

FAQ

FREQUENTLY ASKED QUESTIONS

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Feedback

GP supervisors have a professional responsibility to provide effective and constructive feedback to their GP registrar. However, this core teaching skill does not come naturally to all supervisors.

Whether or not you are comfortable in providing feedback, there are strategies which can help you develop this vital communication skill.

The information in this resource will help enrich your teaching, registrar's learning and quality of patient care. You can use these feedback strategies in conjunction with local protocols and advice from your Regional Training Organisation (RTO).

How important is providing feedback to my registrar?

Providing quality feedback to your registrar is a core teaching skill for GP supervisors. You must adhere to regular feedback as a requirement of RACGP and ACCRM training standards.

As a GP supervisor, it is essential you have the ability to give – and accept – constructive, honest feedback. Properly delivered feedback will help your registrar develop clinically, professionally and personally.

How should feedback be given?

The way you deliver feedback must have a positive outcome for your registrar's learning and clinical competence. Quality feedback needs to be honest but delivered in a constructive, positive and timely manner.

Should all feedback be positive?

To be fair to your registrar's learning and patients' safety, it is important to have an honest balance between positive and negative feedback. Feedback should not be too nice, nor should it be brutal. **The way you give feedback – positive or negative – must be constructive.** Remember, the aim of your feedback as a GP supervisor is to help your registrar build on strengths and overcome weaknesses.

Excessive, unwarranted praise or sugar-coating poor performance and deficits is not beneficial for your registrar's development, job satisfaction nor patients' care. Equally, avoiding feedback or delivering it in a negative manner is detrimental to your registrar's learning, clinical competence and patient safety.

Is providing regular feedback a punitive measure?

No. If you don't provide regular, quality feedback, you will fall short of college training standards and responsibility to your registrar, clinic staff and patients. Feedback is needed to:

- Help registrars become better GPs.
- Build on strengths.
- Improve weaknesses.
- Motivate and empower your registrar to learn.
- Enhance communication and teamwork within the practice.

What reasons might deter a supervisor providing any, or adequate, feedback?

Providing quality feedback is not an innate skill for all GP supervisors. By their nature, GPs are altruistic people who like to help others. Therefore, the idea of pointing out deficits in their registrar's knowledge, performance or behaviour may be an uncomfortable task for many GP supervisors. Other reasons GP supervisors may feel awkward about providing feedback include:

- Not having enough confidence in their direct observation of the registrar to give positive or negative feedback.
- Worried negative feedback will be perceived by the registrar as unfair or confrontational.
- Causes reflection on their own behaviour and performance.
- Too polite – adhering to the adage "If you don't have anything nice to say, don't say anything at all."

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What are the dangers of being too nice?

Quality feedback means finding the balance between 'unicorns' and 'brutality'. Being too nice will put you in a 'unicorn' scenario where you hinder your registrar's learning by:

- Giving excessive/unwarranted praise.
- Avoid giving your registrar difficult patient presentations or complicated care.
- Only choosing topics for teaching sessions which are comfortable and unchallenging for your registrar.
- Sugar-coating negative feedback.
- Not observing enough of your registrar's daily encounters. This may lead your registrar to believe "I'm not hearing anything to the contrary, so I must be performing okay" or feeling you are unsupportive or disinterested in their development.

The reality of general practice is that it is a rewarding but tough vocation. You are jeopardising your registrar's development if you allow a false perception that they are always performing well, or protecting them from developing resilience and competence in challenging situations.

Why shouldn't I be brutally honest with my GP registrar?

You need to avoid coming across as over-critical or always negative. A negative approach, such as criticising your GP registrar or deliberately choosing unreasonably advanced teaching topics, will not support their learning, self-esteem or career satisfaction.

Brutal honesty may give the feeling you are undermining your registrar's learning, negatively impact their training experience or even their ability or desire to pursue a career in general practice.

What are the fundamentals of good feedback?

Effective, quality feedback is:

- **Timely** – soon after the encounter in question so the details are still fresh in the registrar's memory. Feedback needs to be contemporary. It will serve little purpose if left for weeks after the event or until the end of the registrar's term in your practice.
- **Not about the person** – a bout the event or behaviour, not the registrar's personality. Feedback should interpret a situation or behaviour to provide a teaching opportunity. It should be objective and never a personal criticism.
- **Provides direction** – point out the registrar's deficit or what they did wrong followed by an idea on how they can improve in the short- and long-term.
- **Specific** – related to a specific event so the registrar can correlate in their memory what was going on at that time. Avoid sweeping, unspecific statements such as "I don't think you are a good communicator" or "I think you are a great communicator." Instead, help your registrar reflect on a specific encounter where they had poor/great communication and suggest ways they can improve or further build on their communication skills in similar situations.
- **Balanced** – there should be a reasonable and honest proportion of positive and negative feedback. There is no benefit to being too positive or negative.

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What are the differences between feedback and assessment?

Feedback is timely and event or behaviour specific to help improve a registrar's performance. Assessments are scheduled within the RTO or training colleges to demonstrate the registrar's competency and satisfactory progress through their training program.

	FEEDBACK	ASSESSMENT
Timing	Timely <ul style="list-style-type: none"> soon after the event 	Scheduled
Setting	Informal <ul style="list-style-type: none"> during consultation, corridor discussion, teaching session or lunch break 	Formal
Basis	Observation	Observation or reflection
Scope	Specific actions	Global performance
Purpose	Improvement	Competency

What are the different purposes and contexts of feedback?

The different purposes of feedback are to:

- Promote positive behaviour.
- Provide motivation to enhance learning.
- Deliver greater responsibility.
- Encourage change.
- Improve communication and teamwork.

The contexts of feedback are:

- On observation.
- During consultation.
- Periodic reflection.
- Responding to concerns.
- As part of practice team.

How do I prepare to give feedback?

There are **basic preparation principles** which will help you prepare to give quality feedback to your registrar. The aim is to know in your own mind and clearly explain to the registrar the purpose of your feedback. The registrar needs to understand the feedback is to benefit their learning, not a punitive measure.

BASIC PREPARATION PRINCIPLES

To give good feedback, you will need:

- Adequate time. Ensure privacy and no interruption.
- Registrar understanding purpose of session. I am talking about this today because you need to know...
- Clear goals and outcomes so you know what you are assessing.
- Direct observation of the registrar so you know how well they are performing. Never make things up!
- Skills in giving feedback. Be willing to improve your communication and feedback skills.

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What feedback model(s) should a supervisor use to help their registrar's development?

There is no single perfect solution. There are a multitude of useful models which can be adapted for individual circumstances. Some of these models are simple and others more complex, but all are validated to some extent. You should use a variety of different techniques which you can adapt to the individual circumstances, registrar and training post.

The models you use will change as your registrar progresses and you will develop your own technique with supervising experience.

Useful models to follow are:

- Pendleton's Rules
- SET-GO Model (Calgary Cambridge Model)
- Coaching Feedback Format
- One-Minute Preceptor
- Agenda-led Outcome-based Analysis.

By using these feedback methods, supervisors model good communication behaviour which registrars will also learn to use as a life-long skill.

How do the models work?

- **Pendleton's Rules** has been used for more than 30 years. This model is a good tool for one-on-one or small group learning. It gives the registrar the opportunity to discuss went well and not-so-well and ideas for what could be done differently in the future.

PENDLETON'S RULES	
Clarify matters of fact • avoid speculation	<ul style="list-style-type: none"> • What was seen? • Give registrar opportunity to confirm the facts or their recollection
What went well • learner first	Ask the registrar what they thought they did well before adding what you think went well.
What went less well • learner first	You may be surprised how often your registrar has the insight to come up with issues of concern themselves.
What might be done differently • suggestions	Ask the learner for ideas. Provide constructive suggestions.

- The **SET-GO (Calgary Cambridge model)** works well one-on-one or in small groups, particularly when reviewing video consultations. It's a good opportunity to open the discussion with what you Saw; what Else you noticed that might not be obvious to the registrar (eg., body language or use of medical jargon); what the registrar Thinks; take a collaborative approach to Goals; and Offer help/suggestions to achieve goals.

- S** - What I, as Supervisor, **S**aw.
(Try to describe your observations)
- E** - What **E**lse I, as Supervisor, saw.
(added insights not obvious to Registrar)
- T** - What the recipient **T**hinks.
(Registrar's reflections on your comments)
- G** - **G**oals we would like to achieve.
(Identify deficits or weaknesses together)
- O** - **O**ffers or suggestions on how we should get there. (Negotiate a plan)

Silverman J, Kurtz S, Draper J. The Calgary-Cambridge approach to communication skills teaching 1: agenda-led outcome-based analysis of the consultation. *Edu Gen Prac* 1996; 7: 288-99

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You may say *"I can see elements of these things... but I would like to see more of these things."*

This feedback method, often gives the registrar the feeling of permission to do things they thought they shouldn't or were not comfortable to try without your approval.

- **The Coaching Feedback Format** is a good model if you are not confident in providing feedback. If using this structure, you will find it easier to observe the registrar in real time (rather than video review) during a patient encounter or performance task. This method allows you to comment on positive elements of the registrar's performance (*"Keep doing..."*) and constructive suggestions on what you would like them to build on (*"Do more..."*). This is the point of growth, where you encourage your registrar to expand their capacity in similar situations going forward.

COACHING FEEDBACK FORMAT

Keep Doing:	Do More:
<ul style="list-style-type: none"> • Comment on aspects of performance that were effective. • Be specific and describe impact. • Highlight things that you would like to see done in the future. 	<ul style="list-style-type: none"> • Identify behaviour the student knows how to do, and could do more often.
Stop Doing:	Try this:
<ul style="list-style-type: none"> • Point out actions that were not helpful or could be harmful. • Be specific and indicate potential impact. 	<ul style="list-style-type: none"> • Highlight a point of growth for the student. • A challenge or stretch for future interactions.

Modified from the Coaching Feedback Format, Bayer Institute for Health Care Communication) A. Walsh, Program for Faculty Development 2006

- **The One-Minute Preceptor** is useful for impromptu teaching as situations arise. For example, when your registrar approaches you for an opinion or help with patient care. They may have something they would like you to see before they make a clinical decision.

ONE-MINUTE PRECEPTOR

1. Get a commitment. For example, ask *"What do you think is happening here?"*
2. Probe for supporting evidence.
3. Teach general rules.
4. Reinforce what was done well.
5. Correct mistakes.

Neher JO, Gordon KA, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. JABFP, 5:419-24, 1992

- **Agenda-led Outcome-based Analysis** is a slightly more complex feedback model which works well with mature registrars, those preparing for exams or awaiting fellowship. This feedback method respects the maturity of the registrar by the supervisor offering suggestions, rather than statements. You offer alternatives rather than reciting what the registrar was doing. For example, *"If you were in that consultation again, you might do things differently by..."*

AGENDA-LED OUTCOME-BASED ANALYSIS

- The learner sets the scene, including their concerns and what they want to work out.
- Look at what the learner wanted to achieve - get them to problem - solve first.
- Supervisor and peers contribute in a non-judgemental and balanced way. Try to focus on exact phrases and actions.
- Make suggestions rather than statements. Offer alternatives.
- Practise role playing the suggestions.
- GP supervisor summarises.

Kurtz SM, Silverman JD, Draper J (1998) *Teaching and Learning Communication Skills in Medicine*. Radcliffe Medical Press (Oxford)

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How do I incorporate these models in to my day-to-day teaching?

Different methods work best in different situations and also depend on your registrar's maturity, training post, strengths and weaknesses. The following scenarios show selecting different feedback models for different occasions.

SCENARIO A - DIRECT OBSERVATION

In reviewing the patient feedback surveys collected at your surgery, you notice that many patients have been particularly impressed with the thorough nature of your GP registrar's consultations. You have, however, also noticed her becoming stressed about how often she is running late with her appointments. She also says that she feels that she is spending too much time with her patients



SCENARIO B - DIRECT OBSERVATION

While you are assisting your GP registrar assess a pigmented lesion during a consultation you notice that although his exclusion of melanoma is safe and thorough, he is struggling to assess non-melanoma skin cancer.

IDEAL OPPORTUNITY FOR FEEDBACK GRID

Keep Doing:	Do More:
<ul style="list-style-type: none"> Very patient centred in consultation style. Good Safety-net in all presentations. 	<ul style="list-style-type: none"> Encourage patients to re-book another consultation for less urgent issues.
Stop Doing:	Try this:
<ul style="list-style-type: none"> Leaving typing up of consultation notes until end of session to save time between consults. 	<ul style="list-style-type: none"> Using more focussed questions rather than all open-ended might help save time.

ONE-MINUTE PRECEPTOR

Commit to a diagnosis: Non-melanoma skin cancer

Probe for supporting evidence: The lack of pigment irregularity or presence of a very defined border might, quite correctly, suggest that this lesion is not a melanoma.

Add in some general rules: The significance of an irregular telangiectasia network or of a thickened squamous layer.

Reinforce positive aspects: The recognition that this lesion was suspicious

Build in some correction: Suggest that the GP registrar re-assess some other lesions that they may have previously overlooked

In scenario A (above), helpful lead-in statements for your registrar may be:

- **Keep doing** – "I like the way you are very patient sensitive in your style" or "You have got a fantastic safety netting with all the patients that are coming through."
- **Do more** – "I would like to see you more often encourage patients to rebook for their less urgent issues."
- **Stop doing** – "I've noticed during direct observation sessions that you are getting into the habit of racing between consultations and doing your notes at the end of a session. That's certainly a habit we might want you to get out of."

In scenario B (above), helpful lead-in statements and questions for your registrar may be:

- **Commit to diagnosis** – "I know you have asked me because you aren't sure, but what do you think?"
- **Probe for supporting evidence** – "What makes you think that?"
- **Add in some general rules** – "What are the general rules that are fitting with that?"
- **Reinforce positive aspects** – "Thank you for asking me to take a look."
- **Build in some correction** – "It may be worth going back and taking another look."

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SCENARIO C - YOU HAVEN'T SEEN THE EVENT

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



PENDLETON'S RULES ABLE TO BE ADAPTED

Clarify matters of fact	Share the concerns presented to the Receptionist and ask Registrar if they agree with these?	Allow Registrar to check their notes too, not just use memory
What went well?	Did they feel the consultation was routine? Were there aspects they felt comfortable with? Running on time?	Some positives might be hidden to Registrar
What went less well?	Was there something unmet from the Patient's needs? Were they tired on the day?	Allow Registrar to find these points before adding yours
What might be done differently?	Clearing mind between consultations. Checking comprehension of patient before concluding	Often not a lot Supervisor needs to add here

SCENARIO D - BUILDING SELF CONFIDENCE

10 weeks into her GPT1 term, you are noticing that your GP registrar is still needing to approach you for most paediatric presentations. You haven't had any concerns about her knowledge or clinical reasoning, but would like to see her confidence increase before she moves on at the end of the training term.



SET-GO EASILY UTILISED

You discuss with your GP registrar your observations about her insecurities with paediatric presentations and suggest video recording of her next five paediatric cases, regardless of their complexity

What you Saw:	Her strong history taking skills for excluding serious illnesses and her excellent technique for examining a child
What Else you saw:	Difficulty assuring parents that there is nothing seriously wrong, and a tendency towards over-investigation
Registrar Thoughts:	Agrees that she does sometimes feel intimidated by worried parents
Goals to achieve:	Some advice on how to seem more authoritative
Offers to help:	Suggest downloading a set of evidence-based patient handouts she could issue

In summary...

- Feedback needs to be given regularly to allow change to occur.
- Constructive feedback will help your registrar, patients, staff and you.
- Direct observation of your registrar's consultations will help greatly.
- There are a variety of feedback models available: choose which one works well for you.