



Giving feedback to learners in the practice



BACKGROUND Many general practitioners accept vocational registrars and medical students into their practice. Giving feedback to students on their work performance is an essential component of teaching in general practice.

OBJECTIVE This article examines the central role of feedback in the teaching of medical students and registrars and provides practical guidelines on how to provide feedback in the setting of a busy general practice, describes some barriers and pitfalls, and provides a registrar's perspective on what learners see as important.

DISCUSSION For feedback to be effective, it must be given in a supportive environment. Feedback that is specific to the learner's performance is highly valued by learners, whereas nonspecific evaluative feedback is less valued. The mentoring relationship between teacher and learner is crucial to giving effective feedback. Learners appreciate a teacher's help in identifying any area for improvement, then being given the chance to work out the answers for themselves instead of being told exactly what to do by the more experienced teacher.

Many general practitioners take vocational registrars and medical students into their practices. These GPs therefore need to possess teaching skills, and one such skill is the art of giving feedback. Feedback is information about the result of a performance¹ and this is often about a consultation and/or a skill that has been performed by the learner and observed by the teacher.

There is evidence that providing feedback is useful. Learners who receive some type of acknowledgment from their teacher or some indication of whether their work is correct, are more likely to maintain interest.² If the feedback also includes praise, this can create a powerful incentive to learn. It is as though praise is the 'pay' for fulfilment of an educational 'contract' between teacher and learner.³

Ende⁴ raises the interesting notion that the tendency of some doctors to be defensive when challenged, and to resist external review, may stem from lack of effective feedback in early training, because we may create our own reference system of what is good practice.

Students and registrars can find general practice difficult to come to grips with. Registrars worry: 'Have I done enough?', 'Have I missed something?', 'Is my management adequate and appropriate?' Without specific feedback, the registrar can remain uncertain and confused.

How general practice teachers and learners regard feedback

General practitioners who are interested in teaching report that they want to learn about the skills of giving feedback because they regard them as an integral part of teaching.^{5,6}

Learners in general practice report that they value teachers who use feedback to shape the learner's performance rather than to evaluate it. Teachers who receive high scores from students use a collaborative and motivational style of delivering feedback. They see it as an opportunity to teach, not simply to identify shortcomings. A high scoring general practice teacher in one study reported: 'I tell them not to feel they have failed. To go back and ask the patient that question. You do that all through medicine'. 'What you did was really great, although you might want to try it this way next time'. Feedback that is specific to the learner's performance is

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highly valued by learners, whereas nonspecific evaluative feedback (eg. 'good job') is less valued.⁷ It is clear that the quality of the educational encounter is linked to increased positive feedback from the general practice teacher.⁸

A low scoring general practice teacher reported: 'If it is something they said or a physical finding I mention it to them...I demonstrate exactly what is needed'. A learner appreciates a teacher's help in identifying any area for improvement, then being given the chance to work out the answers for themselves instead of being told exactly what to do by the more experienced teacher.

When asked how they give students specific tips to improve, some low scoring general practice teachers said they did not see the need to do that. Others considered feedback to be evaluative, explaining that they focus on what students overlook in patient encounters.

Does feedback have any place in self directed learning? If one accepts that in order to be self regulating there must be some goal, standard or criteria against which comparisons are made so that the learner can monitor his or her progress, then feedback has a place. Learners can use other people to give them feedback. This means that the supervisor/preceptor must be close by and approachable.⁹

Learners also want feedback from other members of

the practice such as other doctors, the practice nurse, reception staff, and the practice manager. Nonmedical staff can provide feedback about the nonclinical aspects of training as a GP such as billing and time management.

Patient feedback is the true litmus test and they often comment to other staff about the new registrar doctor. Ultimately, the patients decide whether they are going to come back and see the registrar or not!

What does the teacher need and what does the learner need?

We tend to focus on the learner but the teacher is just as important. In modern general practice, time is precious. Finding protected time for teaching can be difficult. The relationship of tutelage has not changed since the days of the Medieval Craft Guilds. At the top of the craft hierarchy are the 'craftmasters', independent entrepreneurs owning their own premises, tools and materials and the output of their own workshops. At the bottom are the apprentices, working for a little more than their keep and tutelage in the craft and chance of eventual admission – on production of an acceptable 'masterpiece' – to the rank of master.¹⁰ The mentoring relationship between the teacher and learner is crucial to giving effective feedback. The expectation of

Table 1. Feedback model

- Make feedback descriptive rather than evaluative, eg. 'Did you notice that you avoided eye contact with the patient at the beginning of the consultation?' versus 'You are rather weak in interviewing skills'
- Focus on behaviour rather than personality, eg. 'Roughly how many open ended questions do you think you asked in that consultation?' versus 'You aren't interested enough in your patients'
- Make feedback specific rather than general, eg. 'You picked up well on the patient's back pain but you seemed a bit unsure about how to explore that problem' versus 'You had better do some work on your clinical skills'
- Feedback involves sharing of information rather than giving advice, eg. 'Would you like to hear what happened with some of my patients who were the last appointment on a Friday afternoon?' versus 'You should always be wary of the last patient on a Friday afternoon' This encourages the learner to decide for him/herself how best to handle such problems
- Feedback limits the amount of information to how much the recipient can use rather than overloading him/her, eg. 'What hormone tests would you order for a patient who you suspect of having polycystic ovarian syndrome?' versus 'Some investigators postulate a primary hypothalamic defect in PCOS'
- Feedback is verified or checked with the recipient, eg. 'How do you feel that interview went?' versus 'You were terrific'
- Feedback pays attention to the consequences of feedback. The verbal and nonverbal responses of the learner are noted. 'Kairos' is the Greek word for the right time for action. 'Dead Poets Society'¹³, the 1989 movie starring Robin Williams as John Keating, a charismatic English teacher in an oppressively curriculum dominated school in Vermont, is a film about kairos. Keating's motto is '*Carpe diem*' – 'seize the day'. He alerts his pupils to their own potential destinies. It is possible in the setting of a general practice tutorial to know the day and seize the kairotic moment. This relies on the teacher noting the verbal and nonverbal responses of the learner to feedback. The purpose of a tutorial is not to teach. The purpose of a tutorial is to reach a point of kairos. Here the learner has come to perceive with some clarity the essence of any shortcoming or difficulty and feels most hungry for help with it. The verbal and nonverbal responses to feedback help the teacher to recognise this crucial moment¹⁴
- Feedback avoids collusion. It is not always essential to provide brutally frank feedback – this may be harmful. However, it is vital not to provide meaningless or dishonest feedback such as: 'That was okay', when it was really poorly done.¹⁵ Learners appreciate honesty when they have got it wrong

feedback should be built into the ground rules of the 'apprenticeship' right from the beginning.

Logically, the 'craftmaster' needs to enjoy teaching, be able to put aside time for it, be prepared to accept the role of mentor if needed, be physically and mentally well, and be a good role model. Teach-the-teacher resources must be easily available. The teacher needs to learn to read what is happening in the consultation in order to help the learner identify areas for improvement.

Learners need a safe environment for self disclosure. The supervisor must be receptive and supportive in establishing this environment.¹¹ The learner has basic educational requirements which can be divided into survival and safety categories. For survival, the learner needs a timetable, protected time, own room, desk, equipment, working knowledge of prescriptions, certificates, forms, local geography, medical facilities, services, telephone numbers, knowledge of surgery arrangements, names of staff, and freedom from nonprofessional worries (eg. health, money, social dislocation from family). For safety, the learner needs the availability of the teacher's help and support, the ability to ask for help when needed, the availability of books and information resources including the internet, and the early acquisition of competence in dealing with urgent and straightforward physical illness and basic clinical knowledge and skills.¹²

A feedback model

The aim of a feedback model is to describe to learners their effective and also their ineffective behaviours, and show how to improve the ineffective behaviour (*Table 1*). In a busy practice there are also practical essentials to a feedback session (*Table 2*).

Why feedback sometimes goes wrong

When feedback fails, it is usually because the feedback led to anger, defensiveness or embarrassment on the part of the learner. For example, when a learner is corrected about their management in front of a patient or other staff, it leaves the learner feeling they have been 'told off' in front of others. Also, when feedback focusses on the negative too much, it leaves the learner feeling incompetent. As a teacher, consider how you would like to receive such negative feedback and remember your experiences of positive and negative feedback you received during training.

Video feedback

The use of video recording to guide feedback offers many advantages over the provision of feedback from the observation of the live interaction:¹⁵⁻¹⁷

Table 2. The essentials of a feedback session

- Set the stage (set time aside, ie. one-on-one supervisor teaching sessions)
 - create a relaxed, supportive atmosphere
 - outline an agenda for the session
 - consider the time frame
- Allow registrar self assessment
 - comment on general overall impression
 - identify specific issues (limit to three or four)
- Compare the registrar's assessment with yours and reach agreement on what actually happened. If you are a regular visiting teacher, compare feedback from previous visits
- Select priority issues for discussion
 - maintain focus
 - provide appropriate balance between good and bad items for performance
- Establish follow up plans
- Summarise

- Learners who observe or listen to themselves understand their own strengths and weaknesses much more readily than if they rely on reflection alone: our own perceptions of our behaviour are not always accurate. Self evaluation is often the harshest source of criticism
- Recordings encourage a learner centred approach with the learner being more actively involved in the analysis of the interview. Seeing oneself on video promotes objective self assessment
- The record prevents disagreement about what actually happened in the consultation
- Rewinding the tape to a specific point can help gain a deeper understanding of what transpired
- Recordings help feedback to focus on description rather than evaluation – an essential aspect of constructive feedback – and allow issues to be reviewed on several occasions
- Recordings allow for feedback from multiple evaluators which improves reliability, objectivity and credibility of feedback.

Video feedback should be descriptive, nonjudgmental, specific, directed toward behaviour rather than personality, well intentioned, sharing, and checked with the recipient. The technical side of videotaping in the consulting room is easy. One only needs a digital video camera, wide angle lens, tripod, extension cord and a desk microphone. It is the human side of giving the feedback that can be challenging. Learners feel uncomfortable being videotaped. There is also the phenomenon of 'video allergy' that can apply to a small number of learners; attempts have been made to desensitise general practice learners to this 'allergen'.¹⁸⁻²⁰

Conclusion

If a patient looks down, fiddles with her fingers, slows down her speech and looks weepy, and the interviewer then asks how her family is getting on – to which she responds that she is fine – regains her equanimity and never returns to looking uncomfortable, you could give feedback in two ways:

'I think you really missed a big cue when she obviously had something important to say and you didn't ask her'. This is considered judgmental and there is an assumption that the motive for the learner's actions is an implied commentary on his or her personality.

'After she sat down again there was an interesting point when she starts to look down, fiddles with her fingers, slows down her speech and looks weepy. You then asked her about her family and she didn't ever seem to get back to what was upsetting her. What do you think?'

'Yes, I didn't know quite how to get her to open up'.

We have arrived at the point of *kairos* and a valuable learning opportunity has arisen. If this feedback is on a one-to-one basis (or even a group), the scene is set to problem solve. 'We now have a goal. How do we get there?'

For feedback to be effective, it must be given in a supportive environment. It is specific and involves assessing how the learner receives it. Seize the day! Feedback really is an opportunity to teach in a positive way.

Summary of important points

- For feedback to be effective, it must be given in a supportive environment.
- The mentoring relationship between teacher and learner is crucial to giving effective feedback.
- Teachers who receive high scores from students use a collaborative and motivational style of delivering feedback.
- The use of video recording to guide feedback offers many advantages over the provision of feedback from the observation of the live interaction.

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