

Focus on feedback

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UCL Medical Education Conference

11 June 2012

Workshop objectives

By the end of this workshop, you should be able to:

- Identify features of effective feedback on consultation skills
- Describe the consultation skills in which undergraduates are expected to develop proficiency
- Consider different approaches to feedback for use in different situations
- Select video resources for use in consultation skills training

‘Rules for effective and acceptable feedback’

Content of feedback

- Focus on **specific behaviours and events** in the consultation (such as an interruption by the doctor) rather than making general statements (e.g. ‘You never allow the patient to talk’)
- Limited to **behaviours that can be modified**, rather than comments on personality (such as ‘You are domineering’).
- **Limit the number of comments** to those that can be used by the learner – avoid the temptation to overload with every observation

Schofield T (1984) in Pendleton D & Hasler J. *Doctor-patient communication*. London: Academic Press. pp 266-68

‘Pendleton’s rules’

Process of feedback

- *“After the consultation has been observed, the **doctor concerned** should be allowed to make the first comments about the consultation and his strengths and weaknesses.*
- *The teacher should first comment on the **strengths** of the consultation, the **tasks** that have been achieved and the **skills and strategies** that were effective in doing so.*
- *Negative comments about tasks which have been less well achieved should always be coupled with **constructive comment** about skills and strategies that may be more helpful or effective.”*

Schofield T (1984) in Pendleton D & Hasler J. *Doctor-patient communication*. London: Academic Press. p 268

Working list to use in a session

Before the consultation

- Agree tasks to be achieved in the consultation

After the consultation

- Which tasks were achieved?

Strengths:

Skills and strategies observed to be helpful

- Which tasks were not achieved?

Areas to improve:

Skills and strategies which may be helpful

Note: several tasks can be included for a single consultation, e.g. build rapport with an anxious patient, establish whether the condition requires urgent treatment, enable the patient to make an informed decision

Video resource

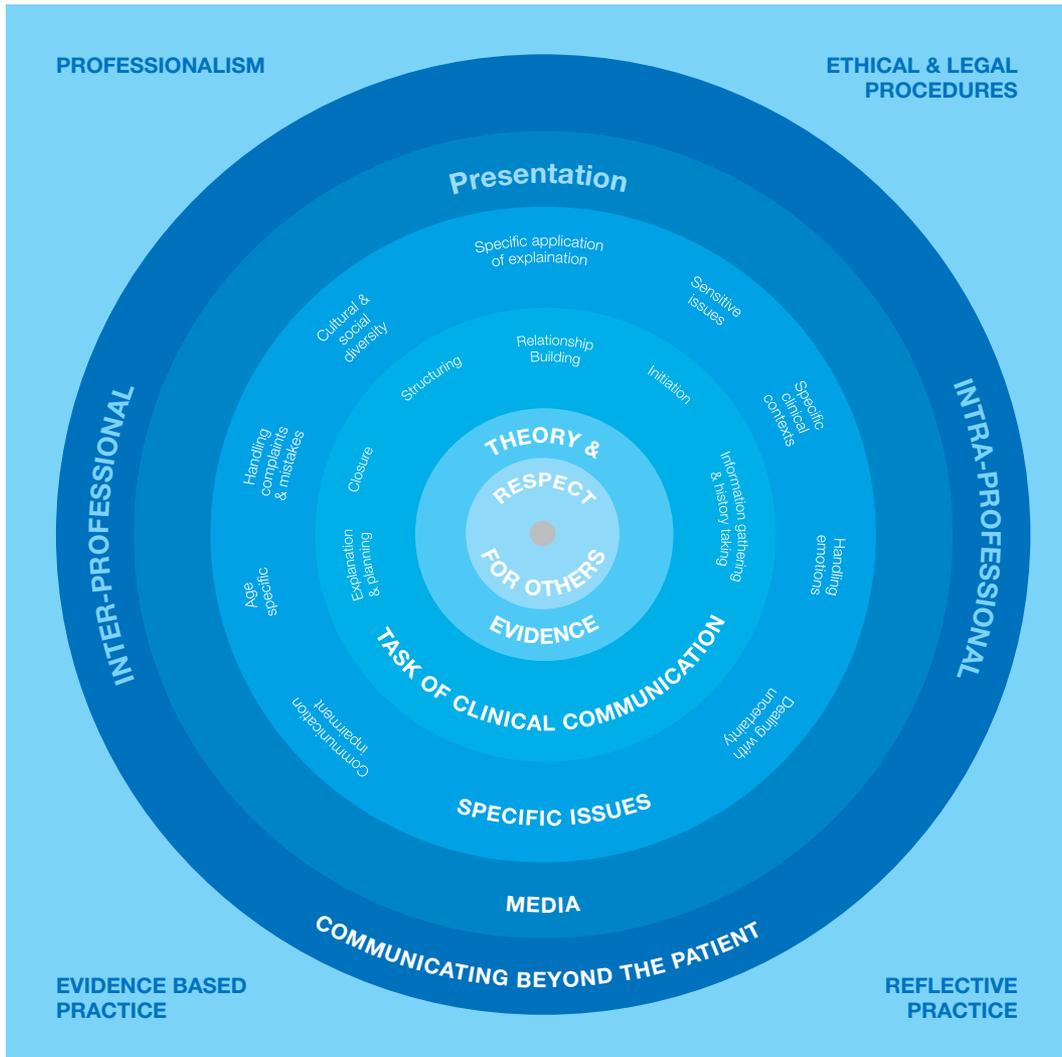
Feedback Opportunities

A Training Resource for Healthcare Professionals



www.cetl.org.uk/learning/feedback_opportunities/player.html

Consultation skills for undergraduates



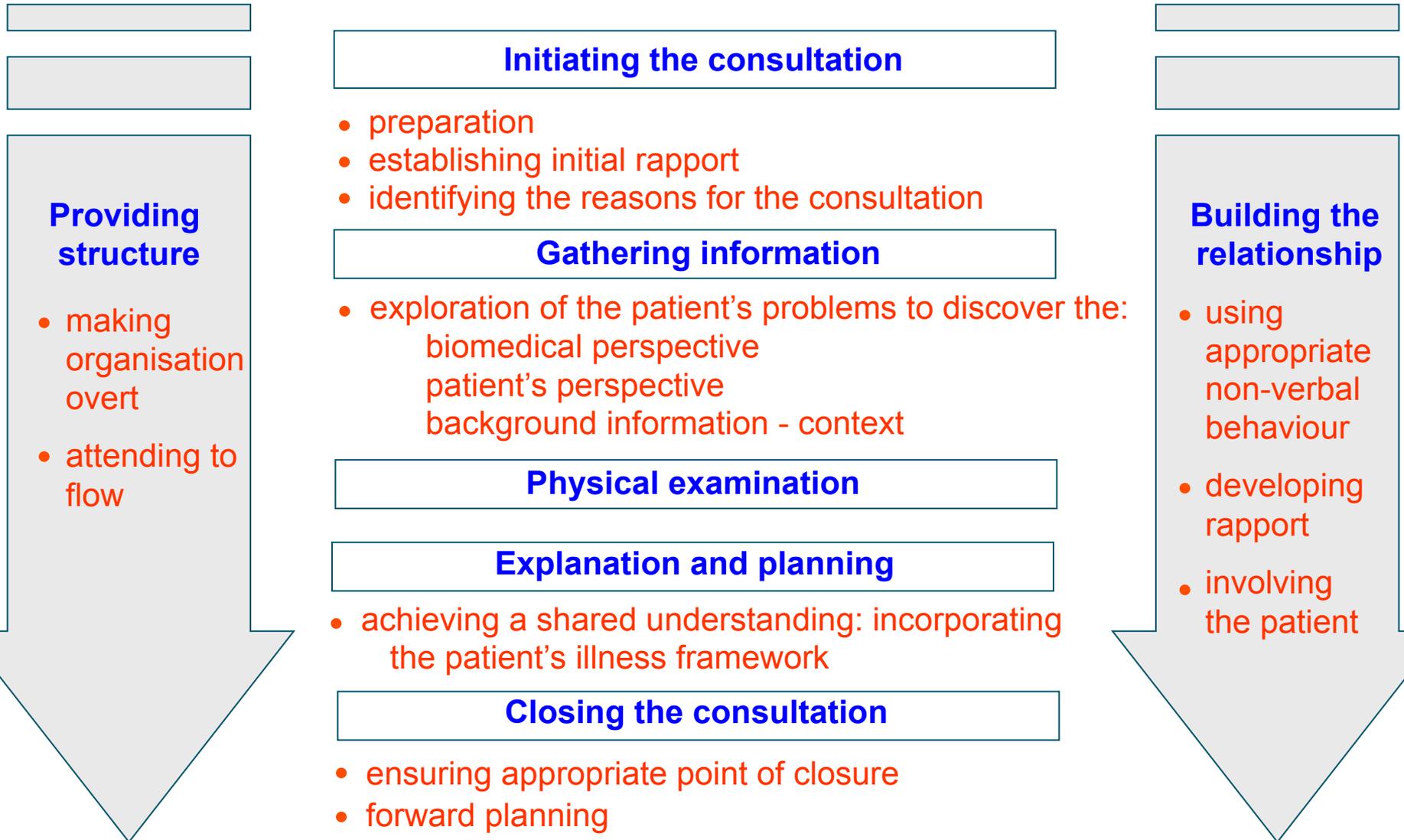
UK Core Curriculum in Communication Skills

Von Fragstein *et al.* (2008)

UK consensus statement on the content of communication curricula in undergraduate medical education

Medical Education, 42, 1100-07.

The Calgary-Cambridge Guide to the Medical Interview



Video resource



- E.g. Doug and Carol Old Times Part 2
www.youtube.com/watch?v=Bvvca-HX2Bs

Other approaches to feedback: Interpersonal process recall (Kagan 1980)

- To develop the **learner's ability** to attend to their own thoughts and actions
- Review of video or audio consultation
- Learner or supervisor can stop the tape
- Learner reports thoughts or feelings
- Supervisor facilitates discovery with **open-ended** questions
- Supervisor does not adopt a teaching style

Craig Cashwell (2001) *IPR: Recalling thoughts and feelings in supervision*
(www.cyc-net.org/cyc-online/cycol-1001-supervision.html)

Video resource



Essential Clinical Communication

UK Council of Clinical Communication
in Undergraduate Medical Education



UK Council of Clinical Communication (2011) *Essential clinical communication: key tasks of the consultation through e-learning.*

(www.medilectures.com/medilecturesukc.html)

Further resources

- Kurtz S, Silverman J & Draper J (2005) Analysing interviews and giving feedback in experiential teaching sessions. In *Teaching and Learning Communication Skills in Medicine*. Oxford: Radcliffe Medical Publishing. pp 109-129.
- Quilligan S (2007) Communication skills teaching: the challenge of giving effective feedback. *The Clinical Teacher*, 4, 100-105.