Delegated practice: feedback

Resource

Estimate: 10 mins

Professor Lynn Robinson is the Director of Research and Development at the Centre for Innovation in Professional Learning (CIPL), The University of Queensland, where her interests are in large-scale professional workforce capacity development, particularly using online networks. Before joining CIPL in 2010, she had a long career in the health care sector encompassing general practice, hospital administration, health system reform and health systems research. She has had a lifelong interest in education and has taught many thousands of health professionals on topics related to clinical leadership, teamwork, innovation and quality and safety.

Multimedia resource

In addition to the lecture transcript below, this lecture is available as a multimedia presentation (audio over PowerPoint slides).
### Delegated practice: feedback

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Delegated practice: feedback

Professor Lynn Robinson
It's not really possible to address the specific requirements of feedback for delegated practice without first re-visiting some basics of effective communication. So in this topic we will be looking at both.

- Principles of effective communication
- Specific tips for providing feedback
It's important to understand the communication process, so that we're aware of any potential sources of errors.

This very simple schema of how communication takes place can provide a framework for more effective communication generally. Using this framework, it's possible to identify factors which positively or negatively effect each phase of the communication process.

For example, formulating the intended meaning takes focus and time. Being rushed or distracted will detract from the effectiveness of this first critical step.

There are many considerations in sending the message – the medium (verbal, written), the language (is it appropriate and clear), the timing and, to the extent that one can control it, the environment. And don’t forget the significance of body language.

It doesn’t seem to matter how hard I try to fake stern disapproval when my grandchildren are being mischievous, unless I am actually cross, they can always pick it. Body language is even
more potent than words.

Gaps can creep in at the receiver's end as well – both in actually physically getting the message and more commonly, in processing it for meaning. If the receiver is distracted, not in a suitable place mentally, culturally or circumstantially to understand the message as it was intended, even if it was effectively delivered, meaning was not being transferred.

How many times, as a clinician, have I experienced this, particularly when giving bad news to patients? It often takes multiple sessions before the meaning and significance of particularly distressing news can be processed. Remember, though, this may be an extreme example, this applies to some extent to all communication.

Active listening is a very good way of improving the outcomes of communication amongst team members. Active listening, at its simplest, involves the receiver paraphrasing (not repeating verbatim) the message as they understand it. Any misapprehensions are then sorted out.
When planning and giving feedback, there are some basic considerations about when, how, and what, which you can focus on and improve. And then there are some general principles and strategies which you should consider, depending on the situation.

**Practical tips for feedback**

- Timing
- Process
- Specific content
- General strategies
Timing in delivering of feedback is obviously a very important factor and can make a difference in how the feedback is received. Where a new skill is being learned, or a novel task delegation has been initiated (that’s, a new way of working, say), feedback should be given as soon as possible. This makes it easier for both parties to remember what occurred in the situation.

But alternatively, it might be appropriate to delay the feedback to another time or place, sometimes this is more appropriate. In any event, the timing of feedback should be, as much as possible, planned and agreed between the supervisor and the assistant.

Clearly, negative feedback is difficult for both parties. It should always be given in a more private environment and as quickly as possible after the event.

Feedback is easier for both parties if it’s made a routine. Frequent feedback gives the opportunity to reinforce certain points, especially if the same problem keeps cropping up. Most people need a couple of instances of respectful
negative feedback to change a particular behaviour. But it’s also important that it’s not too often that it loses its meaning.

It is best if the person, that is the recipient, is engaging voluntarily with regard to receiving feedback. And it does indicate that the person is motivated to improve their performance. But it should be culturally normalised that it is an important part of the professional expectation, that one would seek feedback as an important part of learning.
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<td><img src="image" alt="Optimise feedback - method" /></td>
<td>When we're looking at methods of providing feedback, one thing you might consider is the individual's learning style. Some people are more auditory, some more visual and some more kinaesthetic or movement-oriented. Most people deal better if they have a variety of modes in which to understand. You might like to provide a few brief notes to a verbal conversation, say. Or take a video and step through it with the assistant. Obviously, you have to find something that is effective for both and doesn't require hours and hours. But it might just mean different methods of feedback for different people work better, and you should be open to this and discuss how to make the feedback more meaningful to your assistant.</td>
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Now let’s look at the specific content of feedback.

Content should be factual and clear, and the recipient should be given the opportunity to clarify anything they’re unsure of. Information should be as specific as you can make it and preferably data, not opinion.

So not vague generalisations - refer to very specific tasks and areas, as it’s easier then for people to improve performance if they know what this relates to.

Focus on behaviours rather than on the person’s characteristics. What they did in a specific situation and then what is preferred or improved behaviour in that situation.

This reduces defensiveness and puts the emphasis back on skill building, rather than on fault finding.
And finally, when looking at giving the feedback, it is important to consider if the person has low self-esteem or self-confidence. This could mean that they place a lot of reliance on external feedback and its impact, if it's negative, may be magnified by this filter. So just consider that, in considering the way you deliver feedback.

Positive feedback's important. It makes the actual constructive negative feedback better received if there's also some positive feedback surrounding it. A good rule of thumb is to find three positive things to say before drawing attention to a negative.

Relevance, so this is looking more at whether the feedback is related to specific behaviours of the recipient. And it also needs to be conveyed in a language that the recipient understands, and the language might be to do with the care plan or the assessment tool or your standards that you use to decide whether the person is meeting a minimum standard.

Team tools are good tools and language to use, because they are the language...
that you both know about, and you know what the words mean that relate to those team tools.

So it’s important though, to have plenty of time to have an interaction so that the other person can respond to the feedback. It is good for them to be given an opportunity to find a way to improve, so this can be more positive if they get the opportunity to give you ideas as well, on how they can improve their performance in that particular area.

Later we will look at learning plans and setting learning goals. If these are in place, we can always refer back to these and relate the feedback to those goals. Jointly developing learning plans is also a good exercise for building productive relationships and is motivating for both parties who then have more ownership of the professional development processes and goals.

And finally, the language we use is obviously important, it needs to suit the recipient. And remember your non-verbal language as far as tone and those sorts of things.
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<td>Never give feedback if you are not calm and prepared.</td>
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**Summary**

- Effective communication in the clinical education setting ensures optimal transfer of meaning
- Effective communication is a mutual responsibility
- Feedback on performance relies on effective communication to be optimal
- Providing good feedback is a skill too

In summary, communication is a fundamental process but does not happen effectively by chance.

In order for communication to be effective, meaning must be transferred and this requires conscious effort on everyone’s part.

Feedback is a specific form of communication and requires particular attention in delegated practice care settings. Planning for and using good feedback techniques is important to both the quality of care and the professional development of the assistant.
References

Learning Goals

Have you met these Learning Goals?

- Provide effective performance feedback to team members
Identifying the features of effective feedback

**Group learning**

**Table of contents**

1.0 Deconstructing a feedback session
2.0 Improving feedback within your team

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**Learning Goals**

- Provide effective performance feedback to team members

**Reflection**

If your team is working progressively through the materials in this workshop over a period of weeks, take a moment to quickly refresh your memory of what you have previously covered in this workshop before continuing on with this new topic.
1.0 Deconstructing a feedback session

Instructions

Read through the following transcript of a practice feedback session either by choosing 2 volunteers to read the scenario out aloud or reading through the text individually.

A supervisor and their assistant are sitting at a table in a staff tea room.

Supervisor: Hi. Thanks for coming along. I just wanted to give you some feedback on the session with Emily today.

Assistant: Sure.

Supervisor: I thought that it went really well overall. Your performance was quite adequate, but there were just some things that you could improve upon.

Assistant: OK.

Supervisor: Did you notice that Emily was quite distracted throughout the session at times?

Assistant: No. No I didn’t.

Supervisor: Yeah, I think that was possibly... I noticed she was, and I think that was because both mum and grandmother were in the room, and a lot of the activities that you did were focused with Emily facing them, so I’m wondering whether just positioning them, working the environment a bit better, so that Emily is more focused on the activities with you, and then she’ll get less distracted with mum in the room.

Assistant: OK.

Supervisor: I noticed that you’d set five goals for the session, and only achieved two of them today unfortunately. The goals were great ones for the session, but it’s about just being a bit more flexible, so you can integrate the goals more and achieve all of them in the timeframe.

Assistant: OK.

Supervisor: Now, mum was interacting with Emily at times, and I felt this put you off a little bit.

Assistant: Yes. It did, yeah.
Supervisor: Yeah, I thought that was what was happening. And at one stage I thought that you possibly ignored mum a little bit. It was probably hard for you to notice that in the session. So, think about, when that does happen again, about engaging mum in that particular task, and I think you'll get better outcomes with Emily.

Now, the balloon activity you designed was great. I thought that went very well to achieve the second goal. Maybe think about how you could use that activity to achieve more of the goals, especially the ones that weren’t achieved that time. I noticed that you’re getting better at giving Emily feedback on her performance.

Assistant: Yes.

Supervisor: So I’m quite confident that your communication with children will get better overtime. And I just wanted to know what you thought about your singing?

Assistant (laughs).

Reflection
Did you notice the purposefulness of the educator’s feedback?

It addressed:

- whether the student met their learning goals for the day
- how they could do it better
- how they could better organize the session
- how the student interacted with the patient and the patient’s mother.

Have the feedback sessions you’ve been involved in covered this range of information?

Group discussion questions
Reflect on the conversation between the supervisor and their assistant and critique the content and language of the supervisor’s feedback.
2.0 Improving feedback within your team

**Reflection**

In her presentation Professor Lynn Robinson's highlighted some key features of effective feedback:

- focus on specific tasks and areas for improvement
- draw on data, rather than opinion
- use words and language that is clear and explicit, free from ambiguity
- positive feedback should always be included
- the person providing feedback should demonstrate positive and open body language.

**Group discussion questions**

1. What are some current issues impacting upon team members’ ability to provide and receive effective feedback?
2. Identify the areas that your team would collectively like to focus on in order to improve the way feedback is provided.

**Instructions**

In the space provided below write down:

(a) any steps that you have identified for your own development in either giving or receiving feedback

(b) any agreed steps for your team to implement following this workshop in order to improve the way team members deliver and receive feedback.
Steps for your improving your own skills:

Agreed steps for the team:
Learning Goals

Have you met these Learning Goals?

- Provide effective performance feedback to team members

Authority

This training program has been developed by The University of Queensland’s Centre for Innovation in Professional Learning for use by the Department of Health and Hospital and Health Services established under the Hospital and Health Boards Act 2011 (Qld).