“Exploring principles and practice around effective debriefing and feedback”

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CSMEN Regional Workshop
Debrief and Feedback

- Explores learning event with participants
- Considers and compares peer impressions
- Widens and deepens discussion
- Uses underlying educational theory in enhancing future practice
- Shares the expert observation
- Opens the discussion to related questions and comment
- Returns to learning outcomes and summarises action points
Organisation of Session

- What is debriefing and feedback?
- What is purpose of feedback?
- What is evidence base in relation to its effectiveness?
- What are the principles of effective feedback?
- Where does feedback come in the learning process using simulation?
- What is best approach to use?
- Who should give the feedback?
- What are challenges/barriers to effective feedback?
Questions

- What do you understand by debriefing?
- What do you understand by feedback?
- What activities are you currently involved in that require you to give feedback?
- Have you had training in feedback, what key principles do you remember?
- What are your strengths in giving feedback?
- What aspects are you hoping to improve?
Defining what we mean

- Debriefing is
  Process which obtains an account of an event
  Disengaging after event

- Feedback is
  Specific information about the comparison between a trainee’s observed performance and a standard.
  Given with the intent to improve/enhance the trainees performance…”
  adapted Van der Ridder et al (2008)
Purpose of Feedback

• Ensures learner clear about learning outcomes expected

• Clarifies areas of performance

• Reinforces links to previous knowledge

• Enables participant to generalise for future action and requirements in practice
Organisation of Session

- What is debriefing and feedback?
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What is evidence base in relation to its effectiveness?

- Valued highly by educators and students
- Improves learning outcomes
- Viewed as ‘hard to give and hard to take’
Evidence in the literature of effective feedback

Educators and learners at all levels believe feedback is valuable for learning

BUT

there is a disparity in educators’ and students’ perception of feedback in the clinical environment

## Systematic Literature Review (Tai 2009)

### Comparison of educators’ and trainees’ perceptions of feedback

<table>
<thead>
<tr>
<th>Situation</th>
<th>Educators</th>
<th>Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP training, reporting no feedback (Baker &amp; Sprackling 1994)</td>
<td>16%</td>
<td>32%</td>
</tr>
<tr>
<td>Attending surgeons &amp; residents reporting episodes of feedback (Hutul 2006)</td>
<td>67 episodes (from 16 attending surgeons)</td>
<td>24 episodes (from 33 surgical residents)</td>
</tr>
<tr>
<td>Attending surgeons and residents reporting effective feedback given by educator (Sender Liberman et al 2005)</td>
<td>90.9%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Faculty members and medical students in clinical years, asked to rate “provided sufficient feedback” on a 7-point scale (Gil et al 1984)</td>
<td>5.17</td>
<td>3.76</td>
</tr>
<tr>
<td>First and second year medical students and their preceptors asked to rate “provides feedback about performance” on a 5-point scale (Qualters et al 1999)</td>
<td>3.88</td>
<td>3.23</td>
</tr>
</tbody>
</table>
A monologic culture?

Average time for FB sessions = 20 minutes
Average time for student input = 1 minute
Student contribution = approx 5%
28% of feedback had no suggestions for improvement
almost 50% of feedback did not include a specific action plan (Mollov 2006)
Dialogue in feedback

- Develop students’ reflective and self-evaluative skills
- Maximise understanding of content (summarise and clarify)
- Provide students with agency/power
- Accelerate students’ professional socialisation-
  public engagement in the language of the profession
Receiving feedback

- Interplay between fear, confidence and reasoning in receptivity to feedback (Eva et al. 2011)
- Tendency for ‘deflection’ when there is a discrepancy between learners’ internal perceptions (self-evaluation) and the external teacher’s perceptions (feedback) (Molloy and Boud 2011)
- Learner re-interprets the external feedback to make it conform with their own hope, intention or interpretation of their performance (Carless et al. 2010)
- Perceived credibility of feedback giver essential (Watling 2011)
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Principles of Feedback

1. Planned
2. Explicit
3. Descriptive
4. Behaviour centred
5. Specific
6. Concise
7. Verified by the recipient
8. Honest
Behaviour Centred

**Describes behaviour** rather than makes judgements on person

“I observed that when you prescribe medications you omit to put in the administration route”

“You’re useless at writing prescriptions”
Is specific

“Dr Y shouts orders to people when in stressful situations with patients i.e. in A+E when patient in septic shock”

“Dr Y is difficult to work with”
. **Explores** the learner’s perspective
  - What do they think

**Checks Understanding**
  - Share ideas and information rather than giving advice “I wonder if …” rather than “You ought to ….”
. Develops action plan for improvement or change
  • Try to get student/trainee to identify what they would do differently
  • Agree specific targets for new behaviours
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The Reflective Feedback Process

• Stage 1
  Preparation for feedback
    – Learning outcomes expected

• Stage 2
  Coming out of role
    – Emotional disengagement

• Stage 3
  Constructive feedback

• Stage 4
  Contemplation
The Reflective Feedback Process in Context

• Stage 1
  Preparation for feedback
  • Learning outcomes expected

• LEARNING ACTIVITY

• Stage 2
  Coming out of role
  • Emotional disengagement

• Stage 3
  Constructive feedback
  • SETGO
  • Pendleton’s rules
  • Feedback on the run

• Stage 4
  Contemplation
Stage 1 of Feedback Process

• Learning outcomes expected
  – What should the student be able to do?
  – Under what conditions should they be able to do it?
  – How well should they be able to do it?
Stage 2 of Feedback Process

• Emotional Disengagement
  – Expressed as
    • Repression
    • Denial
    • Humour

• Strategies
  – Action from person
  – Place
  – Time
Constructive Feedback

Model 1

• Pendleton’s rules

  Ask learner what went well
  List task others thought went well
  Ask learner what could be improved
  Add in what others think could be improved
Constructive Feedback
Model 2

• SETGO
  – What student Saw
  – What Else the group saw
  – What the student Thinks
  – What Goal do we want to achieve
  – Any Offers how we get there
Constructive Feedback

Model 3 - Feedback on the run

- Right time, right place
- Start with trainee debrief of actions to encourage self reflection
- Discuss feedback on positive behaviour then feedback on area for improvement then feedback on positive behaviour (feedback sandwich)
- Actions for behaviour change from participant
- Need for regular feedback in clinical area
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**Contemplation**

- **Reflection**
  - Links to other learning experience
  - Evaluate against standards of practice
  - Generalise to other contexts
  - Reinforce action plan

- **How to facilitate action plan**
  - Summarise
  - Check heard positive feedback
  - Get them to state what has stuck most in their mind
  - Write down plan
  - Agree review date
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Who should give feedback?

- Someone with clinical expertise
- Someone who has worked with the student
- Someone who knows the curriculum and required standard of performance
- Anyone who can make a valid and fair observation

What would you consider to be the barriers to giving effective feedback?
Barriers to Effective Feedback

• Lack of planning
• Defensive learner
• Too generalised
• Inconsistent
• Lack of respect
• Anxiety / emotional engagement
• Personalisation of comments
• Collusion

Adapted Rogers 2001
What are the pitfalls in giving feedback?

Educators:

- Clinical educators may be limited in time (balancing patient load and student load)
- Clinical educators may not be skilled in facilitating students’ self-evaluation
- Clinicians’ tendency to ‘diagnose’ and ‘fix’ rather than collaborative decision making
- Clinicians’ adhering to established feedback culture using ‘script’

Molloy 2010
How to maximise Feedback

- **Video recording**
  - Objective evidence

- **Group feedback**
  - Summarise
  - Share information rather than give advice

- **Written action plan**
  - S specific
  - M measurable
  - A achievable- links to belief system
  - R realistic
  - T time bound- agree review date
The role of Feedback

“I never teach my students: I only attempt to provide the conditions in which they can learn”

Albert Einstein
References

References

- Molloy E 2009: Time to Pause: Giving and Receiving Feedback in Clinical Education. Chapter 8 in Clinical Education in the Health Professions, Sydney: Elsevier: p. 128-146