

Making Feedback Effective for Ophthalmology Training

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If ophthalmology training is to bounce back from the disruptions of the pandemic, we must optimise all available training opportunities. Effective feedback can help us to achieve this by transforming everyday clinical episodes from service provision into valuable learning experiences. Feedback cements trainees' good practice and encourages reflection on potential improvements. In contrast, badly delivered feedback can be demotivating, a particular danger in the current healthcare climate of low morale and prevalent burnout. This article offers tips for giving and receiving feedback more effectively, and for cultivating a healthy feedback culture in our workplaces.

What is feedback?

Feedback is classically defined as 'specific information about the comparison between an individual's observed performance and a standard, given with the intent to improve their performance'. It is often given by trainers to trainees, but can also come from patients, peers, or allied health professionals, or from trainees to their trainers. It ranges from formal, e.g., workplace-based assessments, to very informal, such as coffee room chats. The structure, content, context, and timing of feedback are all crucial in shaping its impact.

Tip 1: Actively foster a supportive learning environment

Teams and institutions can promote a 'feedback culture' where frequent feedback is normal and expected, supporting continuous learning. This requires a respectful and open culture, where leaders acknowledge the importance of feedback by allowing time for trainers to observe trainees' clinical activities and give feedback, and where training in good feedback practice has been given. Service pressures can make this difficult, but habitually setting aside even a few minutes for feedback after a clinical activity is a simple and beneficial start.

Tip 2: Give feedback regularly, and positive feedback most regularly

Making feedback a regular occurrence normalizes the process and reduces the stress we may feel when giving or receiving 'negative' feedback. Whilst correcting trainees' mistakes is no doubt important, evidence suggests that reinforcing positive behaviours produces greater progress. A 5:1 ratio of positive to negative feedback seems to be optimal for effective training.

Consider when you choose to give feedback. It is generally most effective when given soon after the observed activity, with events fresh in our minds. An exception is when an event has triggered strong emotions that might block a trainee's ability to accept feedback or reflect rationally, or where a trainee's behaviour has triggered emotions like anger or frustration in

the trainer that might derail their ability to deliver objective feedback. In such cases, it may be wise to allow emotions to settle and agree a time later for discussion.

Tip 3: Begin with the learner's self-assessment

Various structures have been suggested for giving feedback, the best-known being 'Pendleton's rules' (Fig 1), in which the trainee evaluates their own performance before the trainer comments, and good aspects of performance are identified before those needing improvement. Such rules may seem formulaic, but they remind us that constructive feedback requires understanding of how the learner views their own performance. Trainees may lack accurate insight; higher performers tend to underestimate their performance and the less skilled tend to overestimate. Feedback 'rules' also remind us that reinforcement of good practice is critically important, especially since many ophthalmologists exhibit perfectionist personality traits that can lead us to focus on the negative. Pendleton's rules provide a useful structure for newcomers when delivering feedback, as well as one possible framework for handling difficult feedback conversations.

Insisting on discussion of positive performance first can feel forced if a trainee clearly needs to improve specific skills, especially if time available for feedback is short. This is where a culture of regular positive feedback helps: focusing on required improvements on one occasion will be far less demoralising if positive reinforcement of good practice has been frequently given on recent occasions.

1	Ask trainee: What did you do well?
2	Tell trainee: What I think you did well, and why
3	Ask trainee: What could you have done better?
4	Tell trainee: What I think you could have done better, and why?
5	Agree on an action plan for continued improvement

Figure 1: Pendleton's rules

Tip 4: Base your feedback on directly observed skills and behaviour

Feedback should be based on activity you have directly observed whether a specific care episode or performance over a whole clinical attachment. This allows objective commentary

on performance. Feedback is more effective if the trainee and trainer agree what has happened during the observed activity, but their perspectives may differ. Recording of surgeries or consultations for later review may be helpful in building shared understanding of performance standard; for example, recordings can be invaluable when giving feedback after a surgical complication, when anxiety may reduce situational awareness during the event itself.

Realistically we may sometimes need to give feedback that includes activity we have not directly observed, for example, in educational supervisor reports collated from other supervisors' reports at the end of an attachment. In such cases, it is important that feedback focuses on verifiable objective information rather than hearsay or undocumented conversations.

Tip 5: Be objective

Feedback should be objective and specific, rather than just your opinion. You should be descriptive and explain to the trainee what was good or unsatisfactory in their performance, and why. For example, 'your capsulorrhexis was good' is much less informative than 'your rhexis was the right size and you didn't push on the wound this time, so you had a better red reflex and didn't shallow the AC'. The 'SBI' model may help you to describe the trainee's actions objectively: describe the situation, the person's specific behaviour, and then its impact. E.g., 'During the history taking (situation), your body language showed that you were actively listening (behaviour), which put the patient at ease (impact)' is more useful feedback than 'your communication skills were good'.

Tip 6: Conclude with an action plan

Effective feedback should be future facing, focusing on building excellence rather than dwelling on past imperfections. Conclude with a plan for how the trainee will move forward based on feedback given. Action plans may be formulated immediately or following a reflection period if needed. Setting 'SMART' objectives helps to keep plans realistic, i.e., objectives should be Specific (goals are clear), Measurable (you can tell when the objective has been met), Achievable (possible given available time and resources), Relevant (to the trainee's needs) and Time-bound (agree a target date for completion).

Tip 7: Reflection cements learning from feedback

Reflection is a key part of the cycle of experiential learning and occurs when we think honestly and analytically about our actions and behaviours. Trainees need support and encouragement to reflect on their activities. Reflection and feedback go hand in hand; trainees will reflect on an activity and self-evaluate their performance, then feedback shows them whether their self-evaluation is accurate and highlights aspects they may have overlooked. Feedback enables them to 'calibrate' their performance against expected standards for their stage of training. They can then reflect on the feedback and formulate an action plan for continued development. With experience and effective feedback, trainees can improve their insight into their own performance and develop reflective

practice skills that will serve them in their future careers when external feedback is often not readily available.

Tip 8: Consider trainees as individuals, who may receive feedback differently

Effective feedback requires understanding of trainees' needs and the context in which they are performing. For example, the standard expected of an ST2 would clearly be different to that of an ST6. Familiarity with the curriculum and the trainees' previous experience is helpful. If time is limited, it may be useful to ask the trainee if they would appreciate feedback about a specific aspect of performance, rather than trying to cover everything on each occasion. As adult learners our trainees have often already reflected on areas where they require development.

People's reactions to receiving feedback may vary depending on their personality, context and other factors affecting mood and resilience. Some may thrive on receiving positive feedback in front of colleagues, and in well-formed supportive teams, the whole team may benefit from hearing constructive suggestions for improvement given to an individual team member. However, trainees who struggle with self-esteem or excessive perfectionism could become demotivated by well-intentioned 'negative' feedback given publicly or when they are feeling less resilient, and a private discussion when they are well rested would be more appropriate.

Tip 9: Be aware of your own context, mood and biases

Trainers must consider how their own state of mind might influence their view of someone's performance before giving feedback. For example, a tired trainer under pressure to complete their list in time for another commitment might perceive a trainee's surgery as unacceptably slow when it is in fact appropriate for their experience level. We may be influenced by our previous experience of a trainee, perhaps glossing over poor performance by someone who is usually excellent, or (more riskily) focusing only on negative aspects of performance from trainees with less stellar reputations. Unconscious biases may also influence our assessment of performance, for example when trainer and trainee are of different gender, race or culture. We can minimize the influence of our own moods and biases by keeping feedback specific and objective, and consciously considering positive as well as negative aspects of performance.

Just like any skill, giving feedback requires practice and reflection. These tips should provide a head start in making effective use of the time we carve out for feeding back to our trainees. If you want to learn more in a practical setting, the College runs a range of Training the Trainers courses that can be booked via the website.

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