Academy of Medical Royal Colleges

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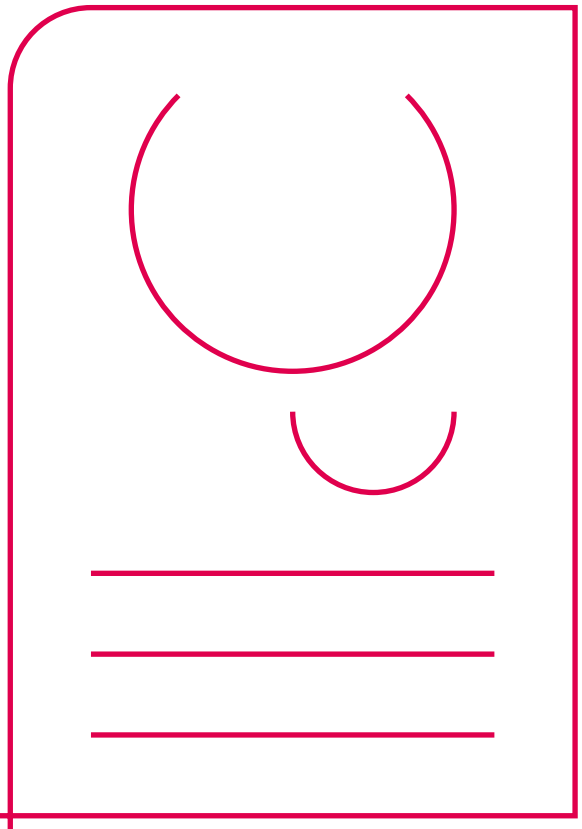
Improving feedback and reflection to improve learning

A practical guide for trainees and trainers



Contents

1. Introduction

High quality reflection in combination with supportive and constructive feedback is essential for the professional development of all trainee doctors (trainees).

This guide builds on the 2016 Academy report Improving Assessment: Further Guidance and Recommendations[1], which details the background, current status and likely developments in assessment in the workplace. The recommendations of the report include a number on feedback and learning development.

There are many methods that can enable valuable reflection and feedback as part of individual development. However, these activities may also be undertaken poorly and may even be counter-productive to the learning process.

This guide focuses on practical information for trainees and trainers on how trainee self-reflection, feedback from the trainer and trainer self-reflection can improve the performance and value of formative Workplace Based Assessments (WBAs).

Key points from the Improving Assessment: Further Guidance and Recommendations report are highlighted throughout this guidance where relevant. Additional references that may be of use can be found in that report.

Advantages of feedback[1]

- Effective feedback enhances and facilitates learning
- The addition of self-reflection to feedback promotes deeper learning
- Trainees value feedback and consider it one of the most important aspects of a WBA.

Key Recommendations

1. Reflection and feedback should be carried out together and should be integral to every WBA
2. All existing WBAs provide a setting for reflection and feedback
3. Reflection and feedback are both cyclical and compare current against previous performance
4. Reflection and feedback should take place as soon as possible after the event to maximise benefit
5. Reflection and feedback should be frequent – every clinical encounter provides an opportunity
6. Feedback should include an action plan for future development
7. Trainers and trainees should recognise and respect cultural differences when giving and receiving feedback

2. Background

2.1 Definitions

Reflection

This is the process whereby an individual (a trainee or a trainer in this context) thinks analytically about a clinical situation or activity, monitoring its progress and evaluating its outcome. As this implies, it can (and should) take place before, during and after the situation. It results in a better understanding of the situation and enables the individual concerned to recognise the impact of their actions.

The aim of this process is to aid individual development and support enhanced performance when similar situations are encountered in the future, allowing the experience gained from previous situations to be put into action.[2]

Feedback

Feedback can take many forms. For the purposes of this guide it is defined as the giving of specific information about how a trainee's observed behaviour and performance compares with a standard, the intention being to improve the trainee's performance in the future.[3]

2.2 When Reflection and Feedback could be used

Any medical or training situation can be enhanced by the use of reflection and feedback:

- A trainee can reflect on her/his performance
- A trainer can give feedback to the trainee about that performance
- The trainer can reflect on her/his performance in giving that feedback
- The trainee can give feedback to the trainer about that performance.

The first three of these situations should be considered to be a part of routine practice. The fourth should also be encouraged as part of everyday practice. However, it is acknowledged that significant barriers remain that prevent this from being adopted more widely.

2.3 Contribution of reflection and feedback to the learning process

All medical activities are complex processes requiring the integration of professional values, knowledge, skills and behaviours. Taken in isolation, the individual aspects of these are finite and limited in scope. Clinical practice, however, requires the simultaneous delivery of many skills and behaviours based on different areas of knowledge while applying all relevant professional values. Learning such complex tasks takes time, practice and careful teaching.

Although trainees may be able to successfully learn some of the individual, finite components of these complex tasks with little external input, integrating and applying all the knowledge, skills and behaviours required for clinical practice requires guidance and instruction on how to do so. Frequent feedback delivered as soon as possible after any given event is an important component of this guidance.

During the process of learning how to do this, trainees will learn a little from observation, more from personal practice and the most from personal deliberate practice augmented by detailed de-briefing involving self-reflection and feedback from a trainer. By mentally re-playing, reviewing and reflecting on the event (which may be supported or enhanced, where appropriate, by video recording) the trainee can identify areas of good performance as well as those that could be improved. This facilitates the assimilation of good behaviours and correction of those which were less good.

By critically reflecting on their performance trainees can learn a great deal, particularly if they do so with insight and honesty. There is a risk, however, that trainees may mislead themselves over the quality (or otherwise) of their performance. The trainee may or may not recognise the standard to which s/he should aspire, even though this will be articulated in their curriculum. Reflection with a falsely low standard in mind may result in incorrect self satisfaction. For this reason, trainees require regular feedback in order to place their performance and reflection into the context of an appropriate standard.

Initial reflection prepares the trainee to receive feedback and enables the trainee to identify important nuance and place all aspects of the event in context. These two stages of reflection followed by feedback allow the most to be learnt from the event and assist the trainee to efficiently develop the complex collection of skills, knowledge and values necessary for clinical practice.

With increased experience, the well-performing trainee can improve her/his insight by comparing initial reflection with subsequent feedback.

2.4 Current WBA style and use

Individual WBAs represent formative assessments for learning – the intention is for a trainer to observe a trainee's performance and for trainee reflection and trainer feedback to take place with a view to improving the trainee's future performance. Used in this way, WBAs are developmental and help the trainee to learn from an individual performance and use that knowledge to improve future performance.

For this process to be successful, it is important that WBAs are carried out on cases which are appropriate for the trainee's stage of training. Cases should not be selected either for being easy or because of a perceived good performance after the event. A good sample of the trainee's practice needs to be assessed without bias in selection. This allows trainees to appreciate what they are doing well and also identify areas where they could improve. Reassuring trainees that WBAs are not assessments of how much they have learnt, and are not therefore summative, may make it easier for them to be observed undertaking tasks that are more challenging, as well as those which are less so.

Every clinical activity represents an opportunity for learning, including the first time that an activity is undertaken by a trainee. Trainees should be encouraged to optimise all learning opportunities by considering the use of WBAs the first time, as well as on subsequent occasions, that an activity is carried out.

Furthermore a series of related WBAs can be useful for the trainee to demonstrate progression. Specialties use WBAs in different ways, but many also use a series of WBAs to inform summative decisions about satisfactory progression and completion of stages of training (ARCP).

Summative assessments can, of course, also provide valuable feedback, although that is not their primary function. The GMC has recommended that Colleges and Faculties also provide more detailed feedback to candidates following professional examinations. The Academy *Guidance in Standards for Candidate Feedback* provides more information.[4]

The WBA records within electronic portfolios in use by different specialties do include space for feedback, with some being more structured than others. While this may encourage feedback to be given, it is not, unfortunately, an essential requirement of all formats. A WBA performed without any feedback is of little educational value. It is the trainer's responsibility to give quality feedback in the context of associated trainee reflection as part of the written record of every WBA.

Feedback as a component of WBA[1]

- Feedback is a structured component of a number of WBAs
- WBAs provide the information required to inform effective feedback and the opportunity to deliver it
- Every WBA should include feedback during or immediately after the event
- Effective feedback requires deliberate planning for the WBA
- Trainees and trainers should actively seek and provide feedback.

Feedback can be both verbal and written. The richness that can be part of verbal feedback may not be captured in written feedback, although both are valuable; the immediacy and detail of good verbal feedback is countered by its evanescent nature. Written feedback, especially when incorporated in a portfolio, can be repeatedly referred to. In cases where feedback has been sufficiently detailed and well directed, this may also allow the trainee to remember the case and reinforce important lessons learned from the experience.

Unfortunately, written feedback can often be too short, lack detail and is not well directed. The quality of verbal feedback is more difficult to capture, but may also be insufficiently detailed for individual development and may fail to challenge trainees to consider how they may improve. Space for recording reflection is not always included in WBA records on electronic portfolios. This should certainly not prevent trainees from undertaking reflection as it is only by doing this that maximum benefit can be obtained from the feedback that follows.

The aim should be to include specific reflection and feedback for all WBAs. These should be considered to be a fundamental component of WBAs and an integral part of the process.

3. Guidance on reflection

The very act of thinking about an activity reinforces the learning of that activity. Recording that reflection further enhances the learning.

Although reflection should be an integral component of every WBA (and indeed all professional practice), a WBA does not have to be carried out in order for reflection to take place. Every clinical encounter provides an opportunity for reflection and trainees should take these opportunities whenever possible. Some will be brief and would not benefit from a written record, others which require more time will benefit from a written record being kept.

Reflection is a cyclical process. Comparing performance with previous similar events is a powerful developmental tool, as long as the performances are calibrated against the appropriate standard by the trainer giving feedback.

Calibration by the trainer is important to enable the trainee to reflect against the correct standard for her/his level of training and to develop a good sense of insight.

Without feedback, reflection amounts only to teaching oneself. This was, too often, the only technique trainees had available to them in the past. The addition of better supervision, active teaching and especially feedback greatly enhances the value of reflection and incorporates it into a suite of learning tools now available.

Brief episodes of reflection may take place over short time periods between patients or even while still seeing the patient. These will relate to small aspects of an encounter and, unless they are carried out immediately will be forgotten. The key skill to enable this type of reflection is to develop a constantly enquiring and challenging approach to critically appraise performance in real time while applying small lessons learned from reflecting on previous similar encounters. These brief episodes are usually personal and do not involve a supervisor, although the wise trainee will choose to raise themes arising from them in discussion with the supervisor to ensure that the correct calibration takes place, as discussed above.

More complex aspects of clinical encounters will require longer and more detailed reflection. While a minority of these may be purely personal and not involve discussion with a supervisor, the majority should be a prelude to receiving calibrating feedback which may or may not be part of a WBA. Typically the trainee will require time and freedom from interruption in order to carry out this type of reflection. The process should involve re-playing the encounter step by step while being cognisant of the underlying knowledge, skills and values which should be aspired to and the behaviours which were demonstrated. Again, areas of good performance are noted and thought is given as to why they went well. Areas of less good performance should be identified and analysed to determine why that was the case and what could be done to improve performance in the future. Keeping a record of these reflections will help reinforce the learning that takes place.

Reflection should be the first component of the dialogue which is to follow and can provide structure to the two way conversation that is integral to good feedback.

It is important to ensure that all reflections and feedback should be entered anonymously so that it is not possible to identify any individuals from what is written. See Academy guidance for e-Portfolios for more information.[5]

4. Guidance on feedback

Over the last 10 years real changes have taken place in how feedback is given. Despite this, the importance of feedback is still not fully appreciated and there is ample scope for improvement. There is a natural reluctance on behalf of supervisors to be critical, even when this is presented positively with suggestions for improvement. This calibration process is essential, however, in order to help trainees learn. Without it, trainees are uncertain at best and at risk of being misled about their performance.

Trainees find feedback to be one of the most valuable components of a WBA. Giving feedback, however, should not be limited to WBAs.

There are three levels at which feedback may be given:

- Low-level – frequent, brief and informal
- Mid-level – as part of the WBA process
- High-level – at periodic meetings with supervisors.

The responsibility for creating a supportive environment in which reflection and feedback can be freely and regularly carried out lies firmly with trainers. The environment should give trainees a sense of being valued and of being respected. A positive environment allows feedback to be given freely and frequently. There are many different ways in which this can be done and these will differ according to local circumstances, personalities and the type of clinical material available.

The methods used will also need to be adapted to individual trainees, based on the stage of training and personality as well as considering any cultural differences, which may be present. Just as the clinical approach will vary to suit different patients, so will the trainer's technique vary with different trainees.

The principles of giving good feedback are designed to enable the trainee to get the most out of the process while making it easier for the supervisor to deliver it. The principles apply to all three levels of giving feedback, although the extent to which they do so varies. The principles can be grouped into a number of themes:

4.1 Value of constructive criticism

It is important for trainers to recognise that trainees value their feedback as part of a framework for learning. It is the trainer who sets the standard against which the trainee's reflection and performance is compared. The importance of this cannot be understated.

Trainers' views are valid, trusted and sought after by trainees. It is the understanding of this, which gives trainers the freedom to give constructive criticism, as long as it is of high quality and delivered responsibly with good intent within a supportive training environment.

This responsibility must be taken seriously and valid, realistic assessments of performance must be given.

4.2 Clarifying expectations

It can be valuable for the trainer and trainee to agree 'the rules of engagement' at the start of a placement or training session. Trainers should make it clear that reflection will be expected as part of the everyday learning process; and that purposeful feedback will be given in an honest and supportive way with the intention of helping the trainee to make progress and develop their skills.

It cannot then be understated how important it is to follow this up with early and repeated feedback events. If this is not done, this may have negative consequences and the trainee may lose confidence and become disillusioned with the process.

4.3 Establishing a positive working relationship between trainer and trainee

This is central to all aspects of training and everyday clinical practice and comprises a number of components:

- Demonstrable mutual respect
- Close and supportive clinical supervision
- A welcoming approach to requests for advice
- Giving the trainee clinical independence within their limits
- Allowing the trainee to explore their clinical limits under supervision
- Accessible and engaged in the learning process.

This gives the trainee the confidence to perform to her/his best ability and to push that performance to its limits without risk to patient safety and without fear of negative criticism.

4.4 Understanding the trainee's requirements

Trainers should make a point of finding out their trainees' progress to date, their training needs and their aspirations early on in each placement. This allows specific plans for development and demonstrates to the trainee that the trainer has an interest in their progress, which encourages a positive working relationship.

4.5 Encouraging frequent and regular reflection and feedback

While the emphasis placed on trainee led training is important, this can lead to trainees deferring requests for feedback as part of a WBA until after what she/he perceives as a good performance. This can be avoided by active trainer engagement – frequent low-level feedback by the trainer and suggesting WBAs for regular mid-level feedback. Both the trainer and trainee should initiate and engage in feedback and the use of WBAs.

4.6 Trainee driven discussion

As indicated above, feedback should be a two-way dialogue between trainee and trainer.

Initial reflection on the clinical encounter by the trainee before the feedback session is invaluable. The trainee should remember similar previous events and draw that experience into the reflection and discussion. This initial reflection need not take a long time and should not interfere with immediate feedback where that is possible. This helps the trainee clarify the encounter and performance in her/his own mind and allows her/him to lead the reflective discussion with the trainer. Using this format gives the trainee the opportunity to have an 'honest mirror' held up in front of her/him.

The trainee should first identify the areas she/he wants to discuss. This may follow the traditional descriptions of good performance, less good performance and uncertainties. Alternatively the trainee may choose a different or random order to the discussion. As in taking a history from a patient, the trainer should adapt accordingly but should ensure that all important positive and negative points are covered.

Part of the feedback will be to ask the trainee to reflect on how they planned the discussion and whether doing so differently may be more useful or efficient.

4.7 Trainer approach to giving feedback

The trainer should always be supportive and show that the purpose of the feedback is to help the trainee improve. Telling the trainee that the feedback is theirs and is valuable may help, but not as much as actually giving high quality feedback which speaks for itself. Attentive listening on the part of the trainer to the trainee's reflections is essential, extending to the use of silence at times.

There needs to be a depth and richness to the feedback discussion. Feedback which is superficial, cursory, lacking detail or full of platitudes is of little value. The trainer and trainee both need to engage in the process, and show interest and concern that the dialogue is meaningful and authentic.

All due attention must be given to cultural differences, on the part of both the trainee and trainer (Section 5). It is important that these are appreciated and understood in order that they can be used to the best advantage. While cultural differences should not be allowed to prevent good feedback, it is necessary for the trainer to approach all situations with sensitivity so that the feedback given has the best positive effect.

Key Elements of Effective Feedback[1]

Feedback should:

- Facilitate and be guided by self-reflection
- Be specifically directed towards agreed learning goals
- Be specific, relevant and descriptive
- Be non-judgemental and focussed on trainee behaviour
- Include a confirmation of the trainee's understanding of the content
- Include an action plan for future learning goals.

4.8 Trainee approach to receiving feedback

Just as the trainer has to engage in the process, so does the trainee. The interplay between trainer and trainee and their relative reticence and willingness to give and receive feedback needs to be managed by both parties. The trainee who encourages the reticent trainer to give feedback may not only improve matters for her/himself but may also change that trainer's behaviour in the future.

Trainees should prepare for the feedback and drive the dialogue by leading with their own thoughts and reflections. Just as the trainer should be attentive, so should the trainee; clarification and repetition of the points made is a useful tool in this context.

The trainee needs to take the feedback seriously and reflect further on it after the event, thinking specifically how future practice could be improved. Quality feedback which aims to improve performance can only achieve its goal if the trainee is prepared to change her/his behaviour.

4.9 Responses

The trainer's responses should be clear, specific and focussed on the trainee's learning goals, particularly if these were agreed before the encounter. Using questions to clarify points made by the trainee can be a useful technique to help the trainee think along the correct lines and reach the desired conclusion themselves.

The trainer should watch for and respond appropriately to verbal and non-verbal cues from the trainee – the session should help the trainee and be a positive experience even if constructive criticism is required.

Recognition by the trainer of difficulties within the encounter will help the trainee discuss what she/he found to be difficult. Use of empathy in this way is a valuable tool.

A recommendation or solution should always accompany criticism in order to make it constructive. Recommendations are often best received when the trainer presents them as techniques she/he has found to be personally helpful.

4.10 Setting

Feedback should be a private undertaking whenever possible. This avoids conditioning the trainee to expect negative feedback every time it is carried out in private, if good feedback is always given in a public area. The level of privacy, however, may vary according to what feedback is to be given and how long it will take.

The lowest level of feedback may be given in a public space as long as it cannot be overheard and as long as any constructive criticism is light touch and does not involve areas of real concern. Examples include walking together along a corridor or sitting together in the canteen. Clinical encounters suitable for such feedback are usually brief and would not warrant a WBA. The great advantage of giving low-level feedback this way is that it is quick to give and acclimatises the trainer and trainee to giving and receiving low-level constructive critique frequently. This makes it easier to give and receive more detailed feedback which may include a greater depth of constructive criticism.

Mid and High Level feedback should always be given in an appropriate setting such as an office.

4.11 Timing of feedback

Feedback should be given as soon as possible after the encounter, ideally allowing time only for the trainee to carry out their own reflection on the event. This has the advantage that the events will be clearly remembered and so the feedback will be most pertinent.

It should be remembered that in some circumstances allowing a short delay (maybe a day or two) might be advantageous and result in better feedback if there are significant events to discuss or if there is a lack of time.

- Low-level, brief and informal feedback should be given frequently after each observed clinical encounter. How it is given will depend on the encounter and circumstances, but it should always be given as soon as the encounter is over.
- Mid-level feedback (as part of WBAs) will take a little longer and requires an appropriate setting. Again, it should take place as soon as possible after the event, allowing time for initial trainee reflection.
- Higher level feedback (at regular supervisor meetings) requires some preparation by the trainee and trainer. It will take a bit more time, but it should still be delivered in a structured fashion following the principles described above.

4.12 Action plan

Each feedback episode should include a plan. This should be agreed between the trainer and trainee and targeted at areas which are found to be in need of development. This should be as specific as possible and should include parameters for defining success. It is in effect a coaching discussion.

The responsibility for carrying out the action plan should lie with the trainee who should understand that delivery is important in order for training to progress.

4.13 Leading by example

This suggestion can be considered challenging to some trainers, but can potentially lead to further improvements in clinical practice and in training.

The trainer can demonstrate reflective practice in action by commenting on her/his own performance to the trainee, identifying alternative approaches when appropriate and demonstrating them in practice.

This is most effective when it is carried out without being considered a separate event, but can be considered to be an effective tool that should be incorporated into normal clinical practice. This may require a new approach by some trainers, and support or training may be needed to encourage this type of approach.

4.14 Trainee feedback to trainer

The theme of trainer reflection in front of the trainee can be taken further by the trainer asking the trainee to give her/him feedback on clinical situations they encounter together.

This teaches the trainee to listen to another's reflections and give feedback based on them. It will make the trainee more receptive to receiving constructive criticism and reinforces mutual respect. It encourages openness and transparency but must be used with care so that mutual respect is maintained.

This suggestion and the one preceding require considerable confidence on the part of the trainer and trainee, as well as a good working relationship. However, it is under such circumstances that mutual respect is built on and the whole process can be most rewarding.

4.15 Timing of WBAs

Workplace Based Assessments should be spread throughout the training year and not performed in a short period prior to an Annual Review of Competence Progression assessment. The value lies in how they encourage regular developmental feedback and action plans, from which the trainee throughout the training year can make incremental progress.

When a trainer first takes responsibility for a trainee, whether as a clinical supervisor or educational supervisor, it is helpful to set the scene by indicating that the supervision will include regular and frequent feedback on both good and less good aspects of behaviour. This should then be followed up by a brief feedback episode as soon as the opportunity arises.

Maintaining the momentum of feedback episodes combined with the trainer taking the initiative will increase the trainee's confidence and facilitate the delivery of constructive criticism when necessary.

5. Impact of cultural differences

Postgraduate specialty trainees in the UK are a diverse group. All doctors in training need to adjust to some degree to the cultural norms of their training environment, but international medical graduates (IMGs) are likely to experience a more significant transition than UK trained graduates (UKGs). This may reflect previous experience of a different training culture, with less emphasis on 'learning to learn' and more emphasis on 'learning to do'. In practice this may mean more experience of formal didactic teaching and less familiarity with the concepts of feedback and reflection.

Some IMGs will have experienced a more hierarchical training environment where deference to senior doctors is the norm. This may affect their expectations of feedback. Teachers may be expected to have all the answers and it may be considered impolite or even unacceptable to disagree with their opinions. Trainees may be reluctant to ask questions, find it difficult to tolerate uncertainty or reflect on alternate options. This may make the usual open-ended discussions that form part of the feedback process in the UK more challenging for both trainee and trainer.

5.1 Taking advantage of cultural differences and avoiding offence or misunderstanding

It is important to recognise that IMGs are not a homogenous group and that not all IMGs face the same cultural challenges during their training. Cultural awareness training for both trainers and trainees may help to mitigate some of the barriers that trainees face in receiving feedback and reflecting on their own performance. The curriculum and learning environment should make the value of feedback and reflection explicit, with on going individualised support for trainees who find this challenging.

All doctors in training value supportive relationships with their trainers, but IMGs and UK graduates from black and ethnic minority backgrounds report more difficulties in establishing such supportive relationships than their peers.[6] There is much to gain from simply getting to know trainees through the use of normal social conversation. This will help trainers to get to know their trainees' general approaches and attitudes and this will help trainers tailor their feedback to individual trainees. 'Respectful curiosity' regarding cultural norms, values and beliefs should help to avoid causing offense and misunderstanding during feedback conversations. In some circumstances a supervisor may need to modify their feedback style in order to enable a trainee to make changes. For example, altering the balance of direct critique and positive reinforcement if the trainee perceives feedback as being an overwhelmingly negative experience. Multiple feedback perspectives, for example patient and colleague feedback may also be helpful.

6. Future use of reflection and feedback

In 2017/18 the GMC will be implementing new standards for Generic Professional Capabilities, incorporating these into their new Standards for Curricula and Assessment. The intention is to place greater emphasis on the professional values and behaviours which are so important in medical practice, alongside knowledge and skills.

It is clear that trainees will need guidance and feedback on their development of professional values as well as on their knowledge and skills. This will require trainers to recognise and understand the new General Professional Capabilities framework and how it relates to Good Medical Practice.[7]

Trainers will also need to develop the skills to give effective and sensitive feedback which helps trainees understand and explore their professional beliefs, values and behaviours. These are, by their nature, more affected by the trainee's background, personality and culture. This will need trainers with skill to do this well and may drive the further development of the trainer recognition process.

Against this background, it is recognised that many current WBAs inadvertently encourage fragmentation of learning into discrete events and that they do not pay sufficient regard to place those events within the totality of care. Professional behaviour and the ability to bring together all of the necessary capabilities have not been well tested.

Assessment of learning outcomes is an approach to teaching and assessing all the skills, knowledge and values required to undertake day to day clinical activities such as managing an acute take, leading an operating list or seeing a series of unselected patients.

The underlying intention is to determine when a trainee is ready to carry out these activities unsupervised and this will require a summative judgement to be made.

Multiple formative episodes will continue to inform summative decisions. Ensuring these cover a broad sample of the curriculum and incorporating well informed holistic multi-consultant reports into summative decisions minimises the influence of individual WBAs. This should ensure fairness within programmes of assessment within which judgements on entrustability will be made. A longitudinal approach where development is supported through reflection and feedback, with a range of assessors would help offset this.

Longer periods of supervision by individual trainers, should also be encouraged as they may improve training and enhance the mentor/apprentice relationship. The challenge will be to train trainers to be able to make reliable and objective summative assessments and give meaningful feedback in long-term professional development.

7. Use of new technology in reflection and feedback

There is little widespread use of technology in providing feedback at present. Verbal feedback is not generally recorded and it is not known to what extent the written record of feedback within an electronic portfolio reflects the verbal feedback that was given.

It is important to capture and formalise the richness of verbal feedback and existing and new technology may provide the opportunity to support this process.

A video recording of a clinical event linked to documented feedback can be a valuable tool for trainee learning. This can be used as an alternative to direct observation in the Consultation Observation Tool within General Practice and has been shown to speed up learning of procedural skills.[8] It can also support in depth analysis of a clinical encounter and repeated reflection by the trainee.

The impact of information governance must also be considered. These include patient factors, trainee and trainer consent, trainer reluctance to be recorded, privacy as well as possible future requests for legal access to such data.

If these concerns can be overcome there may be an opportunity for much to be gained in this area.

8. Training and support for assessors and trainees

It is essential that trainers are supported with time in Job Plans and trained in giving feedback. Feedback has to be given safely and responsibly. Its content has to be valuable and of high quality. There is a risk that untrained trainers giving feedback of poor quality content or delivering it badly may have inadvertent consequences. Such feedback can have an adverse impact on the trainee, which may be both damaging and long lasting.

Limitations and Challenges[1]

- Feedback in WBAs is often lacking, ineffective, excessively positive and commonly avoids negative aspects
- WBA documentation alone is insufficient to promote effective feedback
- Effective planning for WBAs to guide feedback is not common practice
- Trainees and trainers may be unaware of the benefits of feedback
- Trainees may be apprehensive in seeking feedback and often avoid it
- Trainers often fail to encourage trainees to seek feedback
- Face to face training is needed for giving and receiving feedback

Reports such as this can highlight methods of giving feedback and give advice to trainers. Video examples can illustrate the techniques further but there is no doubt that the best training is achieved face to face, with techniques being practiced and recipient feedback being given. Trainees would also benefit from such training, as they frequently act as assessors for more junior doctors, and all involved could also be shown how best to carry out and record reflection.

9. Broader use of reflection and feedback

Reflection and feedback should be an integral component of all aspects of the delivery of healthcare. Individual and team reflection can be valuably informed by patient feedback. This enhances the process and can lead to the development of a Quality Improvement system.

The principles apply equally to consultant clinical practice as well as to clinicians involved at all levels in training and leadership roles. Reflection and feedback should be part of the ethos of all institutions involved in training and NHS management processes.

10. Summary

Access to high quality, supportive and constructive feedback is essential for the professional development of all trainees. Trainee reflection is an important part of the feedback process and exploration of that reflection with the trainer should be a two-way dialogue.

Trainers should have confidence in their expert judgments on performance, which are highly valued by trainees and follow the principles for giving good feedback outlined in this guidance. Giving feedback should be an on going conversation with the trainee during their placement rather than being reserved for specific workplace based assessments or supervision events.

Key Recommendations

1. Reflection and feedback should be carried out together and should be integral to every WBA
2. All existing WBAs provide a setting for reflection and feedback
3. Reflection and feedback are both cyclical and compare current against previous performance
4. Reflection and feedback should take place as soon as possible after the event to maximise benefit
5. Reflection and feedback should be frequent – every clinical encounter provides an opportunity
6. Feedback should include an action plan for future development
7. Trainers and trainees should recognise and respect cultural differences when giving and receiving feedback

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