

# “The Power of Feedback”

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Workplace-Based Assessment (WPBA) Workshop

Kuliyah of Medicine, IIUM

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# Content

## ❖ **Introductions to feedback**

- Definition
- Roles/functions
- Example of feedback models

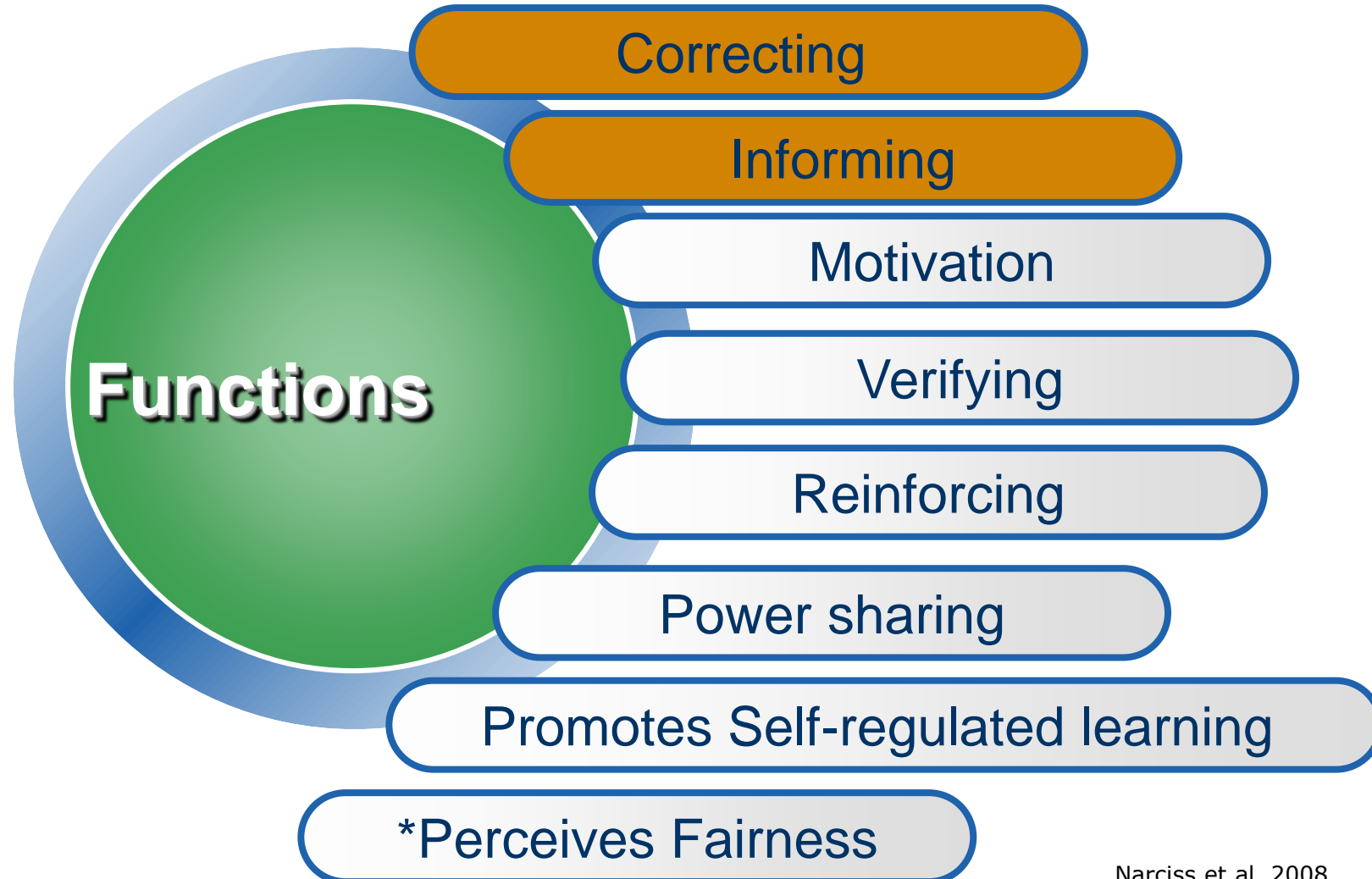
## ❖ **Giving feedback: Feedback process**

# DEFINITION OF FEEDBACK

❖ information about the performance **gaps** and the strategies to **improve the gaps**

(Branch and Paranjape, 2002; Cantillon and Sargeant, 2008; Ende, 1983; Hattie and Timperley, 2007; Ilgen and Davis, 2000; Kluger and DeNisi, 1996; Lipnevich and Smith, 2009; Ramaprasad, 1983; Sadler, 1989; Shute, 2008; Taras, 2005; van de Ridder et al., 2008)

# Power of Feedback = Functions of Feedback



# Feedback in WPBA

- ❖ Feedback from WBAs has a range of effects on trainees, with some evidence of benefits accruing to ways of working (clinical skills), ways of learning (accountability for learning), and ways of feeling (emotional wellbeing) (Voyer et al. 2016).
- ❖ Feedback needs to focus on what is relevant to the learning in the workplace (van der Leeuw et al. 2018)

# How to give feedback?

## ❖ From the literature

- Various feedback guidelines
- Various feedback models

# Feedback model/technique

**Feedback  
sandwich/  
Hamburger  
technique**

**Pendleton's rule**  
(Pendleton *et al.* 1984)

**SETGO/ALOA  
technique**  
(Silverman *et al.* 1998)

**Reflective  
Feedback  
Conversation  
Model**

(Cantillon and Sargeant, 2008)

**ARCH**



# Sandwich feedback





# The adverse effect of Feedback Sandwich

## Disadvantage

- Easily predicted- Ignore their real strength
- Fake praise
- Exaggerate praise
- NON-DIALOGIC



# Feedback model/technique

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**ARCH**

### Case-based Discussion (CbD) – F2 Version

[illegible]

Clinical problem category:	Pain	Airway/ Breathing	CVS/ Circulation	Psych/ Behav	Neuro	Gastro	Other
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Complexity of case:	Low <input type="checkbox"/>	Average <input type="checkbox"/>	High <input type="checkbox"/>	Assessor's position:	Consultant <input type="checkbox"/>	SpR <input type="checkbox"/>	GP <input type="checkbox"/>
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[illegible]

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

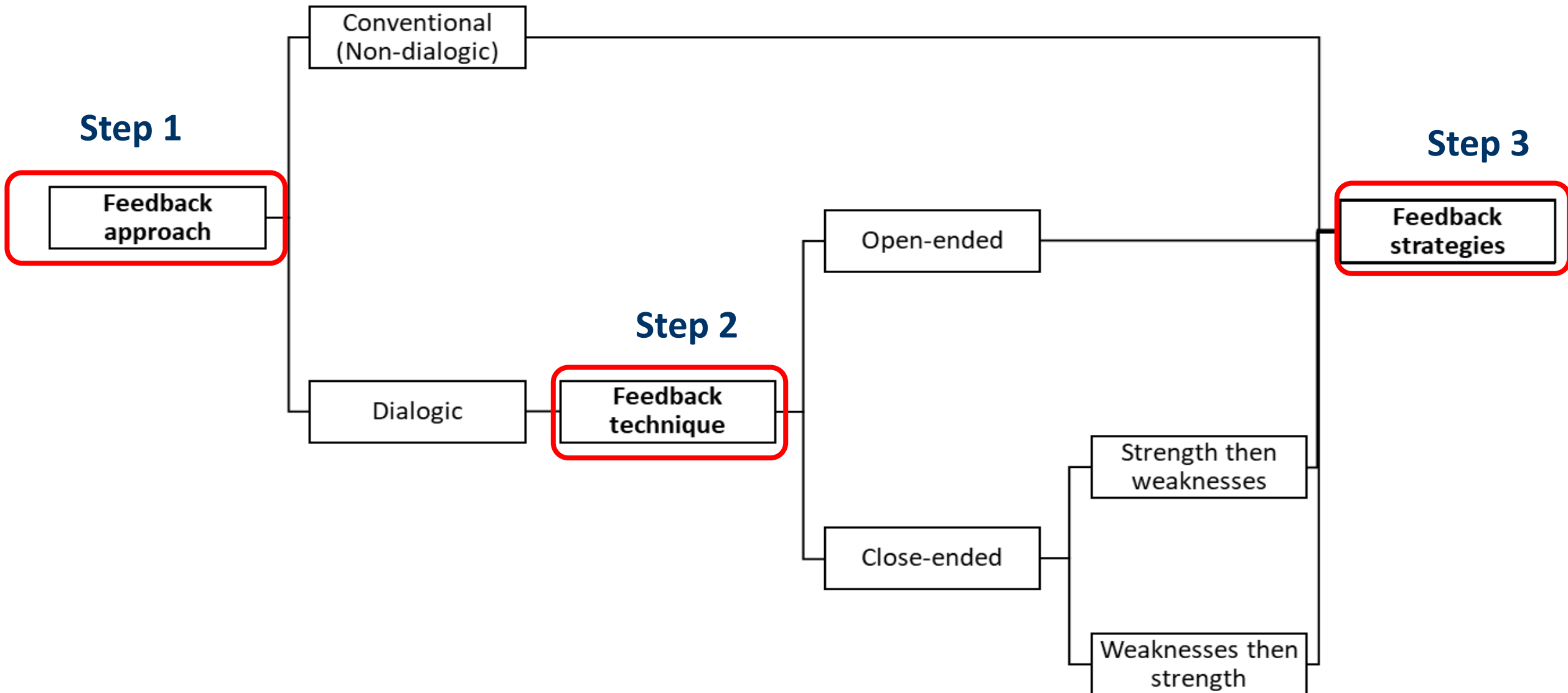
Anything especially good?

### Suggestions for development

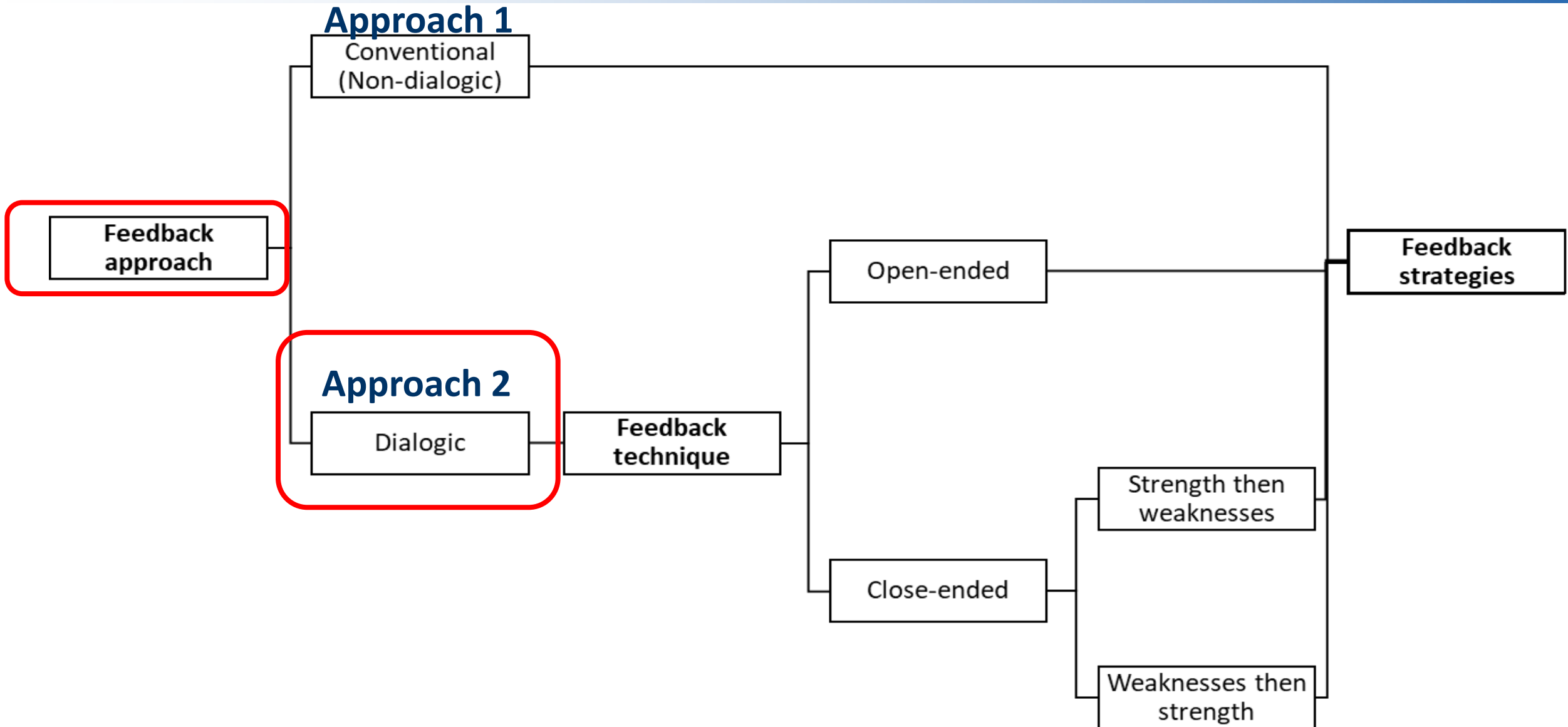
**Agreed action:**

# How to give feedback?

# Feedback process



# Step 1: Feedback approach



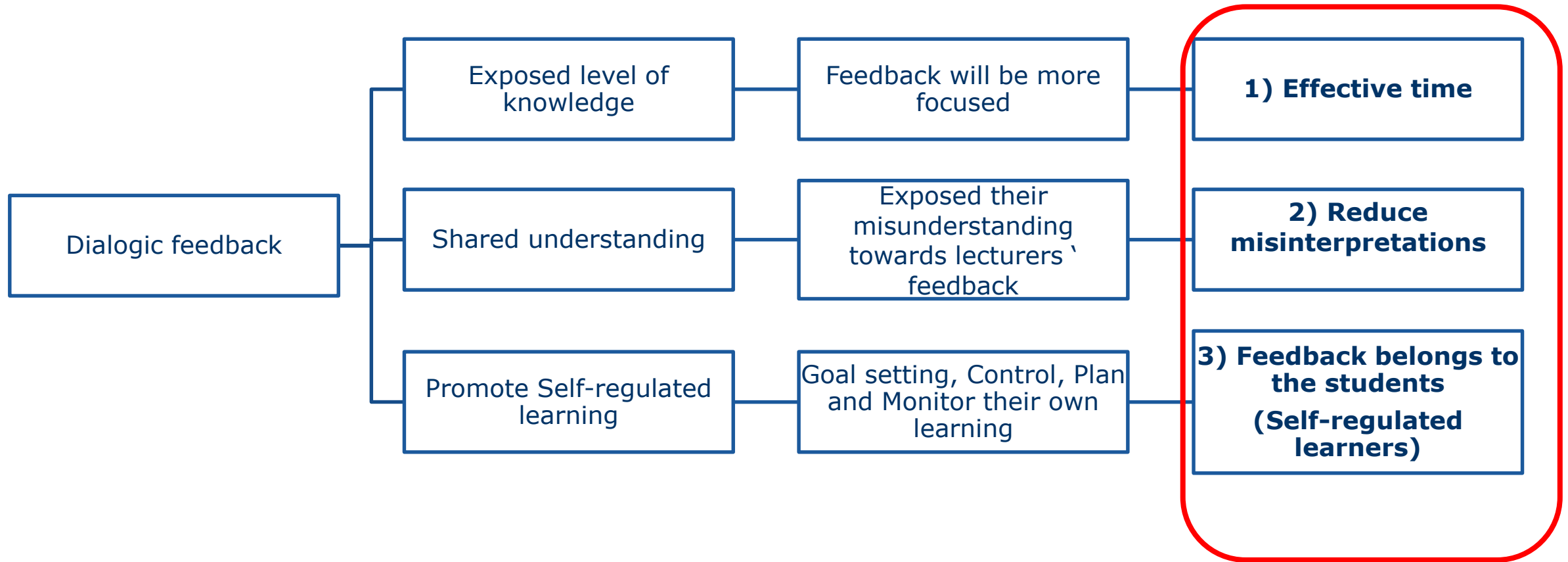
# Step 1: Feedback approach: Dialogic feedback

## ❖ Two-way communication

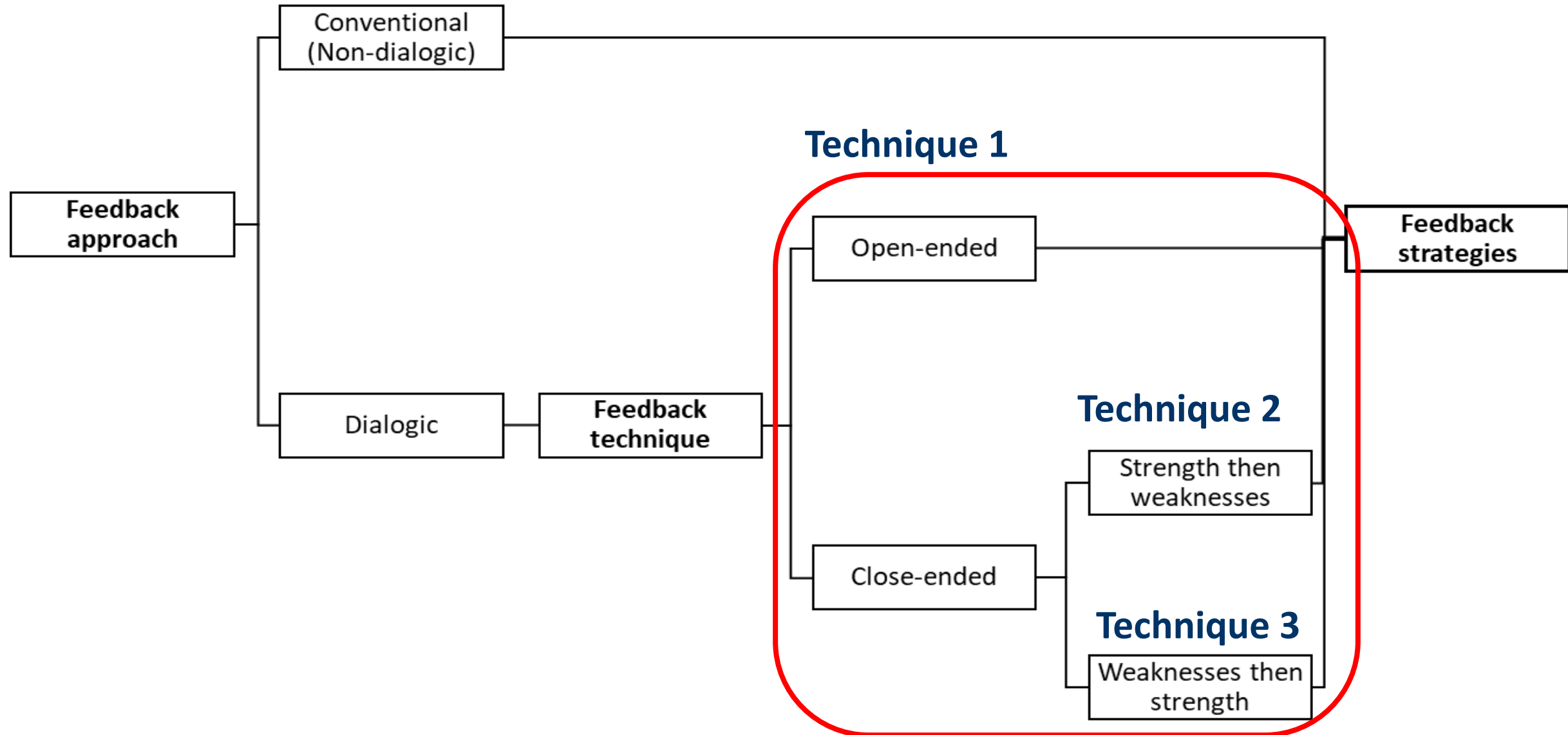
❖ **Viewing feedback as an interactive process, a dialogue, or a learning conversation is now common** (Ossenberg et al. 2019)



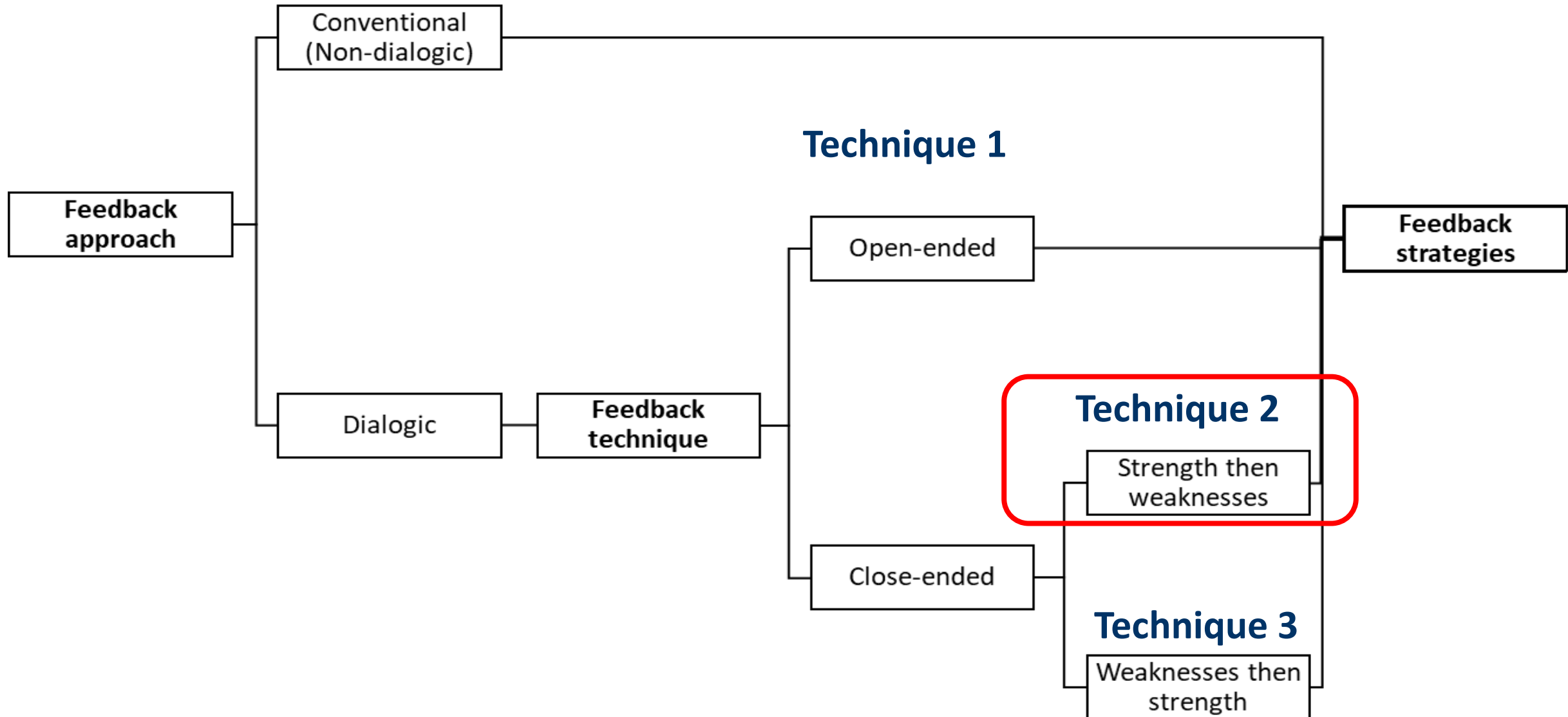
# Why dialogic feedback!!!- Part 1



# Step 2: Feedback technique



# Step 2: Feedback technique



# Dialogic feedback: Closed-ended: strength

**Feedback  
sandwich/  
Hamburger  
technique**

**Pendleton's rule**  
(Pendleton *et al.* 1984)

**SETGO/ALOPA  
technique**  
(Silverman *et al.* 1998)

**Reflective  
Feedback  
Conversation  
Model**

(Cantillon and Sargeant, 2008)

**ARCH**

Please refer to curriculum at [www.mmc.nhs.uk](http://www.mmc.nhs.uk) for details of expected competencies for F1 and F2

### Case-based Discussion (CbD) – F2 Version

Please complete the question using a cross: ☒ Please use black ink and CAPITAL LETTERS

Doctor's Surname	<input type="text"/>																			
Forename	<input type="text"/>																			
GMC Number:	<input type="text"/>						<b>GMC NUMBER MUST BE COMPLETED</b>													
Clinical setting:	A&E <input type="checkbox"/>				OPD <input type="checkbox"/>				In-patient <input type="checkbox"/>				Acute Admission <input type="checkbox"/>				GP Surgery <input type="checkbox"/>			
Clinical problem category:	Pain <input type="checkbox"/>		Airway/ Breathing <input type="checkbox"/>		CVS/ Circulation <input type="checkbox"/>		Psych/ Behav <input type="checkbox"/>		Neuro <input type="checkbox"/>		Gastro <input type="checkbox"/>		<input type="text"/>							
Focus of clinical encounter:	Medical Record Keeping <input type="checkbox"/>						Clinical Assessment <input type="checkbox"/>						Management <input type="checkbox"/>				Professionalism <input type="checkbox"/>			
Complexity of case:	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>		Assessor's position: <input type="checkbox"/> Consultant <input type="checkbox"/> SpR <input type="checkbox"/> GP													

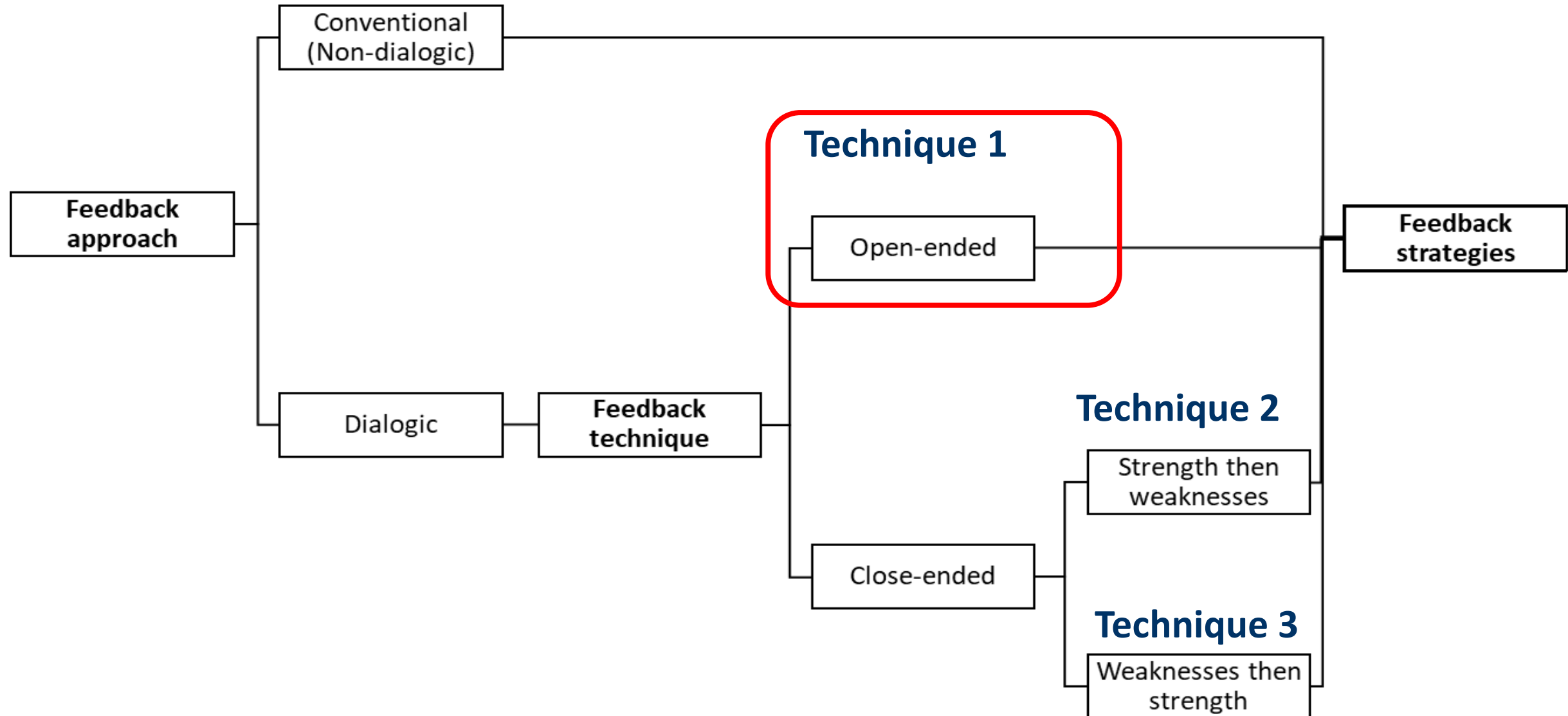
Please grade the following areas using the scale below:	Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C *
	1	2	3	4	5	6	
1 Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment							

Anything especially good?

Suggestions for development

Agreed action:

# Step 2: Feedback technique



CASE BASED DISCUSSION (CBD) FORM  
FACULTY OF MEDICINE  
UNIVERSITI KEBANGSAAN MALAYSIA

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Matric Number: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ R/N: \_\_\_\_\_

System:

Summary of the clinical problem:

Problem / Case Complexity: Low ☐ Average ☐ High ☐

\* A student must be assessed on Part A and Part B

**Part A: The assessor must choose (tick) assess all items**

	Very Good (5)	Good (4)	Acceptable (3)	Poor (2)	Very poor (1)	Score
Clinical judgement (diagnosis and differentials)						
Investigation						
Management, follow-up planning						
Score						/15

**Part B: The assessor may choose (tick) more than one item**

<input type="checkbox"/>	Medical record keeping	<input type="checkbox"/>	Professionalism	<input type="checkbox"/>	Leadership skills	<input type="checkbox"/>	Referral
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Very Good (5)	Good (4)	Acceptable (3)	Poor (2)	Very poor (1)	Score
					/5

Name of assessor: \_\_\_\_\_

Signature: \_\_\_\_\_

CASE BASED DISCUSSION (CBD) FORM  
FACULTY OF MEDICINE  
UNIVERSITI KEBANGSAAN MALAYSIA

\* Please return this page to the student

Summary of the clinical problem:

WRITTEN AND VERBAL FEEDBACK

How is your performance today?

What you do well?

What else to improve?

Agreed action:

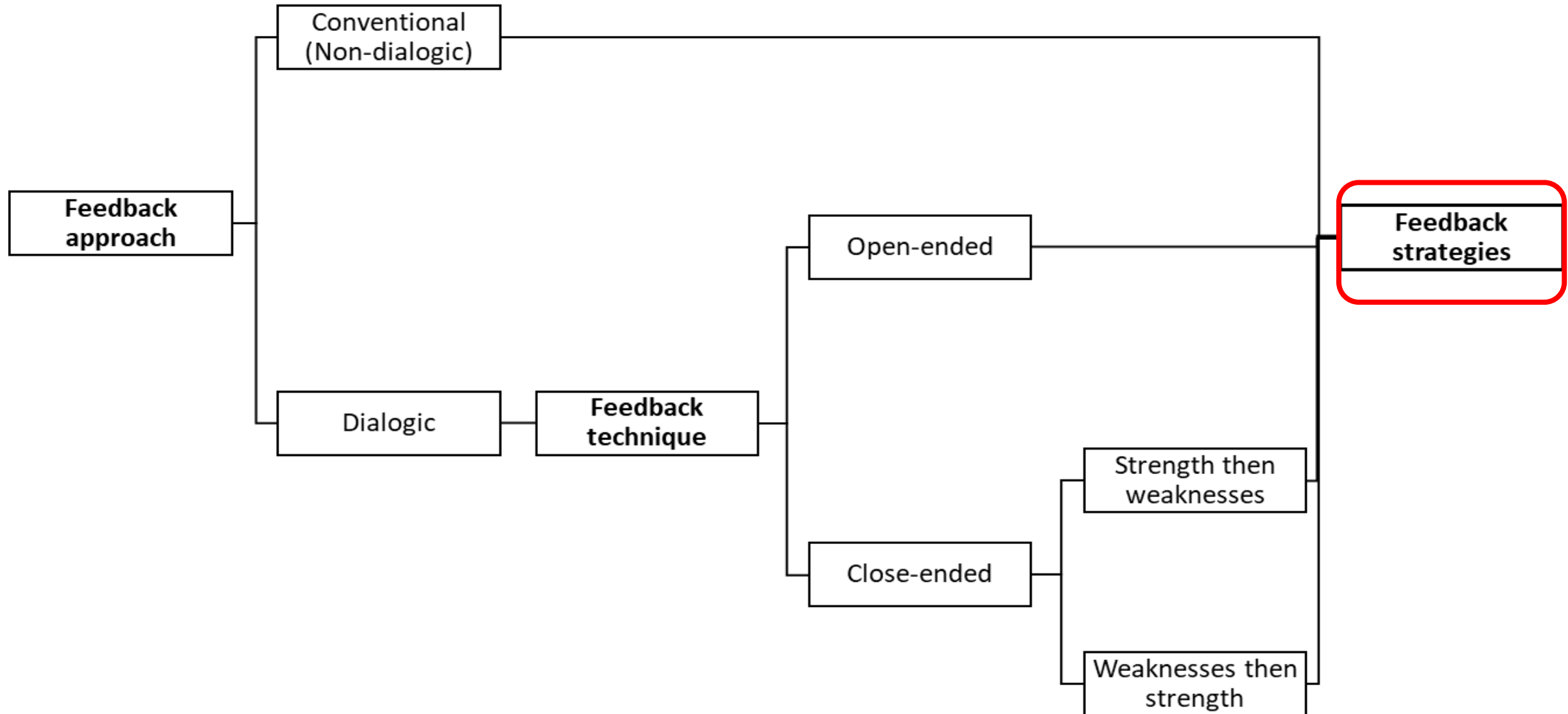
VERBAL FEEDBACK

Tips for verbal feedback:

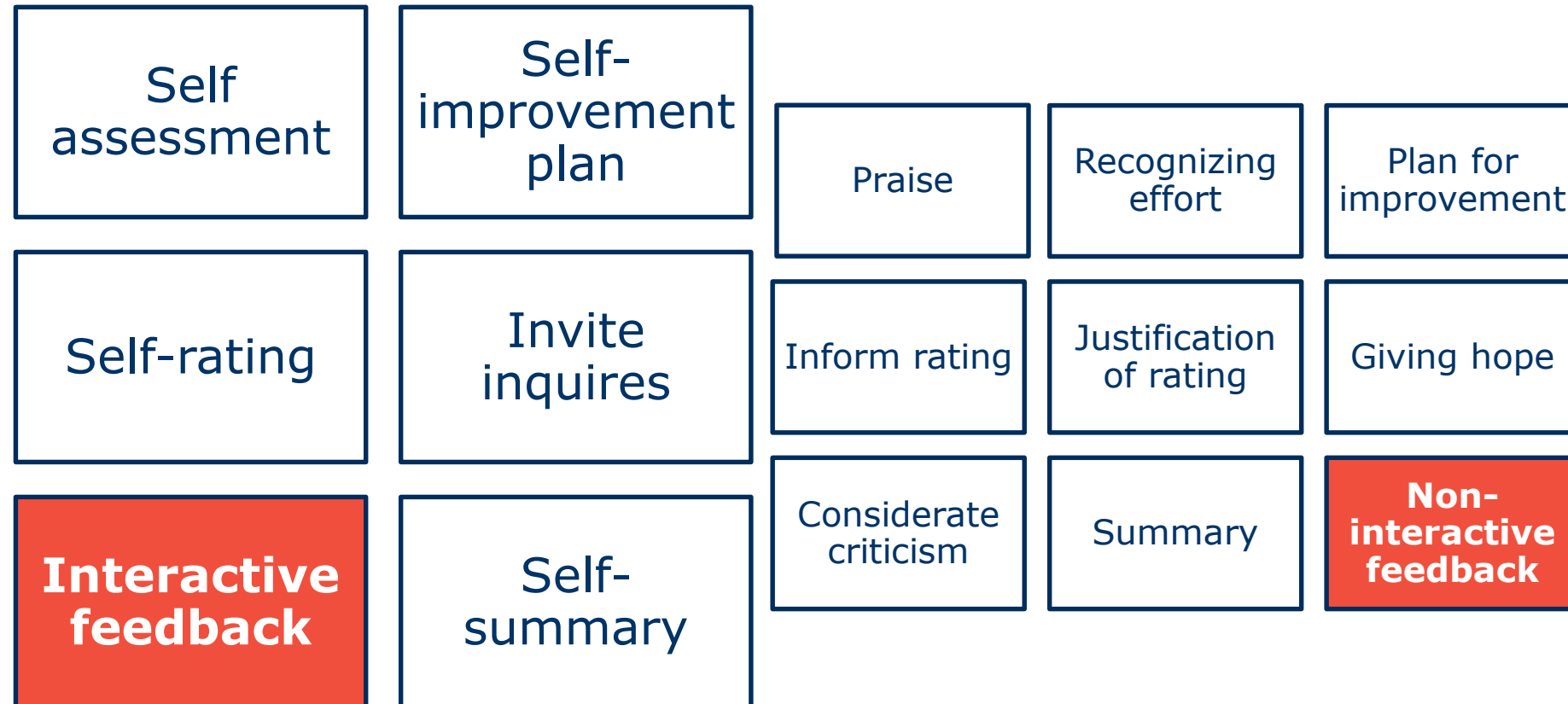
- 1) The feedback should focus on each item
- 2) Student's score should not be discussed in feedback



# Step 2: Feedback technique



# Feedback strategies- with or without intentions!!



Lizzio and Wilson (2008) and Hewson and Little (1998).

# FEEDBACK IN ASSESSMENT versus FEEDBACK IN TLA

❖ **1) RATING**

❖ **2) TEST ANXIETY**

## Rating in feedback

- ❖ Andaman (2013) had highlighted on different perceptions on ratings towards the motivation among students of different ages and education levels.

# Feedback in WPBA

- ❖ **This is particularly valuable as much of the literature on WBAs has moved from numerical scoring to qualitative and narrative 'scoring' with emphasis on feedback for supporting learning (Yeates et al. 2015)**

### Case-based Discussion (CbD) – F2 Version

[illegible]

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U/C\*

[illegible]

### Suggestions for development

**Agreed action:**

# Adverse effect of rating

- ❖ Deviate students' focus away from the task and feedback  
(Black *et al.* 2003; Carless 2006; Hattie and Timperley 2007; Kluger and Denisi 1996; Taras, 2001).
- ❖ Carless (2002) suggested:
  - that feedback without grades



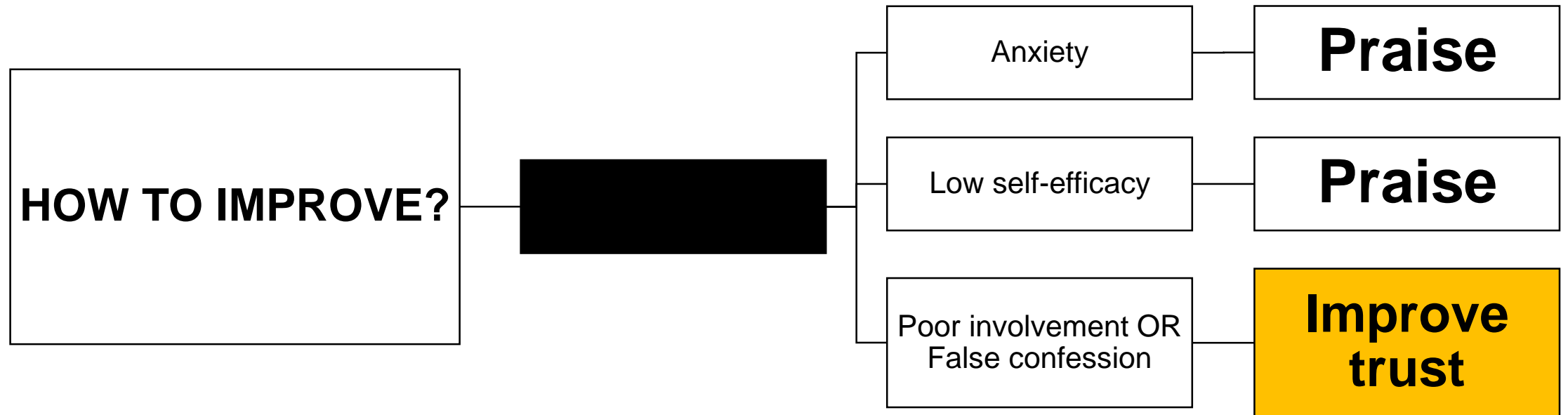
# Adverse effect of test anxiety

- ❖ Zeidner (1998) was that test anxiety causes
  - Difficulty to recall information
  - causes the loss of concentration.

# 'Silent' student during feedback

- ❖ **1) Rating**
- ❖ **2) Test Anxiety**
- ❖ **3) Dialogic feedback**

# How to tackle 'silent' student during feedback



# TAKE HOME MESSAGE

- 1) There are two possible approaches that you can adopt when giving feedback**
- 2) If you choose dialogic approach (interactive feedback), you can choose either open-ended self-reflection (technique 1) or close-ended self-reflection that begin with strengths (technique 2) or close-ended self-reflection begin with weaknesses (technique 3).**
- 3) Each approach or technique contains various feedback strategies AND each strategy may have more than one role/function. You should know the various roles in order to get more benefit from feedback.**

# Video



# “Non Verbal Communication”

# Non verbal communication (NVC)

❖ **"a silent form of communicating with a person or party without using any form of speech to grab the attention of audience or to exploit a message"**

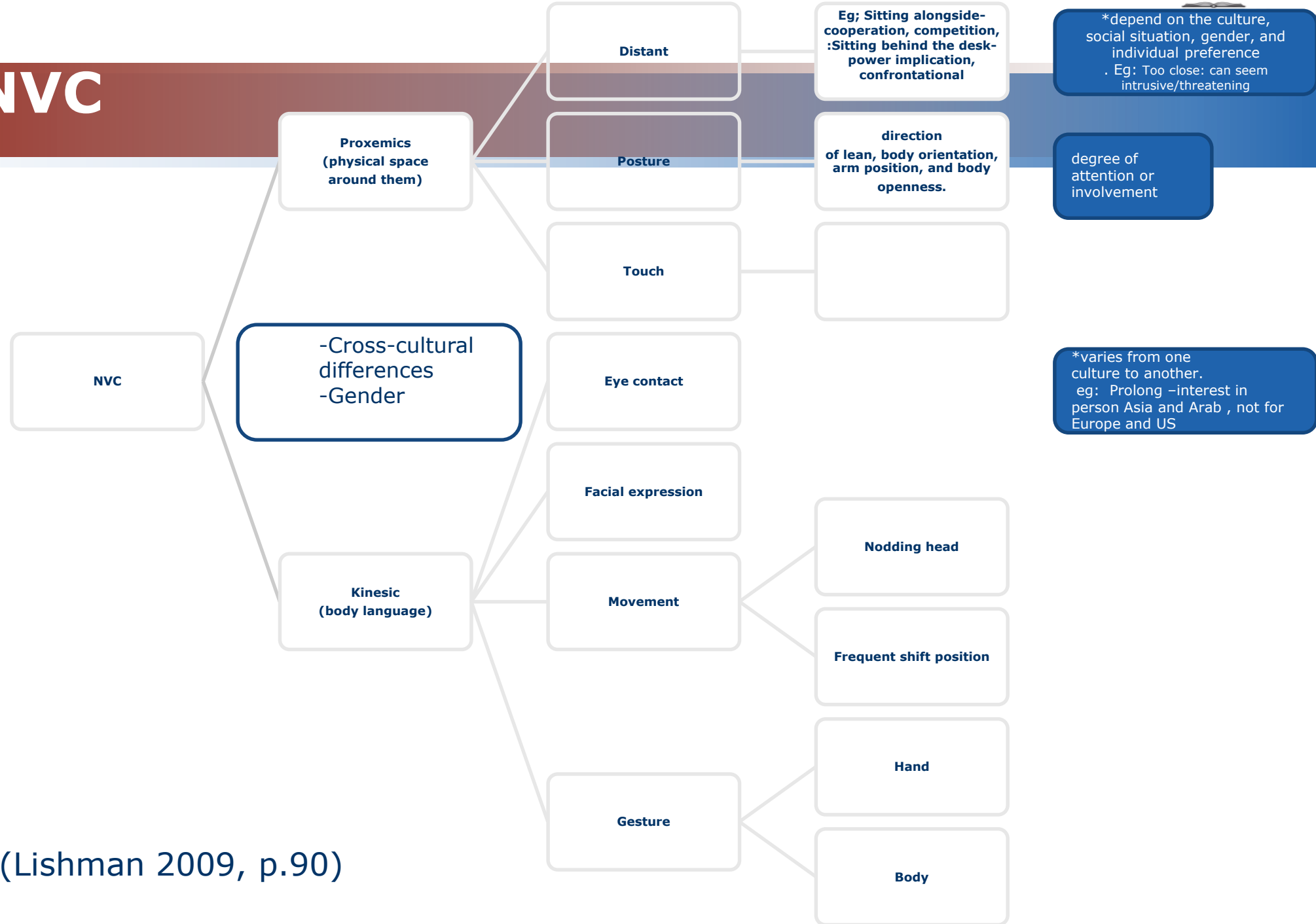
(Phutela 2015 p.1).



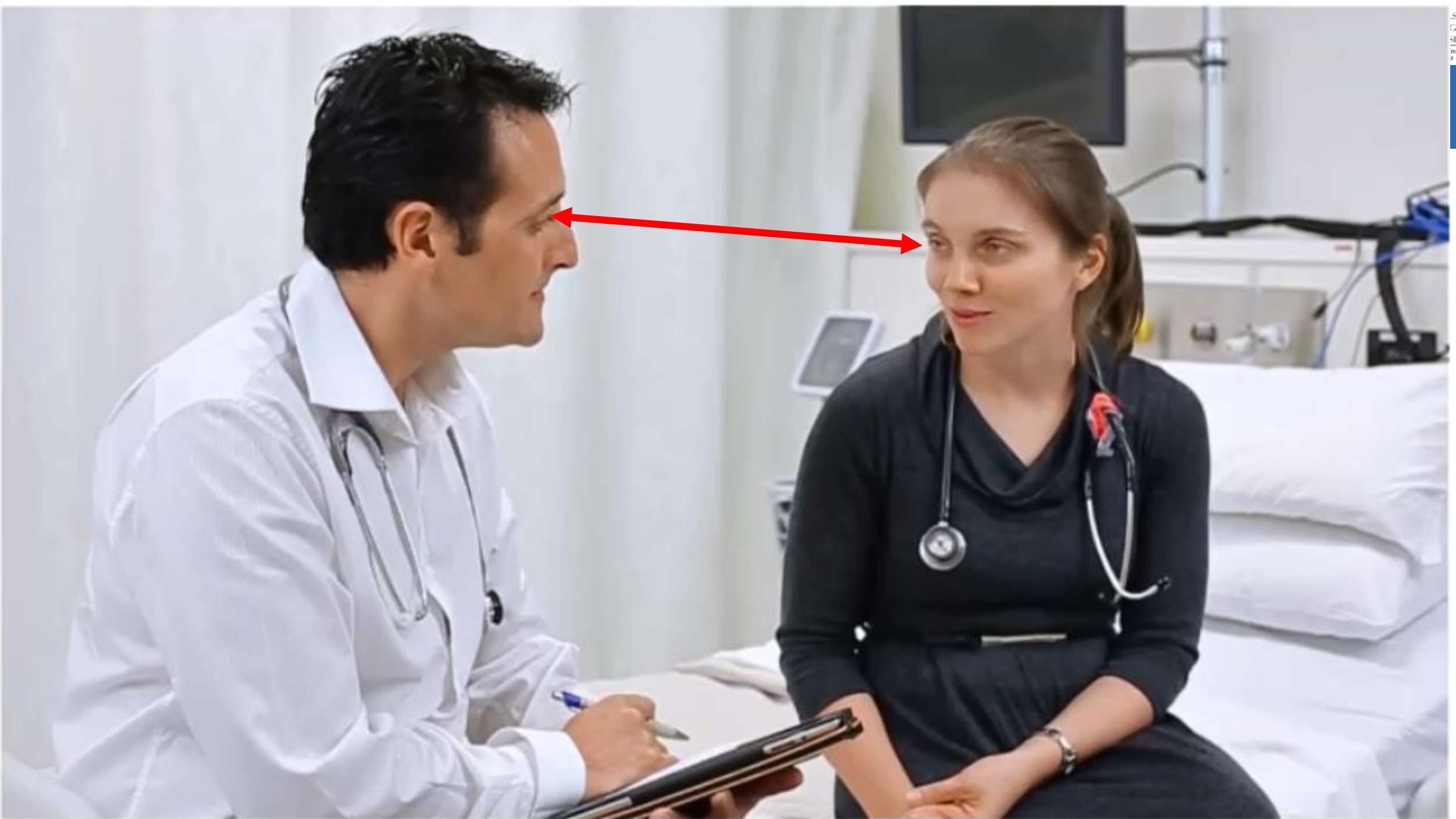
# Why NVC is crucial?

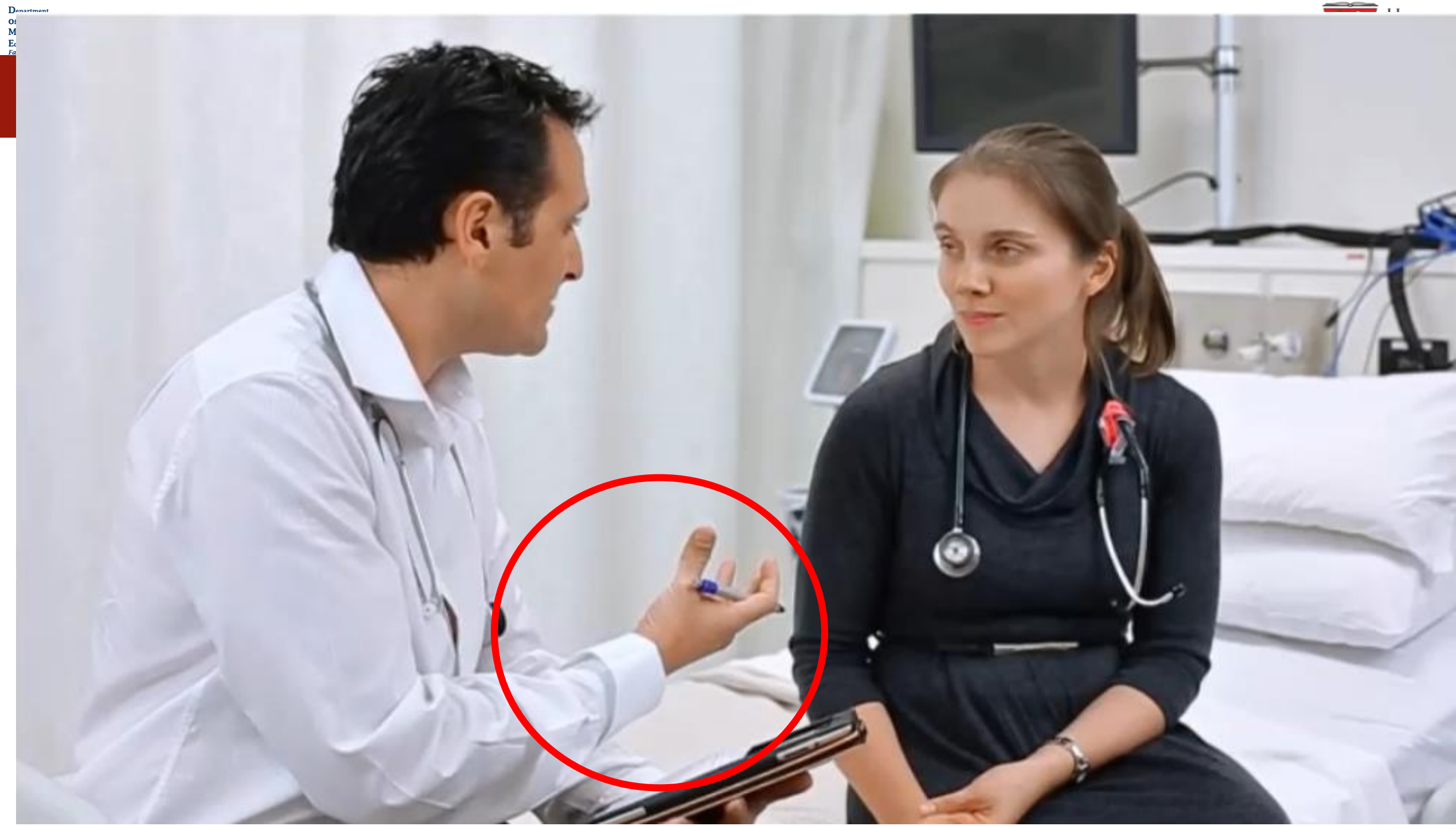
- ❖ **Mehrabian (1971) argued that non-verbal communication constitutes more than 90 per cent of communication.**

# Type of NVC



(Lishman 2009, p.90)

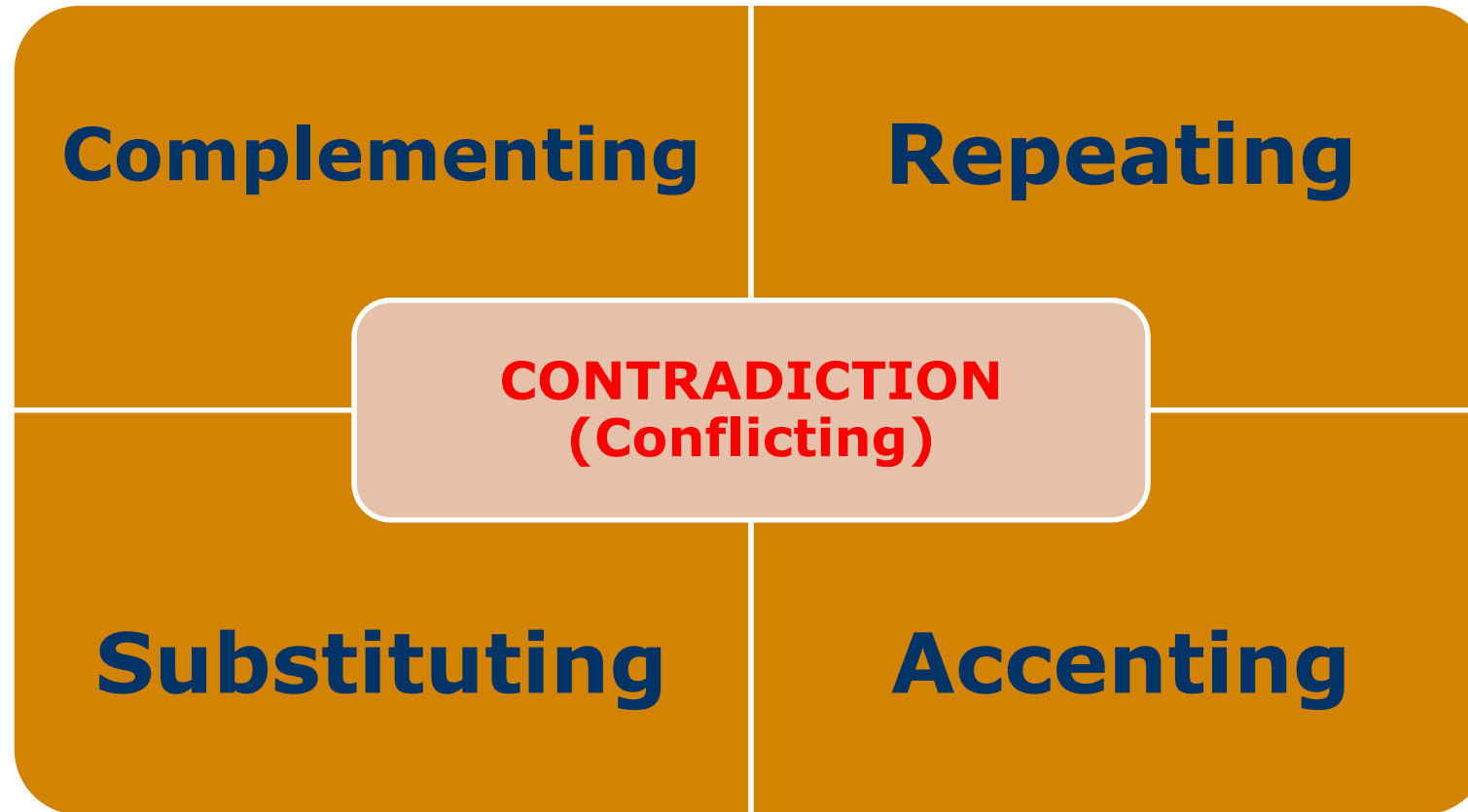




# How student interpret the NVC?

❖ **“Non-verbal communication in some situations are more important than verbal...if the verbal is contradicting with the non-verbal, I will choose non-verbal”. H28**

# 1+4 Roles of NVC



Phutela, 2015

**MOST OF THE TIME..THE PERSON DID NOT REALIZED !!**

# The role of non-verbal communication in feedback

**“Actually, my lecturer don’t have any facial expression. Just calm. I don’t have any comment on that. I prefer facial expression because I can know that what doctor think is correct or wrong.”H38**

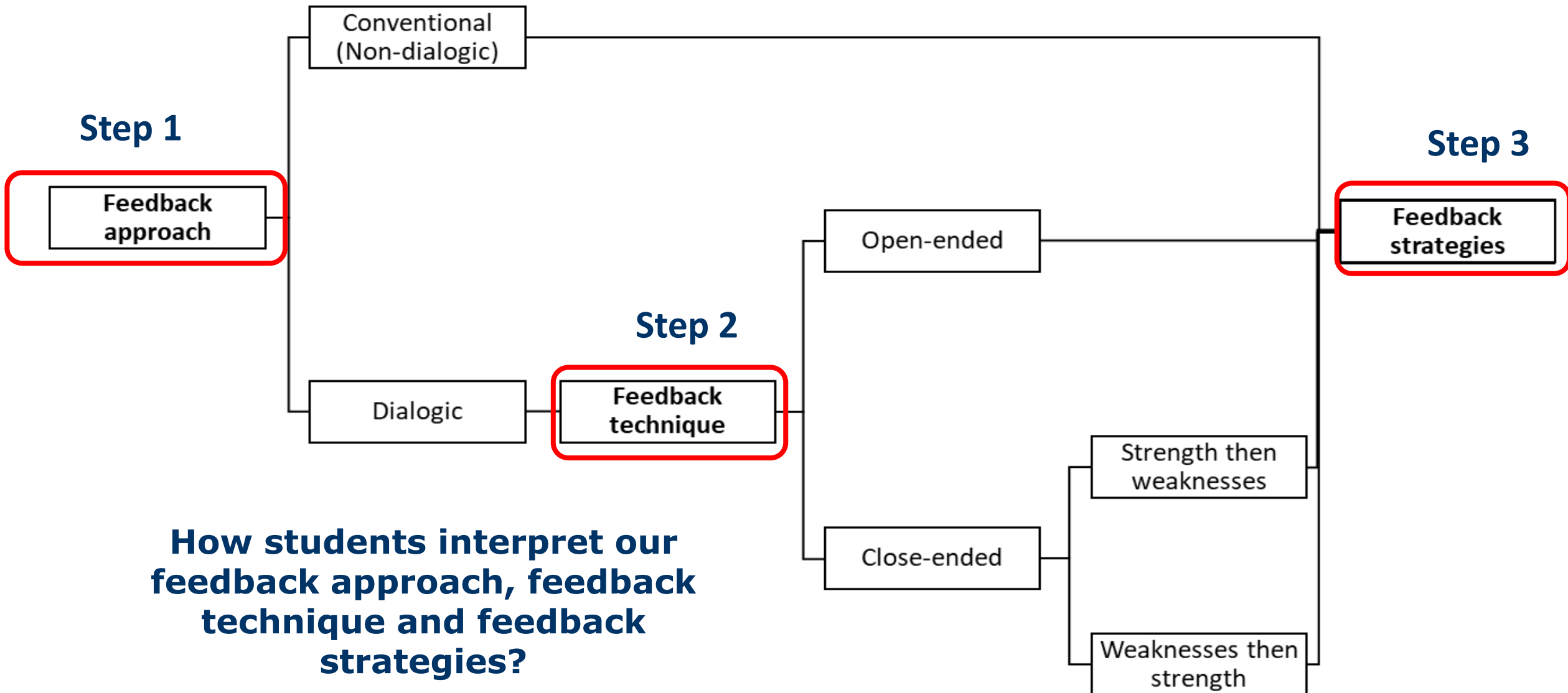
## Student's interpretation on Contradict Intonation: Sarcasm

**“It depends on the lecturers’ words and intonation. For example either the lecturer praises me or she was just sarcastic. The term ‘sarcastic’ for me is when the lecturers’ positive feedback and their tone contradicts to one another.” L16**

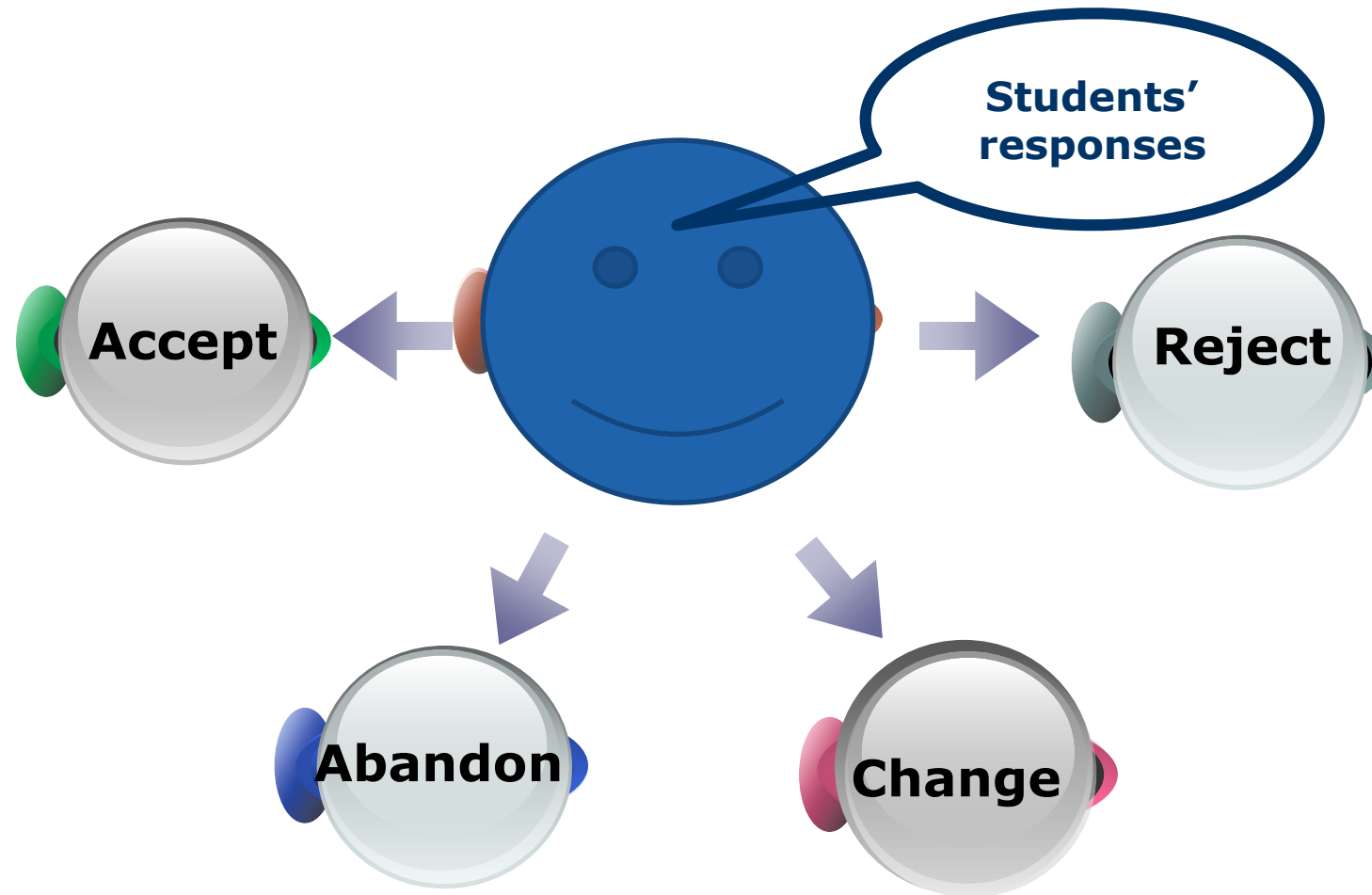


# Video

# Feedback process

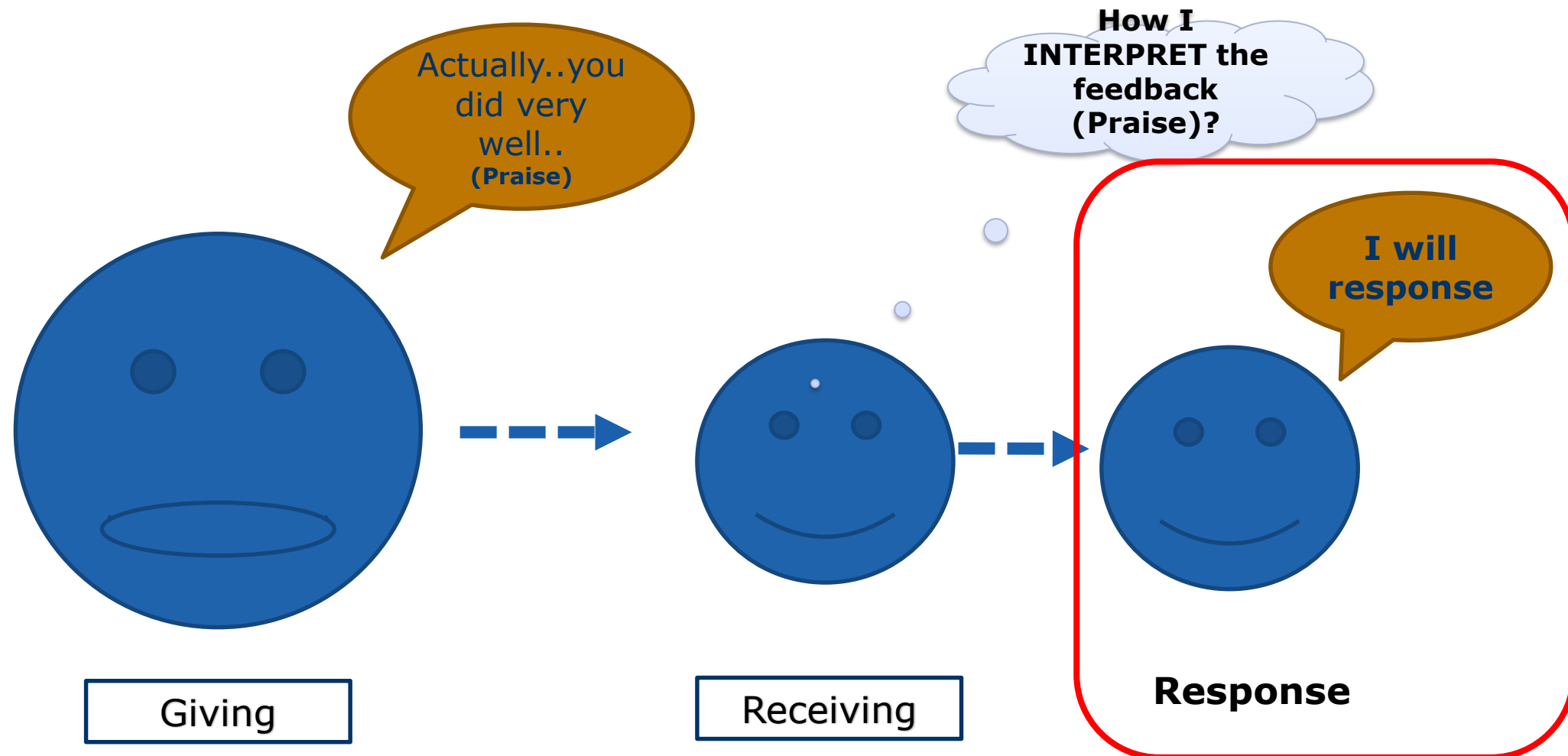


# Students' response to feedback



Kluger and DeNisi (1997)

# Conclusion: Feedback is a process..





**Thank you**

Feedback checklist		
Lecturers' feedback		Tick (✓)
Feedback approaches	Monologic/One-way feedback	
	Dialogic/ two-way feedback	
Feedback techniques	Closed-ended: Strength	
	Closed-ended: Weaknesses	
	Open-ended	
Feedback strategies	Identify limitation	
	General praise	
	Focus praise	
	Considerate criticism	
	Recognizing effort	
	Giving hope	
	Detail criticism	
	General plan for improvement	
	Focus plan for improvement	
	Transferability	
	Identifying goals	
	Engaging content	
	Justification of mark	
	Opportunity for voice	

Feedback guideline		
Lecturers' feedback		Descriptions/ examples
Feedback approaches	Monologic/One-way feedback	Non-interactive session
	Dialogic/ two-way feedback	Interactive session
Feedback techniques	Closed-ended: Strength	Example: "Tell me about your strength"
	Closed-ended: Weaknesses	Example: "Tell me about your weaknesses"; "How could you perform better?"
	Open-ended	Example: "How is your performance today?"; "How do you perform today?"
Feedback strategies	Identify limitation	Example: "Is there anything you want to share regarding the patient"?
	General praise	Example: "Well done"; "Good job"; "Congratulation, you had performed very well"
	Focus praise	Acknowledged my good points, indicated/ demonstrate what/which/where I had got right
	Considerate criticism	Considerate in identifying limitations, pointed out where I had gone wrong but didn't make me feel small or inadequate, made me feel stupid by the way they wrote comments
	Recognizing effort	Recognized that I had put in a lot of work, didn't acknowledge the effort I made, saw that I had really tried
	Giving hope	Showed that even though the mark wasn't great I was still in the game, encouraged me to keep trying to do better or improve, made positive and encouraging comments
	Detail criticism	The extent to which students feel that their work has been considered at a deep level, made critical comment on how I had approached or thought about the topic

	General plan for improvement	Example: "Go back and read on Covid 19" ; 'You need to see more patient"
	Focus plan for improvement	Example: "Go back and read on how Covid 19 been transmitted" ; 'You need to see more respiratory cases, try more on your percussion"
	Transferability	Made comments that were useful for other courses, gave me feedback that I could use with future assignments
	Identifying goals	Indicated key things that I could focus on to improve, suggested a useful goal to consider
	Engaging content	Posed questions about the topic that made me think, comments showed me another aspect of the issue, put other points of view
	Justification of mark	Didn't just give a mark but also explained why there wasn't a good match between the final grade and the type of comments, clearly explained how a mark was fair, comments were contradictory and inconsistent
	Opportunity for voice	Lecturer invited me to ask the question during or at then end of the feedback session, so I could discuss anything I wasn't clear about

Adapted from Lizzio and Wilson (2008)