



Giving effective feedback in general practice training



About this guide

One of the most important teaching behaviours in general practice training is giving feedback to registrars on their performance. Constructive feedback is designed to provide information and encourage reflection by the learner about current performance, with the aim of improvement in the future. Feedback is fundamental to effective learning.¹

Feedback has often been thought of as something that is 'given' to a learner. However, effective feedback is a 'two-way' dialogue that occurs between a supervisor and registrar, incorporating self-assessment, critique, reinforcement and planning.

We all have had our own experiences with feedback, and most of us (if not all) can easily recall feedback being delivered poorly. Poor delivery of feedback can be destructive to a registrar and significantly damage their self-confidence. In contrast, the ability to effectively give constructive feedback is rewarding for both supervisor and registrar and can improve confidence, clarify learning needs and lead to improvements in practice.²

Giving feedback effectively is a learnt skill.³ Your commitment to giving effective feedback will help build your registrar's clinical skills, professionalism and self-esteem. Willingness to improve your feedback skills can have other flow-on effects within a general practice. Your feedback skills will be transferable to staff morale and motivation, as well as in clinical practice and improving rapport with patients.

This guide explains the importance of quality feedback and how to incorporate this into training your GP registrar. It is intended to help you implement strategies that will make providing feedback a meaningful and constructive experience for you both.

This guide should be read in conjunction with the GPSA guide Addressing Conflict in Registrar Placements For GP supervisors and practice managers

***“Without feedback mistakes go uncorrected,
good performance is not reinforced and clinical
competence is not achieved.”***

Ende¹

© 2024 GPSA.

All rights are reserved. Written by Dr Simon Morgan and Dr Graham Emblen. All material contained in this publication is protected by Australian copyright laws and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior permission of GPSA, or in the case of third-party material, the owner of that content. No part of this publication may be reproduced without prior permission and full acknowledgment of the source.

GPSA has made all efforts to ensure that material presented in this publication was correct at the time of printing and has been published in good faith. GPSA does not accept liability for use of information within this publication. Due to the rapidly changing nature of the industry, GPSA does not make any warranty or guarantee concerning the accuracy or reliability of this content.

Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term "GP" is taken to mean "RG" throughout.


This material has been reproduced and communicated to you by or on behalf of GPTA Ltd in accordance with section 113P of the Copyright Act 1968 (the Act). The material in this communication may be subject to copyright under the Act. Any further reproduction or communication of this material by you may be the subject of copyright protection under the Act. Do not remove this notice.





Contents

A word on assessment	4
Feedback.....	5
Definition.....	5
Benefits of feedback.....	5
Barriers to feedback and the 'feedback paradox'	5
The feedback process	6
1. Preparing to give feedback.....	6
2. Delivery of feedback.....	7
3. Follow-up after feedback.....	9
Models of feedback	10
Pendleton's rules of feedback.....	10
SET-GO model.....	10
Start, Stop, Continue model	11
2x2 grid.....	11
Ask Tell Ask.....	11
A composite model of feedback.....	12
Feedback without observed behaviour.....	13
Receiving feedback.....	14
Cultural dimensions.....	15
References.....	16
Appendix 1	17



We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.



A word on assessment

Before we discuss feedback, a quick word on assessment.

Assessment is the process of making judgements about performance against defined criteria, with specific implications for progress.²

In medical education parlance, assessment can be one of two types. Firstly, **summative assessment** is 'assessment of learning', for example a barrier exam that determines competence to progress to a higher level. The other type of assessment is **formative**, or 'assessment for learning', which is designed to guide learning and promote reflection.

Formative assessment happens continually in the general practice training environment. Whenever a supervisor recognises that a registrar is doing something well, or they could do something better, they are making an assessment against an interpretation of standards, or level of competency.

Assessment and feedback are intrinsically linked. It is impossible to provide feedback without having made some kind of assessment. And effective feedback can only be given if the assessment is accurate and fair. And lastly, while assessment could be conducted without subsequent provision of feedback, this limits its ability to allow the person being assessed to improve. The feedback process provides the opportunity for the registrar to recognise their strengths and gaps, and consider possible improvements.

The Ottawa consensus statement on the criteria of good assessments includes those that promote learning, and ideally have what is called a catalytic effect.³ This is the effect that creates ongoing learning after the assessment episode. This catalytic effect is created through the feedback process.



“The skill of effective feedback is usually an innate thing, being very much tied up with interpersonal skills and reading others.”

Dr James Best



Feedback

Definition

Within health professional education, feedback has been described as “*specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance.*”⁴

Another definition is that feedback is the provision of information about performance or behaviour with the aim of:

- affirming what was done well, and
- helping the learner develop in areas they do less well.⁵

Benefits of feedback

Feedback is as integral to supervision as footy is to Melbourne. Indeed, one of the most widely-used definitions of clinical supervision is ‘the provision of guidance and **feedback** on matters of personal, professional and educational development in the context of a trainee’s experience of providing safe and appropriate patient care.’⁶

And there is good reason that feedback features so prominently in this definition. Quality feedback is one of the most powerful influences on learning. It can encourage self-reflection, raise self-awareness and help learners plan for future practice. It is motivating and encourages self-responsibility. It can improve teamwork. It is essential for improvement in performance. Not surprisingly, feedback is therefore a core element of the apprenticeship model of Australian GP training.

A paper describing the ‘core characteristics of the competent GP trainer’ (supervisor) found that the top two of five characteristics were related to feedback.⁷ These were:

- Good at giving feedback.
- Willingness to give feedback.
- Critical of the trainee and learning process.
- Good at communicating.
- Has respect for the trainee.

GP supervisors perceive delivery of feedback as valuable and critical to professional development of their trainees. Furthermore, it is known that learners value and crave feedback in order to improve performance.⁸

Barriers to feedback and the ‘feedback paradox’

However, in many educational settings, a ‘feedback paradox’ exists where, despite its educational value and high regard, feedback is infrequently given and often it is not of high quality. This is the case for Australian GP training, at least anecdotally.

A number of barriers exist to the delivery of effective feedback.⁹ These include:

- The purpose of feedback may not be clear
- Lack of an appropriate time or place
- Lack of training and confidence in how to deliver feedback
- Fear of upsetting the registrar or damaging the registrar-supervisor relationship
- Fear of doing more harm than good
- The registrar being resistant or defensive when receiving criticism.

There are a range of strategies to help overcome the barriers to feedback. These include arranging set times for formal feedback, signposting when feedback occurs opportunistically, seeking feedback about your role as a supervisor, and developing your skills. These are elaborated upon in the next section.





The feedback process

The process of giving feedback can be considered as comprising three elements – preparation, delivery and follow-up.

1. Preparing to give feedback

Just as with any new or unfamiliar task in general practice, giving feedback may seem daunting at first. However, just as we would approach any other new challenge, preparation is key. As well, good preparation will help overcome barriers to giving and receipt of feedback.

Create a 'positive learning environment' and strong educational alliance

A positive teaching and learning environment is essential for high-quality learning in general practice. A positive learning environment facilitates openness and honesty in delivery of feedback. This has been elaborated further in the [General Practice Clinical Learning Environment \(GPCLE\)](#) framework.

One useful suggestion is to explicitly discuss 'two-way' feedback during orientation to the practice at the beginning of the training term – *"As part of your training here, I will endeavour to give you frequent feedback on your performance, both formally and informally. Please remind me if you don't feel this is occurring. And I really want you to feel comfortable giving me feedback about my role as supervisor"*.

There is evidence that feedback is more effective in the context of a strong educational alliance between the supervisor and registrar.¹⁰ This is fostered by trust, respect and educational credibility.

Feedback that is planned and anticipated is far more effective than that which comes out of the blue. Regular feedback is therefore far more useful than a rushed, once-off session at the end of term. This can be considered as one element of a positive and respectful learning environment.

Identify sources of information that can be used in feedback

Delivery of good feedback must be based on observed performance, so appropriate sources of information must be identified. Such data sources may include:

- Direct observation of consultations
- Video consultation review
- Random case analysis
- Opportunistic record review
- Patient feedback
- Staff feedback

Gathering information from a variety of sources will improve the accuracy of your assessment. Formative assessment methods are discussed in detail in the companion guide '[Practice-based teaching in general practice](#)'

Ask permission to give feedback

Until your registrar becomes comfortable with the process, it may be distressing for them to receive (negative) feedback, especially without warning. Asking if your registrar is ready to hear your thoughts is a simple way to alleviate these concerns.

Consider the learner's cultural background

The cultural context of the person receiving feedback strongly shapes the way feedback is received. Some cultures embrace the 'instrumental style', where it is the responsibility of the 'feedback giver' to be clear and direct. In contrast, other cultures follow a more 'affective style', placing the burden of understanding much more on the feedback receiver. It is helpful to be aware of how your own cultural background, and that of your registrar, may impact on how feedback might be given and/or received. For more detail, watch this [webinar](#).



Identify an appropriate environment

Provision of feedback can be highly challenging for the registrar and a private 'safe' setting is required, away from patients, other staff and interruptions. Similarly, feedback should not be rushed, and appropriate time allocated. This may mean deferring discussion until the end of the day.

Ensure feedback is timely

Feedback is best conducted as soon as possible after the learning event, when recall is maximised. If feedback is not given in a timely fashion, the learner may not have sufficient opportunity to remediate the behaviour.

Reflect on your own practice

Look at giving and receiving feedback as a chance for your own professional development, as well as development of your GP registrar. In reflecting on what attributes you wish to see in your registrars, it is worthwhile to ask first if you are modelling that behaviour yourself. Similarly, the awareness of a knowledge deficit in your registrar may also be an opportunity to revise that area yourself. In addition, we encourage you to actively seek feedback on your own performance as a supervisor from your registrar. This is useful for your own professional development, but also role models reflective practice and continuous learning.

2. Delivery of feedback

There are a number of principles of effective feedback which should be adhered to as closely as possible.¹¹



**Feedback should be:****> CONSTRUCTIVE**

Feedback should take a focus on 'what can be improved' rather than 'what went wrong'. Think of this as providing suggestions for improvement.

> BEHAVIOUR-BASED

Feedback should be based on the observed behaviour rather than personality features. A good way to implement this is to always start with a comment relating to what happened e.g., 'When you said...' or 'When the patient...' Writing down, and referring to quotes during a direct observation session is a good way to keep the feedback behaviour-based.

> CULTURALLY APPROPRIATE

Consider potential cultural differences between yourself and your registrar. How does your registrar like to receive feedback – would they prefer you to deliver negative feedback in a direct manner, or more gently, such as offering suggestions for improvement?

> SPECIFIC

Writing down, and referring to quotes during a direct observation session is a good way to keep the feedback specific and behaviour-based. Feedback should focus on specific behaviours, comments and actions, and not just a global rating.

> FOCUSED

When observing a registrar, you may identify many areas about which you wish to give feedback. However, try to identify the one or two things that will give the greatest impact for the registrar at that point in time. Raising 10 different things will overload them and they are unlikely to take on any!

> LEARNER-CENTRED

Feedback should be regarded as a 'two-way' dialogue, and therefore it is critical to allow the registrar input into the process. Beginning with the registrar's self-assessment is critical, and gives the registrar greater control over the process. Until they have processed the learning experience and self-reflected, they are less likely to absorb anything you have to offer. In addition, if the learner raises an area for improvement, this suggests insight and motivation to change.

> BALANCED

Feedback should be balanced, and address both strengths and weaknesses.

> REFERENCED

Effective feedback is grounded in accepted standards of practice and behaviour.

> SUPPORTIVE

Feedback can be challenging to receive and elicit an emotional response. Supportive feedback is far more likely to lead learners to feel motivated. This includes using an appropriate tone of voice, respectful language, and power-neutral body language. Useful tips include:

- Use phrases with 'I' rather than 'You'.
- Sit together at a 'neutral' table i.e., not across your desk.

> RELEVANT

The most effective feedback is tied to the learner's goals, rather than a 'pet' topic of yours.



3. Follow-up after feedback

Once feedback has been delivered, the learning experience should not be regarded as completed. Every feedback session should end with an action plan for improvement.¹² Follow-up is an essential component of the feedback process. Useful tips include the following:

- **Summarise the session**

Concluding the session with a summary will help recall and reinforce the main points.

- **Identify one or two learning points at the end of the feedback session**

One or two learning points should be negotiated after the feedback session as outcomes of the session. These should be discrete and achievable e.g., the red flags for serious causes of dyspepsia, avoiding the use of jargon when giving explanations. It is ideal to then ask about these after a week or two to see whether the registrar has incorporated the learning into practice, or further pursued the topic by self-directed learning.

- **Reflect on your own feedback skills**

It is good practice to reflect on your skills after each feedback session. In particular, reflect on what went well, what could be improved, and what you might do differently next time. Discussing a particularly difficult (or successful!) feedback session with a peer is a useful tip. Remember also that feedback is a two-way process and consider seeking feedback from the registrar about how they felt the session ran.



“The set up at the beginning of term (‘I will be giving you feedback, both positive and constructive, it is part of the deal’) is really important. ”

Dr James Best



Models of feedback

There are a number of models of feedback delivery described in the medical education literature.

Pendleton's rules of feedback

It is week six of your new GPT1 registrar's placement, and you have just finished direct observation of a consultation with a 67-year old woman with shingles. The registrar found the diagnosis straightforward and appropriately prescribed anti-viral medication but did not explain the condition to the patient and did not discuss follow-up.

Pendleton described a four-step process for carrying out a feedback session.¹³ While deemed unsophisticated by some educators, it is a reliable technique and incorporates many elements of effective feedback.

- Ask the learner what he/she feels was done well.
- Agree as appropriate and add reinforcing comments.
- Ask the learner to identify areas of improvement.
- Agree as appropriate and add corrective feedback.

Best practice is always to begin by inviting registrar self-assessment (initially of positive things), and then acknowledging and reinforcing exemplary behaviour. This approach has been shown to motivate the learner to repeat such behaviours and continue to seek more feedback.¹⁴

Next, seek the registrar's self-assessment on things that 'could have been done differently' (this is a good form of words to use), and highlight any corrections, providing specific examples and suggestions for improvement. Limit your critique to one or two areas. Learners have reported that constructive feedback is more beneficial when it

focused on behaviours that the learner is able to control or modify.

And it is good to try to always finish on a positive!

One criticism of the Pendleton model is that it is too simplistic and the experienced registrar will just be waiting for the 'negative' bit. There is no reason to follow this approach slavishly, and for more senior registrars you might want to cut to the chase right from the start.

You use Pendleton's model as the registrar is very junior. On seeking your registrar's reflection on how the consultation went, they start to list all the things they could have done better. You say 'We can come back to this, but I want to start with the things you thought went well.' You remind the registrar how their communication skills were excellent and they looked up eTG for the dose of the antiviral medication. You then return to the registrar's self-assessment of areas for improvement, acknowledge these, and focus on the two issues you felt were missed. This includes role-playing an example of how you explain shingles to patients. At the end of the session, you compliment the registrar again on their use of guidelines.

SET-GO model

Another useful feedback model is the SET-GO model.¹⁵

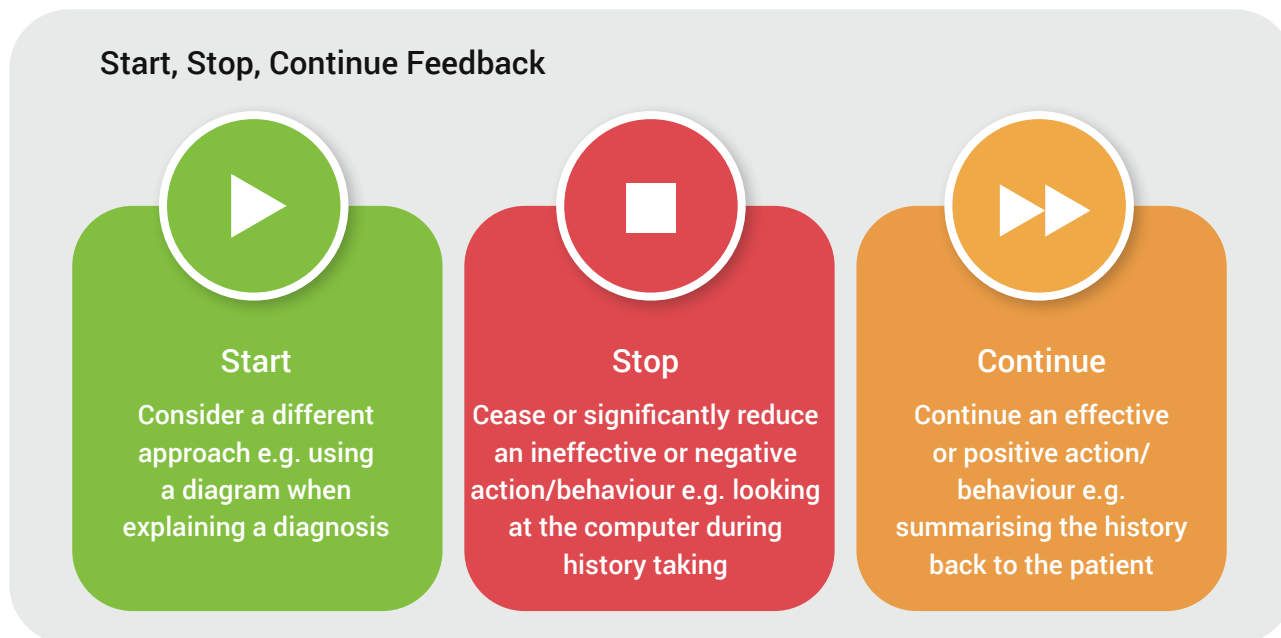
- S** What did I **See**?
- E** What **E**lse was seen or experienced (by the registrar and the supervisor)?
- T** What does the learner **T**hink?
- G** What **G**oals would you like to achieve?
- O** **O**ffers or suggestions on how we should get there (negotiate a plan)

This model has greater utility for more experienced registrars.



Start, Stop, Continue model

The 'Start, Stop, Continue' feedback model is a simple tool for reflection, constructive feedback, and improvement.



2x2 grid

The 2 x 2 grid is another useful framework to allow learner input into the discussion.

Keep doing (things done well)	Do more (actions to continue or build on)
Stop doing (things not done well)	Try this (suggest alternatives)

Ask Tell Ask

The 'Ask Tell Ask' model fosters learners' abilities to identify their own strengths and areas for improvement.¹⁶

Ask Tell Ask		
Feedback Agreement	Agree on goals before the clinical encounter	<i>"What would you like feedback on?"</i>
Ask	Ask for learner's self-assessment	<i>"How do you think you went?"</i>
Tell	Address learner's concerns. Share observations and ≥ one thing the learner did effectively. Discuss one to two concerns to do differently	<i>"Your suturing skills were excellent... fluid and precise without rushing. Going forward I suggest focusing on deliberately visualizing relevant anatomy"</i>
Ask	Create plan for learner's self-improvement	<i>"What is your plan to review anatomy before the next case?"</i>



R2C2 model

The R2C2 feedback model has recently been described.¹⁷ It involves the following steps: (1) rapport and **R**elationship building, (2) exploring **R**eactions to feedback, (3) exploring understanding of feedback **C**ontent and (4) **C**oaching for performance change. It has a greater focus on coaching than other models. It is also one of the very few models subjected to and supported by empirical research.¹⁸

Coaching (R2C2)		
Relationship	<ul style="list-style-type: none"> Building an authentic relationship and develop trust 	<i>"I remember how challenging this felt when I was learning: many learners feel the same"</i>
Reaction	<ul style="list-style-type: none"> Explore reactions to assessment and feedback 	<i>"How does this feedback help you think about your strengths and how to improve?"</i>
Content	<ul style="list-style-type: none"> Demonstrate confidence in learner. Express empathy, support, and compassion. 	<i>"Just to clarify, what are your take aways from this discussion?"</i>
Coaching	<ul style="list-style-type: none"> Facilitate self-directed learning through goal setting and curiosity through questioning. Modulate the challenge to learner's developmental level. Identify ≥ 1 gap in performance and develop a plan to fill it. 	<i>"What might be helpful to address this gap?"</i>

*Adapted from Frameworks for Effective Feedback in Health Professions Education. Acad Med. 2022²⁰

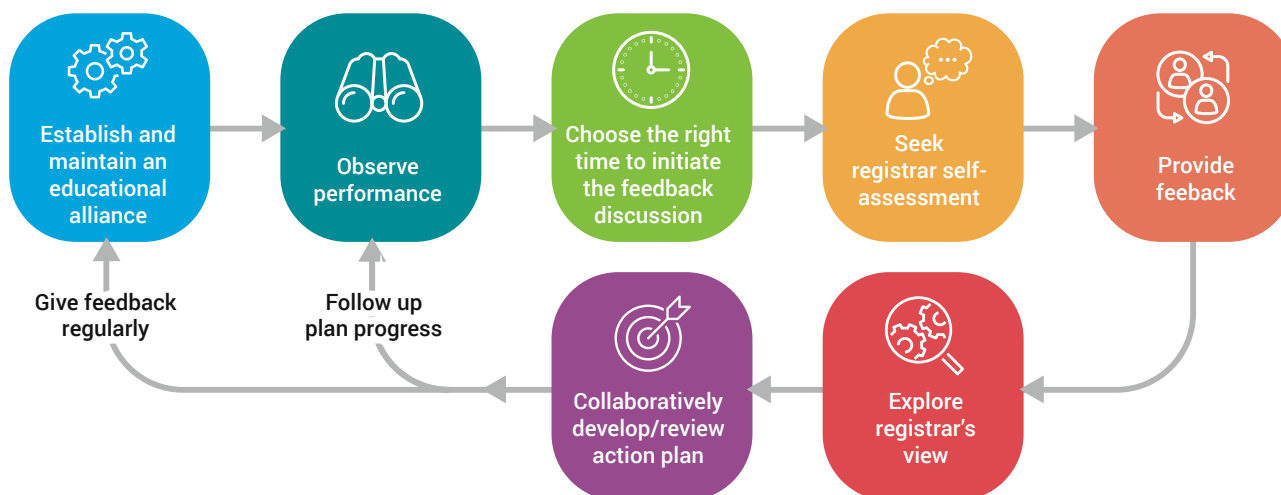
We encourage supervisors to trial different models to see what works best for the individual learner and their circumstances.

A composite model of feedback

A 2022 systematic review of models and guidance for providing effective feedback in clinical supervision in postgraduate medical education identified a total of twenty-one different feedback models.¹⁹ They found that the evidence supporting specific models and guidance in postgraduate medical education was limited, but that there is evidence to support all of the commonly identified principles.

Using these core principles, the study authors developed a composite model of feedback (see figure). This is a useful framework to use.

Figure 2 Composite guidance for supervisors providing feedback in clinical supervision





Feedback without observed behaviour

At the conclusion of a busy morning session, your practice manager asks for a quiet word about your current GPT3 registrar. The reception staff have been reporting that several patients have been unhappy with the registrar's consultations, describing him as rude and abrupt. You have not seen any evidence of this in your own interactions but agree to the practice manager's request that you address this with him.

Being asked to provide feedback regarding behaviour that you have not personally witnessed is particularly difficult. However, third party feedback i.e., feedback from others in the general practice, can be highly valuable.

There are, however, some simple principles which may help.

- Respect the confidentiality of your GP registrar and only involve any directly-related third parties where necessary and with mutual agreement.
- State the facts as they are available to you. Try to avoid speculation on any areas of which you are unsure. Use notes if you have them rather than relying on your own interpretation of events or opinions.

Sometimes the GP registrar may not have insight into the behaviours that are creating the problem. If you have not directly observed the registrar, you also may not have a knowledge of the behaviours that need to change.

Ahead of your next scheduled teaching session, you say to your registrar that you would like to discuss some feedback reported to you by the practice manager. You specifically check that this is okay for them. At the start of the session, you report the comments which the receptionist passed on to the practice manager, assuring your registrar that these have not been shared with any other members of staff other than those mentioned. You ask your registrar what they recall of the consultations involved and their thoughts on the patient comments. You invite them to refer to their notes as needed. You ask the registrar to comment on what they felt went well during the consultation before discussing the negatives.

Only once the registrar has offered their insights into the issues raised do you provide your input. You then develop an agreed plan with the registrar on what might be done differently in subsequent consultations to prevent similar issues arising.

“I tell them the story of how I was desperate for feedback on how I was doing when I first became a supervisor and in the end had to ask for it. So I encourage registrars to seek feedback as well.”

Dr Patrick Kinsela



Receiving feedback

Historically, the main educational focus of enhancing the process of feedback has been on 'giving feedback' by the teacher/supervisor. However, as the recipient of the feedback, the learner/registrar also needs to be empowered with the skills to best receive and utilise feedback. As a result, there is an emerging focus in the educational literature on training to 'receive feedback'.²⁰

Similar to giving feedback, receiving feedback is not a passive act. It entails honest self-reflection and commitment to improvement of clinical skills.²¹ Learners may not be prepared for receiving, and more importantly, accepting feedback. Furthermore, acceptance and effectiveness of the feedback may be dependent upon the perceived credibility of the provider.



When receiving feedback, learners are encouraged to:

- Own their strengths
- Value and respect the feedback, acknowledging that it is challenging to give negative feedback
- Acknowledge different generations and approaches to giving feedback
- Honestly self-assess their own performance
- Try not to let their feelings get in the way, but express these feelings if appropriate e.g., 'I feel angry/upset when you say that'
- Clarify issues that are unclear – if the feedback is vague or ambiguous, ask for it to be more specific
- Ask for suggestions to improve
- Write down the key points and make a plan
- Recognise own cultural preferences for receiving feedback and discussing this with supervisor

Supervisors are encouraged to support their registrars to receive and accept feedback. This should be explicitly discussed at the commencement and throughout the training term. One of the best ways to do this is to invite the registrar to give feedback themselves as frequently as possible.

"It's most effective when its sought, honest and actioned."

Dr Shristi Dutta



Cultural dimensions

*"All cultures believe in providing 'constructive criticism' but what this looks like will not be the same for every culture."*²²

When providing feedback, it can be useful to consider your own cultural preferences for providing and receiving feedback, as well as the cultural preferences of your registrar. This cultural preference may be based on an individual's family of origin, the country in which they undertook the majority of their schooling, or the country of their primary medical qualification and early medical career. In her book, [The Culture Map](#), Erin Meyer describes a scale of cultural preferences for feedback, from direct to indirect.

Direct negative feedback	Indirect negative feedback
<ul style="list-style-type: none"> Negative feedback to a colleague is provided frankly, bluntly, honestly. Negative messages stand alone, not softened by positive ones Absolute descriptors are often used (e.g. 'totally inappropriate', 'completely unprofessional') when criticising Criticism may be given to an individual in front of a group 	<ul style="list-style-type: none"> Negative feedback to a colleague is provided softly, subtly, diplomatically Positive messages are used to wrap negative ones Qualifying descriptors are often used (e.g. 'sort of inappropriate', 'slightly unprofessional') when criticising Criticism is given only in private

By reading these descriptions, you can see that a cultural mismatch could result between people with different preferences for direct versus indirect feedback. If your registrar's cultural preference is for direct negative feedback, they may not realise the importance or value of your feedback, if you have stated that they 'could consider' or 'possibly think about' doing something differently. Whereas, if your registrar's cultural preference is for indirect negative feedback, they may feel personally attacked or belittled if you were to state frankly that their behaviour was 'completely inappropriate' or they 'definitely need' to change their behaviour.

It may be helpful to discuss feedback preferences with your practice team, including your registrar, to determine if there is a culturally sensitive manner to provide feedback for the best outcome.

"Focusing on the observed behaviour rather than the person (registrar) is really helpful."

Dr Niroshie Amarasekera

"The cultural aspects, including racial/ethnicity, rural/urban, sexuality, age and gender divides, can also be very important."

Dr James Best



References

1. Ende J. Feedback in clinical medical education. *JAMA*. 1983; 250: 777–81.
2. Gibbs T, Brigden D, Hellenberg D. Assessment and evaluation in medical education. *South African Family Practice*, 48:1, 5-7
3. Norcini J, Anderson B, Bollela V, Burch V, Costa MJ, Duvivier R, Galbraith R, Hays R, Kent A, Perrott V, Roberts T. Criteria for good assessment: consensus statement and recommendations from the Ottawa 2010 Conference. *Med Teach*. 2011;33(3):206-14.
4. Cantillon P, Sargeant J. Giving feedback in clinical settings. *BMJ* 2008; 337:a1961.
5. Mehay R (ed). *The Essential Handbook for GP Training and Education*. London: Radcliffe Publishing Ltd, 2012.
6. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. *Med Teach* 2007; 29: 2-19.
7. Boendermaker PM, Conradi MH, Schuling J, et al. Core characteristics of the competent general practice trainer: a Delphi study. *Adv Health Sci Educ Theory Pract*. 2003; 8: 111-6.
8. Bing-You RG, Trowbridge RL. 2009. Why medical educators may be failing at feedback. *JAMA* 302:1330–1.
9. Hesketh EA, Laidlaw JM. Developing the teaching instinct: feedback. *Med Teach* 2002; 24: 245–8.
10. Telio S, Regehr G, Ajjawi R. Feedback and the educational alliance: examining credibility judgements and their consequences. *Medical Education* 2016 50:933-942.
11. Vickery W, Lake SR. Teaching on the run tips 10: giving feedback. *MJA* 2005; 183: 267-8.
12. Krackov SK. Giving feedback. In: Dent JA, Harden RM, editors. *A practical guide for medical teachers*. 3rd ed. Churchill Livingstone Elsevier. 2009
13. Pendleton D, Schofield T, Tate P, Havelock P. *The Consultation: an approach to learning and teaching*. Oxford: Oxford University Press, 2003.
14. Van Hell EA, Kuks JBM, Raat AN, et al. Instructiveness of feedback during clerkships: Influence of supervisor, observation and student initiative. *Med Teach* 2009; 31:45–50.
15. Silverman JD, Draper J, Kurtz SM. The Calgary-Cambridge approach to communication skills teaching II: the SET-GO method of descriptive feedback. *Educ Gen Pract* 1997;8:16-23. 14.
16. French JC, Colbert CY, Pien LC et al. Targeted feedback in the milestones era: Utilization of the ask-tell-ask feedback model to promote reflection and self-assessment. *J Surg Educ*. 2015;72:e274-9.
17. Sargeant J, Mann K, Manos S et al. R2C2 in action: Testing an evidence-based model to facilitate feedback and coaching in residency. *J Grad Med Educ*. 2017;9:165-70.
18. Weallans J, Roberts C, Hamilton S, Parker S. Guidance for providing effective feedback in clinical supervision in postgraduate medical education: a systematic review. *Postgrad Med J*. 2022 Feb;98(1156):138-149.
19. Liakos W, Keel T, Pearlman RE, Fornari A. Frameworks for Effective Feedback in Health Professions Education. *Acad Med*. 2022 Jul 19.
20. Algiraigri AH. Ten tips for receiving feedback effectively in clinical practice. *Med Educ Online*. 2014 Jul 28;19:25141.
21. Burgess A, van Diggele C, Roberts C, Mellis C. Feedback in the clinical setting. *BMC Med Educ*. 2020 Dec 3;20(Suppl 2):460.
22. Mayer E. *The Culture Map; decoding how people think, lead and get things done across cultures*. Public Affairs, 2015.

HOW TO..

Appendix 1

Give effective feedback

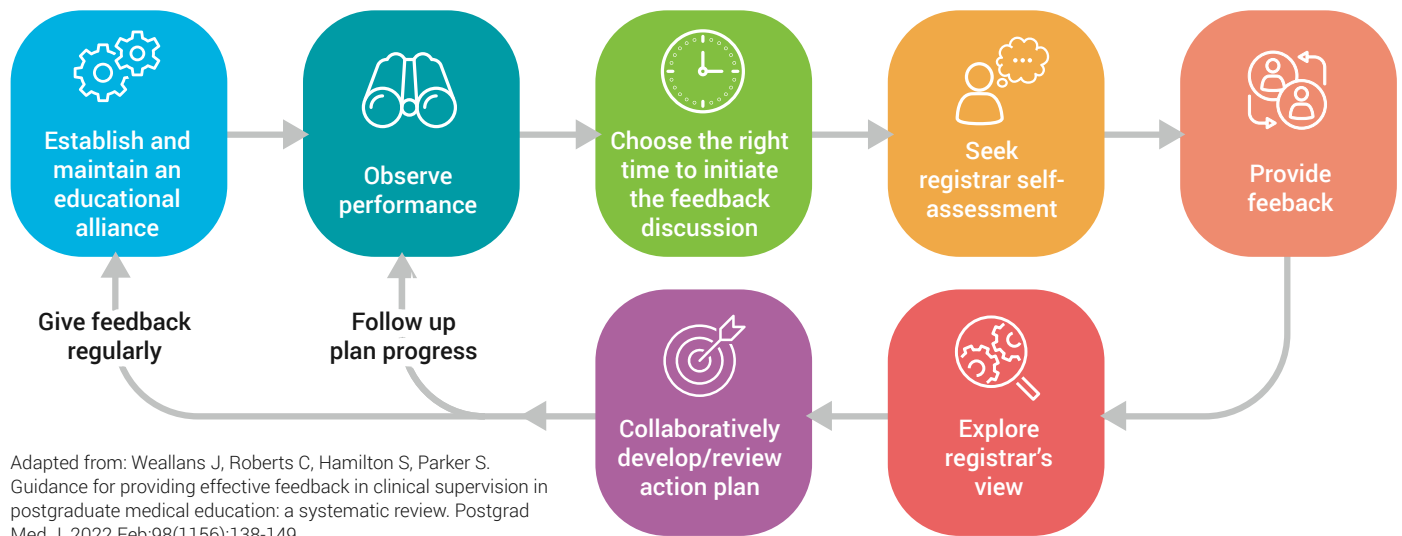
Feedback has been described as “specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance”.

Provision of feedback forms an integral part of the learning process, helping to narrow the gap between actual and desired performance. Quality feedback can encourage self-reflection, raise self-awareness and help registrars plan for future practice. It is motivating and encourages self-responsibility.

A ‘composite’ framework for feedback has been described which contains seven core steps:

SEVEN STEP APPROACH TO FEEDBACK

1. Establish and maintain an educational alliance
2. Observe performance
3. Choose the right time
4. Seek registrar self-assessment
5. Provide feedback
6. Explore registrar’s view
7. Collaboratively develop and/or review action plan



Adapted from: Weallans J, Roberts C, Hamilton S, Parker S. Guidance for providing effective feedback in clinical supervision in postgraduate medical education: a systematic review. Postgrad Med J. 2022 Feb;98(1156):138-149.

Establish and maintain an educational alliance

Establish a respectful and positive learning environment with an expectation of regular, two-way feedback
Support the registrar to understand how to receive feedback

TIPS

- Explicitly discuss two-way feedback at orientation and throughout the term
- Encourage the registrar to seek feedback
- Reflect on, and seek feedback about, your own feedback skills as a supervisor

Observe performance

Observe and gather data on registrar performance

TIPS

- Base feedback on a wide range of sources, ideally including direct observation
- Use an assessment tool if available
- Take notes as you go, including direct quotes

Choose the right time

Ask permission of the registrar to give feedback
Identify an appropriate environment and convenient time

- TIPS**
- Ensure feedback is timely and confidential
 - Ensure that there is sufficient time to give feedback which is predominantly negative

Seek registrar self-assessment

Commence with the registrar's self-assessment

- TIPS**
- Ask the registrar *'Tell me how you think that went'*
 - Encourage the registrar to always start with the positives

Provide feedback

State a clear purpose of the feedback
Deliver feedback adhering to the core principles of effective feedback
Reinforce good practice and recommend areas of improvement

- TIPS**
- Use a model e.g. 'Ask-Tell-Ask'
 - Focus on the behaviours that can be changed
 - Be constructive i.e. focus on 'what can be improved' rather than 'what went wrong'
 - Be specific and focussed on a couple of areas
 - Be learner-centred – ensure feedback is a dialogue and the registrar is a partner in the conversation
 - Ensure feedback is referenced to accepted standards of practice and behaviour

Explore registrar's view

Confirm the registrar's understanding and facilitate acceptance

- TIPS**
- Be supportive and aware of the registrar's emotional reaction to feedback

Collaboratively develop and/or review action plan

Summarise the feedback session at the end
Identify 2-3 learning points and ensure these are addressed after the session

- TIPS**
- Encourage the registrar to develop and pursue learning goals from the session
 - Suggest resources for knowledge and skill development



GENERAL PRACTICE SUPERVISION AUSTRALIA

gpsa.org.au



facebook.com/GPSupervision



twitter.com/GPSupervision