4. Some suggested methods for giving feedback

Pendelton's Model

In 1984, Pendelton developed a model for giving feedback in the clinical education setting. The model can be applied to group or individual feedback on performance observed at first hand or on video.

Using Pendelton's model	Strengths	Difficulties
 Check the learner is ready for feedback Clarify any points of information/fact Ask the learner what s/he did well ensure that they identify the strengths of the performance and do not stray into weaknesses Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well; again, keep them to the strengths Ask the learner to say what went less well and what they would do differently next time Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations Develop an action plan for improvement 	 Offers the learner the opportunity to evaluate their own practice and allows even critical points to be matters of agreement Allows initial learner observations to be built upon by the observer(s) Ensures strengths are given parity with weaknesses Deals with specifics. Is easier to use for inexperienced facilitators 	 It may be hard to separate strengths and weaknesses and though it sets out to protect the learner, it is rigid and artificial Insisting upon this formula can interrupt thought processes and may cause the loss of important points. Feedback on areas of need is held back until part way through the session, although learners' may be anxious and wanting to explore these as a priority This may reduce the effectiveness of feedback on strengths Holding four separate conversations about the same performance can be time consuming and inefficient. It can prevent more in-depth consideration of priorities

SET-GO Model

The SET-GO model was adapted from Kurtz *et al.* (1998) and uses an agenda-led, problem-based analysis for descriptive feedback. The model can be applied to group or individual feedback on performance observed at first hand or on video.

Using SET-Go model	Strengths	Difficulties
 Feedback is based on: 1. What I Saw Descriptive, specific, non-judgemental. Facilitator to prompt if necessary with either or both of 2. What Else did you see? What happened next in descriptive terms? 3. What do you Think? Reflecting back to the learner who is then given the opportunity to acknowledge and problem solve. Facilitator encourages problem solving 4. Can we clarify what Goal we would like to achieve? An outcome-based approach 5. Any Offers of how we should get there? Suggestions and alternatives are offered if possible. 	 ✓ By making feedback descriptive it becomes non-judgemental, specific and behaviour-directed ✓ Is learner-led ✓ Offers the learner an opportunity to reflect on their practice and to find solutions to problems ✓ Empowers the learner and reduces defensiveness 	 It is more difficult for inexperienced facilitators who may struggle to ensure that feedback is balanced It can lack the objectivity / specificity needed for developing the facilitators feedback skills

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.

Advocacy- Enquiry model	Process: Advocacy-Enquiry	Example
 Uncover ideas and thought processes that lead to a behaviour Help the learner find ways to improve performance 	Observe an event or result <u>Comment on the observation</u> <u>Advocate</u> for your position <u>Explore</u> the drivers behind the learners thinking (their frames*) and actions that they think lead to the observed event or result <u>Discover</u> 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.

Weblinks and references to resources about models of feedback:

http://www.axialent.com/pdf/Advocacy and Inquiry by Fred Kofman.pdf http://www.hserc.ualberta.ca/en/TeachingandLearning/VIPER/EducatorResources/AdvocacyInquiry.aspx http://www.gp-training.net/training/educational theory/feedback/pendleton.htm http://gp-training.net/training/communication_skills/calgary/agenda.htm#method http://gp-training.net/training/communication_skills/calgary/climate.htm Rudolph et al (2006) *Debriefing with Good Judgement: Combining Rigorous Feedback with Genuine Inquiry,* Journal for the Society for Simulation in Health Care; 1(1)49-55 Vickery & Lake (2005) http://www.meddent.uwa.edu.au/teaching/on-the-run/tips/?a=99373