**Advocate** for your position  
**Explore** the drivers behind the learners thinking (their frames*) and actions that they think lead to the observed event or result  
**Discover** with the learner/s ways to address issues that arose and ways to replicate positive results | A supervisor was providing feedback to a trainee on their performance in management of trauma resuscitation. The supervisor noted that the trainee repeatedly prioritises a CT scan of the head above other imaging in trauma patients, whilst more senior clinicians thought CT was contraindicated because of patient instability.  

Whilst enquiring about the reasons for wanting a CT scan of the head early in the assessment the trainee commented that hypotension could be caused by blood loss into the head. (This is fundamentally incorrect as the amount of blood lost in an intracranial injury is never enough to cause hypotension alone. Other blood loss must occur concurrently.)  

The trainee also commented that they were concerned about initiating life support in patients with high chances of brain injury and resultant poor quality of life outcomes.  

As a result of understanding the trainee’s ‘frame’*, the supervisor was able to correct a knowledge gap regarding hypotension and intracranial injury and explore an attitude that was impacting on the trainee’s behaviour.  

This highlights why shared understanding is critical for performance management.  

*Frames are in the minds of the learner and supervisor. They include assumptions, feelings, goals, knowledge, situational awareness and context.
Practical Steps for Effective Feedback 12 step approach

1. Plan to give feedback

2. Be timely

3. Be brief and concise

4. Start with the positives

5. Be descriptive rather than evaluative

6. Only refer to behaviour that can be changed
Practical Steps for Effective Feedback 12 step approach

7. Offer alternatives

8. Own the feedback being offered

9. Involve others when appropriate

10. Leave the junior doctor with a choice

11. Be aware that your feedback is a reflection of your beliefs and values

On reflection
When giving feedback, draw on your pre-session activity and:

Identify:

- Problems you encountered with your feedback or giving feedback to a trainee (junior doctor)
  - were you prepared enough to give the feedback,
  - did you speak with confidence and authority,
  - did you allow for two-way discussion,
  - were you specific enough,
  - was it too little too late,
  - did it go as planned,
  - how did you feel during the feedback?

- Potential problems
  - trainee with no insight,
  - trainee refusing to accept the feedback
On reflection activity continued

When giving feedback, draw on your pre-session activity and:

Also Identify:

• Fears
  ➢ your fears and
  ➢ the trainee’s fears

• What-ifs
  ➢ what if they refuse to listen
  ➢ what if they refute my feedback
  ➢ what if they want a support person
  ➢ what if they are unset by the feedback

• What would you do differently next time?

• How do you think the junior doctor felt receiving this feedback?
Large group sharing of reflection

What makes for good feedback?

**Effective Feedback**  
Preserves or enhances the learner’s self respect

**Ineffective feedback**  
Reduces the learner’s self respect

Feedback about good performance

Feedback about performance that needs to be or could be improved
Consequences of a lack of feedback for the underperforming trainee

• Clinical care is not as good as it could be
• Anxieties and inadequacies are not addressed. The trainee carries these on to the next experience
• When a weakness are exposed later, the trainee has difficulty accepting criticism because of the pervious good assessments
• Others are blamed when the trainee is unsuccessful
• Learning is inhibited, career progression can be delayed
• Other, more frank, supervisors may be devalued and disregarded later (Cohen, 2005 & Heti, 2013).
When giving feedback, know your trainee

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>41% of Workforce</strong></td>
<td><strong>29.5% of Workforce</strong></td>
<td><strong>22.5% of Workforce</strong></td>
</tr>
<tr>
<td>• Optimistic</td>
<td>• Self-reliant and educated</td>
<td>• Optimistic and sociable</td>
</tr>
<tr>
<td>• Team oriented</td>
<td>• Latchkey children</td>
<td>• Confident/Trophy kids</td>
</tr>
<tr>
<td>• Interested in health and wellness</td>
<td>• Balance in work and family</td>
<td>• Diverse and political</td>
</tr>
<tr>
<td>• Always learning</td>
<td>• Like to have fun at work</td>
<td>• Goal setting is a priority, high performers</td>
</tr>
<tr>
<td>• Workaholics</td>
<td>• Like variety</td>
<td>• Can-do attitude</td>
</tr>
<tr>
<td>• Like relationships in the workplace and very loyal</td>
<td>• Technologically savvy</td>
<td>• Want work life balance</td>
</tr>
<tr>
<td>• Open minded</td>
<td>• Approaches authority casually</td>
<td>• Technological savvy</td>
</tr>
<tr>
<td>• Prefer face to face communication</td>
<td>• Can be skeptical</td>
<td>• Know what they want and are used to getting it so can come across as entitled</td>
</tr>
<tr>
<td>• Espouse value of “inclusive” leadership</td>
<td>• Require minimal supervision</td>
<td>• Search for co-worker with the same high ideals they have</td>
</tr>
<tr>
<td>• Focus in workplace on process and output</td>
<td>• Prefers flexible work hours and informal work environment</td>
<td>• Can be high maintenance</td>
</tr>
<tr>
<td>• Job status and symbols important</td>
<td>• Grew up with computers</td>
<td>• More likely to question and have limited experience with genuine feedback</td>
</tr>
<tr>
<td>• Like knowing their manager and knows and cares for them personally</td>
<td>• Started 80% of new businesses in the last 3 years</td>
<td>• Have a deep desire to make the world a better place</td>
</tr>
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What happens when it all goes wrong?

• Be supportive, don’t attribute blame

• Involve the Medical Education Unit (Medical Education Officer and/or Director of Clinical Training) as a support and advocate for the trainee

• Remain calm, you may need another supervisor with you or a member of the Medical Education Unit

• Ensure privacy, choose an appropriate time (and enough time) to give negative feedback

• Have specific evidence available

• Provide time for the feedback recipient to express their emotions, listen patiently

• Demonstrate that you understand what they are saying (active listening)

• Avoid prescriptive solutions in the first instant, invite the feedback recipient to suggest suitable solutions to the problem. You may need to use leading questions, prompt words.
What happens when it all goes wrong?

- Feedback that demands change or is imposed heavily on the other person may invite resistance. Skilled feedback offers people information about themselves in a way which leaves them with a choice about whether to act on it or not. It can help to examine the consequences any decision to change or not to change, but does not involve prescribing change.

- Be prepared to reschedule the feedback session if necessary, especially if the trainee is getting too upset or is not willing to accept the feedback.

- Consider mentor/coach/peer/support person for the feedback recipient and offer support programs as appropriate (EAP, MDO, QDHP).

- Follow-up on the welfare of the trainee, contact the Medical Education Unit.

Dummies guide to when it all goes wrong (IEEE)

**INVolvement**
- Involve the Medical Education Unit

**Emotions**
- Remain calm
- Reschedule the feedback session
- Offer support programs (e.g. EAP)
- Follow-up on welfare

**Evidence**
- Have specific Evidence
- Document your conversation

**Environment**
- Ensure privacy
Take home message

• Effective feedback plays a critical role in helping junior doctors achieve their educational goals and reach their maximum potential
• Positive information should be shared before and after negative information
• Feedback should be specific, objective, consistent and timely
• Feedback comes in many forms
• Goals must be defined and plans for follow-up developed and implemented
• Document, document, document.
The importance of feedback

1. It is necessary
2. It is valuable
3. After a bit of practice and planning, it is not as difficult as one might think

Ende, 1983