

## Feedback on observed healthcare communication in the workplace

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### This sheet deals with:

- Constructive, formative feedback
- On observed learner-patient communication during workplace-based learning
- Shared in one-to-one supervisor-learner interactions

### What?

Helpful feedback is a supportive conversation that assists learners in identifying their current skills and areas for improvement, and provides reinforcement and guidance for enhancing their skills and performance in future.<sup>1</sup> It is the art of observation of actions and description of outcomes.

### Why?

Feedback is of utmost importance for learning, especially during clinical education.<sup>1-4</sup> Feedback can reinforce the importance of communication as central to effective health care. The way feedback is given determines this learning process to a great extent.

### How?

This sheet is based on the ALOBA (agenda-led outcome-based analysis) approach to observation and feedback.<sup>2</sup> Communication is a clinical skill that can be perceived as more closely tied to personal identity than other more technical skills. To minimize learner defensiveness, ALOBA emphasizes what is effective in helping to achieve objectives in clinical encounters rather than focusing on evaluating the learners' behaviors as either good or bad.

#### 1. Set the scene

Set an appropriate time and place for feedback, create a safe and supportive climate.

#### 2. Identify the interviewer's learning agenda

Helping learners identify their needs and goals prior to practice/observation can focus subsequent feedback and increase learner receptiveness: *What would you like me to pay attention to? What are you hoping to accomplish in this encounter?*

#### 3. Prepare the patient

Either supervisor or learner can inform the patient about the purpose and ask for consent.

#### 4. Watch the interview

From a place in the room that avoids direct eye contact with learner or patient, while making specific, descriptive notes, or use a checklist or a validated observational instrument.

#### 5. Acknowledge the interviewer's perspective

Outside the patient room, elicit learner thoughts and feelings: *How do you think that went?*

#### 6. Refine the interviewer's learning agenda

Identify learner areas of concern or desired outcomes: *What in particular would you like feedback about? What were you trying to accomplish? How effective were these skills to reach your goals?*

#### 7. Offer feedback

- Engage the learner in a reflective conversation that prioritizes and marries self-assessment with your observations: *You were concerned about whether the patient understood all of the information, what I observed was...*
- Use descriptive and non-evaluative language. *When I heard you say... I saw the patient... this makes me think...*

- Link your description to outcomes and suggest ideas for improvement and alternative approaches
  - a. Observation: When you did X... *When you used technical terms like angina and EKG*
  - b. Outcome: I noticed Y... *I noticed the patient looked confused and became quieter, indicating that he may not have understood what you were talking about*
  - c. Alternative: It would be more effective if...*To help achieve your goal of helping him understand what is going on, try using plain language as much as possible.*
- Balance reference to effective vs. ineffective behaviours
- Limit the amount of feedback to avoid overwhelming the learner, 1-2 points is sufficient
- Check the learner's understanding/acceptance of feedback
- To really reinforce key learning points, provide opportunity for immediate re-rehearsal of suggested approaches. *You had concerns about how you addressed the patient's distress and we identified some ways you could respond more effectively. Let's replay that piece of the conversation and try practising some of these techniques. I'm the patient now, we start from...*

### **8. Reinforce teaching points**

Provide guidance to enable learners to step beyond their current competence. *As we discussed, it can be really helpful to notice when patients are distressed and respond directly by acknowledging their emotion with empathic statements. I encourage you to keep practising this.*

### **9. Close the session**

- End with an actionable plan. *What do you want to try next time you see a patient?*
- Provide follow-up by asking about and reinforcing their integration of the feedback in subsequent patient encounters.

### **Implementation:**

- Less is more: short observational sessions (beginning of history or explanation), tailored amount of feedback is feasible for clinician/learner.<sup>5</sup>
- Before observing, assure the learner you won't embarrass them in front of the patient or take over the encounter.
- Approach feedback as a supportive conversation with the main purpose to help the learner. Emotional distress is a barrier to its acceptance.<sup>1</sup>
- Encourage learners to actively seek out feedback from you and others.
- Promote communities of practice in clinical workplaces in which feedback is routine, consistent and valued.<sup>1</sup>

### **Limitations:**

Skilled role models are key to learning communication in the workplace. This requires investment in faculty development and training clinicians in communication skills and in feedback giving skills.

### **Read More?**

1. Lefroy J, Watling C, Teunissen P. Guidelines: the do's, don'ts and don't knows of feedback for clinical education. *Perspect Med Educ* 2015;4:284-299. DOI: 10.1007/s40037-015-0231-7
2. Kurtz S, Silverman J, Draper J. *Teaching and learning communication skills in medicine*. 2nd ed. Oxford: Radcliff Publishing Ltd, 2005.
3. Junod Perron N, Sommer J, Louis-Simonet M, Nendaz M. Teaching communication skills: beyond wishful thinking. *Swiss Med Wkly* 2015;145. DOI: 10.4414/smw.2015.14064
4. Rosenbaum ME. Dis-integration of communication in healthcare education: Workplace learning challenges and opportunities. *Patient Educ Couns* 2017; 100:2054-2061. DOI: 10.1016/j.pec.2017.05.035
5. Lane J, Gottlieb R. Structured Clinical Observations: A Method to Teach Clinical Skills with Limited Time and Financial Resources. *Pediatrics* 2000;105:973-977.