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History of Coaching within the AO

- Giving and receiving feedback has been an important element of all the faculty education programs organized by AO since their inception. Structured feedback forms the largest part of the Educational Leadership Program (former Chairperson Education Program). Feedback is one of the seven core educational principles at the heart of successful education.

- AO educator Lisa Hadfield Law has provided feedback to numerous faculty members at the AO Davos Courses from 2003 to 2009. A series of pilot activities were carried out in 2010 and 2011 to investigate whether feedback on presentations could be used to achieve successful faculty coaching. Pilot projects showed that all faculty members given coaching felt that the experience was very valuable and would lead to a change in practice.

- In Davos in 2011 and Prague in 2012, the program was expended to see if existing CEP and RET graduates could carry out coaching roles on AO courses with support from trained coaches. These activities showed that although CEP and RET graduates had considerable skill and experience in giving feedback many were not comfortable in assuming a coaching role without extra training.

- The AOTrauma Education Commission (AOTEC) subsequently approved a coaching strategy proposal which envisaged training of coaches from within the ranks of existing faculty whose role would be to provide coaching on request, as well as act as ordinary faculty members. To train the faculty members to assume this dual role, in 2012 the Coaching Program was established and further developed and expanded during the last years.

- Today the Coaching Program includes precourse online activities consisting of a self-assessment as well as readings and discussions. The online precourse is followed by a structured training session, after which the participants are able to provide faculty coaching at any clinical AO course.

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What is feedback?

- Feedback is an essential part of education and training programs. It helps learners to maximize their potential at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance.

- Feedback can be seen as informal (for example in day-to-day encounters between teachers and students or trainees, between peers or between colleagues) or formal (for example as part of written or clinical assessment). However:

"there is no sharp dividing line between assessment and teaching in the area of giving feedback on learning' (Ramsden, 1992, p. 193)**. Feedback is part of the overall dialogue or interaction between teacher and learner, not a one-way communication."**

- If we don't give feedback what is the learner gaining, or indeed, assuming?

- They may think that there are no areas for improvement. Learners value feedback, especially when it is given by someone credible whom they respect as a role model or for their knowledge, attitudes or clinical competence. Failure to give feedback sends a non-verbal communication and can lead to mixed messages and false assessment by the learner of their own abilities, and a lack of trust in the teacher or clinician.

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Why is feedback so important in healthcare education and training?

- Feedback is important to the ongoing development of learners in healthcare settings. Many clinical situations involve the integration of knowledge, skills and behavior in complex and often stressful environments with time and service pressures on both teacher and learner. Feedback is central to developing learners' competence and confidence at all stages of their medical careers.

- Jill Gordon (writing in 2003 about the importance and influence of one-to-one teaching situations in clinical medicine) notes that feedback is vital and that the most effective and helpful feedback is based on observational behavior:

"Learners value feedback highly, and valid feedback is based on observation. Deal with observable behaviors and be practical, timely, and concrete. The one to one relationship enables you to give feedback with sensitivity and in private. Begin by asking the learner to tell you what he or she feels confident of having done well and what he or she would like to improve. Follow up with your own observations of what was done well (be specific), and then outline one or two points that could help the student to improve." (p. 544)

- She goes on to note that one of the main purposes of feedback is to encourage reflection:

"Just as many learning opportunities are wasted if they are not accompanied by feedback from an observer, so too are they wasted if the learner cannot reflect honestly on his or her performance. One to one teaching is ideally suited to encouraging reflective practice, because you can model the way a reflective practitioner behaves. Two key skills are (a) 'unpacking' your clinical reasoning and decision making processes and (b) describing and discussing the ethical values and beliefs that guide you in patient care." (p. 544)

- Grounding feedback within an overall approach that emphasizes ongoing reflective practice aids learners to develop the capacity to critically evaluate their own and others' performance, to self-monitor and move towards professional autonomy.

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Principles of giving effective feedback

- Whether you are giving formal or informal feedback, there are a number of basic principles to keep in mind:
  - Give feedback only when asked to do so or when your offer is accepted
  - Give feedback as soon after the event as possible
  - Focus on the positive
  - Feedback needs to be given privately wherever possible, especially more negative feedback
  - Feedback needs to be part of the overall communication process and 'developmental dialogue'. Use skills such as rapport or mirroring, developing respect and trust with the learner
  - Stay in the 'here and now', don't bring up old concerns or previous mistakes, unless this is to highlight a pattern of behaviors
  - Focus on behaviors that can be changed, not personality traits
  - Talk about and describe specific behaviors, giving examples where possible and do not evaluate or assume motives
  - Use "I" and give your experience of the behavior ("When you said … I thought that you were …")
  - When giving negative feedback, suggest alternative behaviors
  - Feedback is for the recipient, not the giver – be sensitive to the impact of your message
  - Consider the content of the message, the process of giving feedback and the congruence between your verbal and non-verbal messages
  - Encourage reflection. This will involve posing open questions such as:
    (a) Did it go as planned? If not, why not?
    (b) If you do it again, what would you repeat next time? What would you do differently? Why?
    (c) How did you feel during the session? How would you feel about doing it again?
    (d) How do you think the patient felt? How did you reach that conclusion?
    (e) What did you learn from this session?
  - Be clear about what you are giving feedback on and link this to the learner's overall professional development and/or intended program outcomes
  - Do not overload – identify two or three key messages to outline at the end.

- Emphasizing that responding to the senders' communication is vital and that feedback is fundamental to effective communication. Parsloe (1995) suggests that:

"Communication is a two-way process that leads to appropriate action … in the context of developing competence; it is not an exaggeration to describe feedback as 'the fuel that drives improved performance'."

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Models of giving feedback

- A common model for giving feedback in clinical education settings that you may have come across was developed by Pendleton (1984).

Pendleton's rules:

1	**Check the learner wants, and is ready for feedback.**
2	**Let the learner give comments/background to the material that is being assessed.**
3	**The learner states what was done well.**
4	**The observer(s) state what was done well.**
5	**The learner states what could be improved.**
6	**The observer(s) state how it could be improved.**
7	**An action plan for improvement is made.**

Within the AO this has become known as the **WENT WELL/ NEXT TIME** format.

- Although this model provides a useful framework, there have been some criticisms of its rigid and formulaic nature and a number of different models have been developed for giving feedback in a structured and positive way. These include reflecting observations in a chronological fashion, replaying events that occurred during the session back to the learner. This can be helpful for short feedback sessions, but you can become mired in detail during long sessions. Another model is the 'feedback sandwich', which starts and ends with positive feedback.

- When giving feedback to individuals or groups, an interactive approach is deemed to be most helpful. This helps to develop a dialogue between the learner and the person giving feedback and builds on the learners' own self-assessment, it is collaborative and helps learners take responsibility for their own learning.

- A structured approach ensures that both trainees and trainers know what is expected of them during the feedback sessions.

- The widely used Calgary-Cambridge approach to communication skills teaching (Silverman et al., 1996) is referred to by Walsh (2005) in his summary of 'agenda-led, outcomes-based analysis':

"Teachers start with the learners' agenda and ask them what problems they experienced and what help they would like. Then you look at the outcomes that they are trying to achieve. Next you encourage them to solve the problems and then you get the trainer and eventually the whole group involved. Feedback should be descriptive rather than judgmental and should also be balanced and objective."

- Hesketh and Laidlaw (2002) identify a number of barriers to giving effective feedback in the context of medical education:
  - A fear of upsetting the trainee or damaging the trainee–doctor relationship
  - A fear of doing more harm than good
  - The trainee being resistant or defensive when receiving criticism. Poor handling of a reaction to negative feedback can result in feedback being disregarded thereafter
  - Feedback being too generalized and not related to specific facts or observations
  - Feedback not giving guidance on how to rectify behavior
  - Inconsistent feedback from multiple sources
  - A lack of respect for the source of feedback.

- Parsloe (1995) also identifies that feedback must be given sensitively and appropriately. He notes that it is easy for those giving feedback:

"to take the relationship aspect of their roles for granted… particularly if the (teacher) has been working with their learner for some time" (p. 149).

- Learners are often in a dependent and subordinate role to teachers or trainers, and it is easy to dismiss issues of organizational power and authority that often underpin work relationships. This is particularly important if the organizational culture is bureaucratic, hierarchical or results oriented, and in healthcare, where there are often tensions around professional role boundaries and status. Where this influences feedback is in being clear about the expectations and aiming to develop a supportive, relaxed and informal environment. It is also about having respect for the person giving feedback.

- Other aspects between the person giving feedback and the recipient include differences in sex, age or educational and cultural background. These are not necessarily obstacles, but they may make feedback sessions strained and demotivating

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FAST feedback concept

- Check reference

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Online discussion

- All of you are familiar with this material and have had an opportunity to put theory into action during either the ELP (former CEP) of RET programs.

- Please let us know your experiences of trying to apply feedback in your clinical life
  - Was it a positive experience for you and your trainee?
  - What worked well?
  - What problems (if any) did you encounter?
  - Did you encounter resistance to the process?
  - Have you made this a formal part of your practice – clinical or within the AO?
  - What skills do you wish to improve as result of this course?

- This module will have taken approximately an hour to complete. All clearly accept the principle that coaching can produce improvement in the quality of education available at AO courses. For those interested, please use the following link to an article, about coaching in the clinical field. The article is taken from the New Yorker Magazine and is a thought provoking read. Some may have read it previously, as it was circulated at the ELP (former CEP).

Personal Best: Top athletes and singers have coaches. Should you?