

**ST3-EDU-FELL-EPA3 – Feedback**

<b>Area of practice</b>	Medical education	<b>EPA identification</b>	ST3-EDU-FELL-EPA3	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 29/04/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assist learning though receiving and providing feedback.</b>			
<b>Description</b> Maximum 150 words	The trainee is open to receiving feedback and actively solicits and utilises feedback on his/her own performance as a clinician, peer and teacher or supervisor. He/she has a multidimensional view of feedback informed by literature and applies this practically to maximise feedback effectiveness. The trainee should demonstrate the ability to engage in constructive learner-centred feedback conversations with a peer, supervisee or student and be competent in the application of giving feedback in the context of workplace-based formative assessments.			
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>	
	<b>COM</b>	1	<b>SCH</b>	1, 2
	<b>COL</b>	2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Is familiar with the main themes in literature on feedback.</li> <li>• Understands the central role of feedback in highlighting gaps between actual and desired performance in assessment for learning, ie. the cycle of task performance, observation and comparison to standard, feedback provision, feedback reception and utilisation and task re-performance.</li> <li>• Is aware of the potential for feedback to both assist and hinder learning.</li> <li>• Can explain some important variables which may influence the impact of feedback, including variables relating to: the feedback culture, the task, the feedback provider and recipient and the delivery, focus and content of the feedback.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Actively seeks and utilises feedback from others.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Establishes an appropriate interpersonal climate for giving supported, sequential feedback to others.</li> <li>• Uses RANZCP WBAs as a vehicle to give constructive feedback on the basis of observed performance relative to the desired standard of competency.</li> <li>• Chooses a useful focus for feedback and engages in a dialogue which encourages learner self-reflexivity, motivation and goal setting.</li> <li>• Where appropriate uses a model for delivering feedback, such as SET-GO, feed-up, feed-back and feed-forward.</li> <li>• Is sensitive to, and manages, negative emotional reactions to feedback.</li> <li>• Incorporates feedback into continuous learning including following up on action plans.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Has a multidimensional view of feedback as an aspect of continued learning which considers situation, culture, nature of feedback and individual characteristics.</li> <li>• Open and receptive to feedback from others and has willingness to modify performance.</li> <li>• As feedback giver – respectful, non-judgmental and learner-centred attitude.</li> <li>• Committed positive attitude to workplace-based assessment.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Direct Observation of Procedural Skills (DOPS) - engaging with others in feedback conversations.</li> <li>• Explorative discussion with trainee about own specific experiences with feedback.</li> <li>• Video recording.</li> <li>• General observation and personal experiences with trainee.</li> <li>• Formal and informal feedback from students of trainee, or peers.</li> </ul>
<p><b>References</b></p> <p><b>Recommended references</b></p> <p>ARCHER C. State of the science in health professional education: effective feedback. <i>Med Educ</i> 2010; 44: 101–8.</p> <p>BROWN N &amp; COOKE L. Giving effective feedback to psychiatric trainees. <i>Advances in Psychiatric Treatment</i> 2009; 15: 123–8.</p> <p>CROMMELINCK M &amp; ANSEEL A. Understanding and encouraging feedback-seeking behaviour: a literature review. <i>Med Educ</i> 2013; 47: 232–41.</p> <p>HATTIE J &amp; TIMPERLEY H. The power of feedback. <i>Review of Educational Research</i> 2007; 77: 81–112.</p> <p>SARGEANT J, LOCKYER J, MANN K et al. Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). <i>Acad Med</i> 2015; 90: 1698–706.</p>	

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### **Additional references**

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar