

Feedback: Good, Bad and the Ugly

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'#hello my name is Clint, Anaesthetist', painting made on Sketchbook 6.0.5 iOS Rachel Holmes 2023

Introduction

The 2021 Royal College of Anaesthetists (RCoA) curriculum states that “access to high quality, supportive and constructive feedback is essential for the professional development of the anaesthetist in training”.¹ So, what do we mean by feedback, and what do we want this feedback to achieve?

The Oxford English dictionary defines feedback as “advice, criticism or information about how good or useful something or somebody’s work is”, only this is just half of the story. Another definition, relevant to us as trainers and learners, would be “the information sent to an entity about its prior behaviour so that the entity may adjust its current and future behaviour to achieve the desired results.”² In the context of anaesthesia training, information is provided on the gap between a learner’s performance and a standard set by the RCoA, with suggestions on how the gap might be bridged. Self-reflection on any feedback is a vital ingredient to consolidating the learning achieved.

Why do we give feedback? Feedback is essential in our endeavour to become the best anaesthetists we can be. In Maslow's theory of human motivation, some of the needs which drive us to reach self-actualisation include a 'sense of connection', 'esteem' and 'self-realisation', all of which can be, in part, satisfied by feedback from others.³

Unfortunately, the sensitive nature of feedback, and fear of criticism can mean both the learner and trainer can dread it. Ensuring trust on both sides is essential and training in feedback is fundamental to successfully modify behaviour and encourage a different approach.

We outline the good, bad and ugly of delivering and receiving feedback. These top tips offer practical solutions to improve trainers' feedback skills and learners' response to feedback, ultimately improving performance. We emphasise that feedback is a dynamic, two-way process.

Delivery of feedback

- Good
 - Compassionate; about the skill, not the person
 - Factual
 - Use 'SMART' (specific, measurable, achievable, reliable, timely) objectives
 - Confidential, private location
 - Conversational

"Let's go to the anaesthetic room to discuss the list" "That block worked well, next time you could..."

- Bad
 - Poorly timed
 - Dominated by the trainer
 - Anecdotal
 - Patronising
 - Non-specific

"Thanks for your help today"

- Ugly
 - Unrealistic expectations for stage of training
 - Overwhelmingly negative
 - Demoralising
 - Public
 - Insulting

"uhhh, yeah well sorry to hear that your daughter was unwell overnight, actually (looks at phone for a while), I think at your stage, you should be starting elective AAAs alone without me around, I have a meeting to go to this morning". Written feedback two months later amongst no other negative comments: "not performing at desired level.should be capable and confident in managing vascular list independently at their stage in training". ST6 trainee (anonymised)

Receiving feedback

- Good
 - Planned learning objective
 - Welcoming routine feedback
 - Growth mindset⁴
 - Developing a feeling of worth
 - Personal self-reflection

- Bad
 - Pre-judgement of trainer
 - Fixed mindset*
 - Perceived power imbalance **
 - Lack of engagement
 - Seeking feedback from inappropriate sources
- Ugly
 - Feeling disrespected
 - Behaving disrespectfully
 - Entering spiral of negativity
 - Feeling hopeless, angry or worthless
 - Catastrophising

*The learner with a growth mindset will embrace feedback, have less negativity bias, whereas those with a fixed mindset may perceive the discussion as criticism and become defensive or evasive.

**The learner perceives trainer as more 'powerful' and may fail to explore feedback points in more detail which is essential for the adult learner.

Top tips for feedback

- Identify a SMART learning objectives at the start of the day
- Be present, focus on the agreed learning objective
- Gather information from other team members, e.g. ODPs, when appropriate
- Show gratitude, forming an atmosphere conducive to learning but avoid blanket phrases such as 'more of the same' or 'thanks for your help'
- Use a compassionate technique. Feedback on the skill, actions and behaviours, not the person
- Respect generational diversity and perceived power balance
- Acknowledge emotions e.g. "I can tell you really want to get this right", "I can tell you are upset"
- Give targeted advice. If there is nothing specific to improve on, praise areas of good practice
- Be mindful of when immediate feedback is not appropriate i.e. when emotions are too high or following a critical incident
- End on a high. Close with a positive message to counteract any intrinsic negativity bias.

References

1. Royal College of Anaesthetists. *2021 Curriculum for a CCT in Anaesthetics. Version 1.1 August 2021.*
2. CHS Alliance. *PSEA Implementation Quick Reference Handbook.* 2017. https://d1h79zlgft2zs.cloudfront.net/uploads/2019/07/PSEA_Handbook.pdf [Accessed 13/07/2023].
3. Maslow AH. A theory of human motivation. *Psychological Review*, 1943;50(4): 370–396.
4. Dweck CS. *Mindset: The New Psychology of Success.* New York. Random House Publishing Group, 2007.