ST3-EDU-FELL-EPA3 - Feedback

Area of practice	Medical education	EPA identification	ST3-EDU-FELL-EPA3
Stage of training	Stage 3 – Advanced	Version	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.

Title	Assist learning though receiving and providing feedback.				
Description 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.				
Fellowship competencies	ME		НА		
	СОМ	1	SCH	1, 2	
	COL	2, 3	PROF	1, 2, 3	
	MAN	1, 2			
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.				
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base				
	Is familiar with the main themes in literature on feedback. Independent the control role of feedback in highlighting gone hat upon actual and decired not form one in account of the control role of feedback.				
	 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. 				
	Is aware of the potential for feedback to both assist and hinder learning.				
	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.				
	Skills				
	• Act	Actively seeks and utilises feedback from others.			

	Establishes an appropriate interpersonal climate for giving supported, sequential feedback to others.				
	 Uses RANZCP WBAs as a vehicle to give constructive feedback on the basis of observed performance relative to the desired standard of competency. 				
	 Chooses a useful focus for feedback and engages in a dialogue which encourages learner self-reflexivity, motivation and goal setting. 				
	Where appropriate uses a model for delivering feedback, such as SET-GO, feed-up, feed-back and feed-forward.				
	Is sensitive to, and manages, negative emotional reactions to feedback.				
	 Incorporates feedback into continuous learning including following up on action plans. 				
	Attitude				
	 Has a multidimensional view of feedback as an aspect of continued learning which considers situation, culture, nature of feedback and individual characteristics. 				
	Open and receptive to feedback from others and has willingness to modify performance.				
	As feedback giver – respectful, non-judgmental and learner-centred attitude.				
	Committed positive attitude to workplace-based assessment.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment	Professional presentation.				
method details	Direct Observation of Procedural Skills (DOPS) - engaging with others in feedback conversations.				
(These include, but are not limited to, WBAs)	Explorative discussion with trainee about own specific experiences with feedback.				
	Video recording.				
	General observation and personal experiences with trainee.				
	Formal and informal feedback from students of trainee, or peers.				

References

Recommended references

ARCHER C. State of the science in health professional education: effective feedback. Med Educ 2010; 44: 101-8.

BROWN N & COOKE L. Giving effective feedback to psychiatric trainees. Advances in Psychiatric Treatment 2009; 15: 123-8.

CROMMELINCK M & ANSEEL A. Understanding and encouraging feedback-seeking behaviour: a literature review. Med Educ 2013; 47: 232-41.

HATTIE J & TIMPERLEY H. The power of feedback. Review of Educational Research 2007; 77: 81–112.

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). *Acad Med* 2015; 90: 1698–706.

VAN DE RIDDER JM, McGaghie WC, Stokking KM & Ten Cate OT. Variables that affect the process and outcome of feedback, relevant for medical training: a meta-review. *Med Educ* 2015; 49: 658–73.

Additional references

ALGIRAIGRI A. Ten tips for receiving feedback effectively in clinical practice. Med Educ Online 2014; 19: 25141.

GAUTHIER S, CAVALCANTI R, GOGUEN J & SIBBALD M. Deliberate practice as a framework for evaluating feedback in residency training. Med Teach 2015; 37: 551–7.

HEWSON M & LITTLE M. Giving feedback in medical education: verification of recommended techniques. J Gen Intern Med 1998; 13: 11–116.

KLUGER A & DENISI A. The effects of feedback interventions on performance: a historical review, a meta-analysis and a preliminary feedback intervention theory. *Psychological Bulletin* 1996; 119: 254–84.

KLUGER A & DENISI A. Feedback interventions: towards the understanding of a double-edged sword. Current Directions in Psychological Science 1998; 7: 67–72.

MEHTA F, BROWN J & SHAW N. Do trainees value feedback in case-based discussion assessments? Med Teach 2013; 35: 116–1172.

OAKLEY C & OYEBODE F. Giving feedback to trainees. Melbourne: RANZCP, September 2015. Viewed 5 February 2016,

<ranzcp.psychiatrycpd.co.uk/learningmodules/givingfeedbacktotrainees.aspx>.

SARGEANT JM, MANN KV, VAN DER VLEUTEN CP & METSEMAKERS JF. Reflection: a link between receiving and using assessment feedback. *Adv Health Sci Educ Theory Pract* 2009; 14: 399–410.

PELGRIM E, KRAMER A, MOKKINK H & VAN DER VLEUTEN C. The process of feedback in workplace-based assessment: organisation, delivery, continuity. *Med Educ* 2012; 46: 604–12.

RUSHTON A. Formative assessment: a key to deep learning? Med Teach 2005; 27: 509-13.

SHUTE V. Focus on formative feedback. Review of Educational Research 2008; 78: 153-89.

TEN CATE O. Why receiving feedback collides with self determination. Adv Health Sci Educ Theory Pract 2013; 18: 1845–9.

VAN DER LEEUW RM, SLOOTWEG IA, HEINEMAN MJ & LOMBARTS KM. Explaining how faculty members act upon residents' feedback to improve their teaching performance. *Med Educ* 2013; 47: 1089–98.

WATLING C, DRIESSEN E, VAN DER VLEUTEN CP & LINGARD L. Learning from clinical work: the roles of learning cues and credibility judgements. *Med Educ* 2012; 46: 192–200.

WATLING C, DRIESSEN E, VAN DER VLEUTEN CP & LINGARD L. Learning culture and feedback: an international study of medical athletes and musicians. *Med Educ* 2014; 48: 713–23.

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