

## Give Feedback in an Educational Setting

Peter Donnelly and Paul Kirk

*Receiving constructive feedback is an essential element to learning. It enables the learner to raise the level of their awareness in relation to their strengths and can highlight the areas of their knowledge, skills or attitudes which require attention.*

### What is feedback?

Feedback is the information given to a trainee about their performance, it can be intrinsic, when there is a sense of a job well done, or perhaps one that could have been done better; or extrinsic, when it is provided by a supervisor or peer.

Trainees often complain that they rarely receive feedback on their performance; however with the introduction of work based placed assessments into all aspects of curricula, the skill of providing constructive feedback has become increasingly important. There are essentially two types of feedback; informal and formal, but it is clear that irrespective of the type of interaction or the context of the interaction, the principles of giving constructive feedback remain the same. If it is to have any educational value then feedback needs to be developmental, delivered in a manner that focuses on behaviours and helps strengthen the relationships between trainer and trainee.

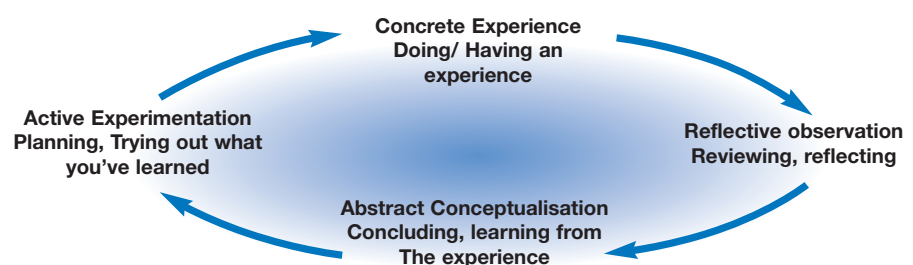
### Principles of giving constructive feedback:

- ▶ Give feedback as soon after the event/incident as possible
- ▶ Initially focus on what went well
- ▶ Generally feedback should be given on a one-to-one basis, particularly if there is a need to highlight poor performance
- ▶ It is important to focus on observable behaviour
- ▶ Effective feedback includes exploring alternative behaviours with the trainee
- ▶ Feedback is a form of inter-personal communication and needs to be considered carefully.

In the context of adult learning, one of the key issues in giving constructive feedback is enabling the learner to reflect. Reflection is an integral part of adult learning and has been described in Kolb's learning cycle (1984), where learning is seen as being part of a circular system and reflection being an integral part of that system.

### Kolb's Learning Cycle

(Kolb and Fry, 1975)



## Informal Feedback

This type of feedback refers to that which is given to learners on a day-to-day basis usually in the workplace and in reaction to clinical interventions. The situations in a doctor's working day in which such feedback may be given and received have been described by the Conference of Postgraduate Medical Deans (2002, 2009). Giving regular informal feedback, in the workplace, usually takes just several minutes and can for many learners be the most effective feedback, as it occurs at the right time and right place and enables the learner to incorporate their learning. The skill to providing this informal feedback is developing strategies to offer feedback on areas needing improvement when it is required. This should be specific to the event, non judgmental, based on observing behaviour and not based on personality e.g. 'I noticed you were concentrating on the test results whilst talking with the patient and this prevented eye contact between you'. It is essential to avoid giving feedback on areas needing improvement in front of other team members or patients.

## Giving Formal Feedback

Within the workplace, giving formal feedback frequently occurs via work based placed assessments and when the education supervisor is discussing the educational supervision report.

There are principles upon which to base this interaction:

- ▶ Ensure that the learner is aware of where and when the feedback session is to occur
- ▶ Ensure that the learner is aware of the purpose of the session
- ▶ Prior to the session it is imperative to gather as much relevant information as possible
- ▶ At the beginning of the session make explicit the aim and purpose of the interview and focus down on specific aspects. It is important to make notes of particular points that arise
- ▶ It is important that the learner is encouraged to self reflect, (using a model such as Gibbs), assessing their own performance prior to being given formal feedback
- ▶ Reinforce good practice quoting specific examples
- ▶ Explore or enable the learner to explore potential solutions for poor performance.

At the end of the session it is important to complete documentation and ensure that the learner has copies of any written feedback. An action plan should be agreed and followed up. If further training/ remedial action is required this has to be recorded and monitored.

It is vital to check the trainee's understanding of the feedback. The learner should be encouraged to check this by reiterating the contents to the facilitator. This helps to prevent misunderstandings and different perceptions of feedback.

## A Framework for Feedback

Feedback can be seen as potentially threatening by both the givers and receivers; givers of feedback may fear that the relationship will be affected by the process, especially if there is a element of poor performance that needs to be addressed. Receivers can sometimes react negatively; they may become defensive or angry. So the idea of setting a framework for feedback at the outset of the relationship can be useful. Alexander (2010) describes such a framework – communicating to the trainee the idea that feedback is about 'what I am doing well' and 'what do I need to improve'. Pendleton et al (1984) and Silverman, Kurtz and Draper (2004) have each developed a set of guidelines to help structure feedback. Using Pendleton's rules the idea is that, when giving feedback, learners and teachers should concentrate on the positive first and then say what they thought could have been done better. But this approach has been criticised as being somewhat formulaic, with trainees focusing only on what could have been done better and ignoring the feedback on what went well. Silverman et al (2004) have described a different approach to giving feedback, which is an agenda-led, outcomes based analysis. Here you start with the learners' agenda and ask them what difficulties they have experienced and what help they would like. Then you look at the outcomes that they are trying to achieve and encourage them to consider how to solve the problems. Feedback should be descriptive rather than judgmental and should also be balanced and objective.

Feedback needs to be provided skilfully; if it is to have value for the receivers it should enable them to recognise and acknowledge exactly where they are in their educational developmental and to appreciate how this maps with the stage and level of their training.

## Further Information

Conference of Postgraduate Medical Deans of the United Kingdom Liberating Learning; accessed April 2010.

[http://www.copmed.org.uk/liberating\\_learning/page9.php](http://www.copmed.org.uk/liberating_learning/page9.php)

**Pendleton's Rules** *GP Training*; Accessed April 2010. [http://www.gp-training.net/training/educational\\_theory/feedback/pendleton.htm](http://www.gp-training.net/training/educational_theory/feedback/pendleton.htm)

**Rahul Roy Chowdhury and Gregory Kalu:** *Learning to give feedback in medical education*. Accessed April 2010

<http://onlinetog.org/cgi/reprint/6/4/243.pdf>

**Pendleton D, Scofield T, Tate P, Havelock P.** *The consultation: an approach to learning and teaching*. Oxford: Oxford University Press, 1984.

**Gibbs Reflective Cycle** Oxford Brookes Univeristy; Accessed April 2010. [http://www.brookes.ac.uk/services/upgrade/a-z/reflective\\_gibbs.html](http://www.brookes.ac.uk/services/upgrade/a-z/reflective_gibbs.html)

**Kolb' Learning Cycle** University of Leeds; Accessed April 2010. [http://www.ldu.leeds.ac.uk/ldu/sddu\\_multimedia/kolb/static\\_version.php](http://www.ldu.leeds.ac.uk/ldu/sddu_multimedia/kolb/static_version.php)

**Kolb, D. A. and Fry, R.:** (1975) *Toward an applied theory of experiential learning*; in C. Cooper (ed.) *Theories of Group Process*, London: John Wiley

**Silverman, J. Kurtz, S and Draper, J.:** (2002) (2nd Edition). *Communicating with patients*. Abingdon: Radcliffe Medical

**infed** (the informal education homepage and encyclopaedia of informal education); Accessed April 2010. <http://www.infed.org/biblio/b-explrn.htm>

**Alexander: Physicians Assessment and Clinical Education Programme (PACE)**, University College Sandiego School of Medicine.

Feedback keeps you from crashing; Steve Alexander, Former President of the Medical Board of California: A two minute duration Youtube Video clip, relevant part from 6 minute point to the 8 minute point. Accessed April 2010. [http://www.youtube.com/watch?v=EvbR\\_e\\_aNkc](http://www.youtube.com/watch?v=EvbR_e_aNkc)

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