

Reading list: Providing and receiving feedback

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Contents

1	Description.....	3
2	Obtaining full text articles	4
3	Results.....	5
3.1	Web links.....	5
3.2	e-Books	6
3.3	Google Scholar	8
3.4	Journal articles	8

1 Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of ***Providing and receiving feedback*** as a supplement to the Learning and Development webinar you attended on 02 May 2023.
- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.
- If you would like to request a literature search on any aspect of this topic please fill out a [request form](#) (this service is available to BMA Members only).
- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about [the benefits of BMA Membership](#) and [join here](#).
- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you [here](#).

2 Obtaining full text articles

2.1.1.1 Full text links

If available, the full text link has been included.

2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our [journal search](#) or [search by citation](#) options on the library website.

2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £4.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the [order an article form](#) on the library website (you must be signed in).

2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

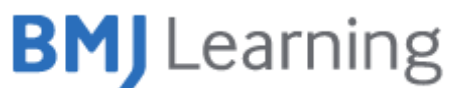
2.1.1.5 Further help

For any further help with getting full text articles, please contact the BMA Library Team (bma-library@bma.org.uk)

3 Results

Results

3.1 Web links



BMJ Learning

The art of effective feedback

This module will guide you through the process of giving and receiving feedback and using the feedback you receive to enhance your career.

Available online [here](#)



The Student Doctor Network

Giving and receiving feedback

Available online [here](#)



Career Doctor (Adj Assoc Prof Anthony Llewellyn)

How to give feedback in medicine - 6 top tips

Available online [here](#)



GP-training.net

Giving and receiving feedback

Available online [here](#)

THE MEDICAL LEADER

Building healthy teams

The Medical Leader

Feedback

Available online [here](#)

General Medical Council

General Medical Council

Good conversations, fairer feedback: A qualitative research study into the perceived impact and value of feedback for doctors in training

Available online [here](#)



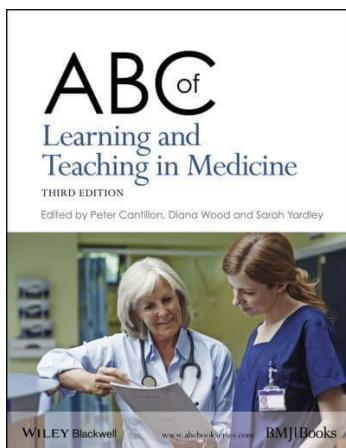
UK Research
and Innovation

Future Leaders Fellows Development Network

Mentoring and giving feedback: is your feedback missing the mark?

Available online [here](#)

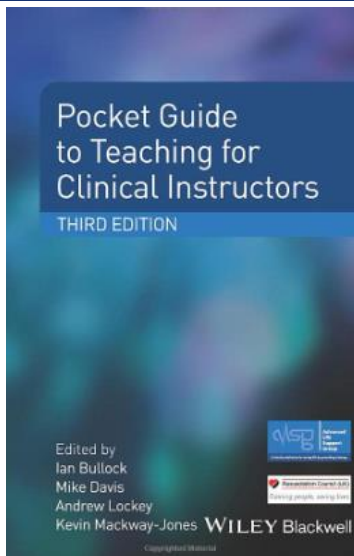
3.2 e-Books



Wood, Diana F, Sarah Yardley, and Peter Cantillon. **ABC of Learning and Teaching in Medicine**. 3rd ed. Newark: Wiley, 2017. Print.

Available online [here](#)

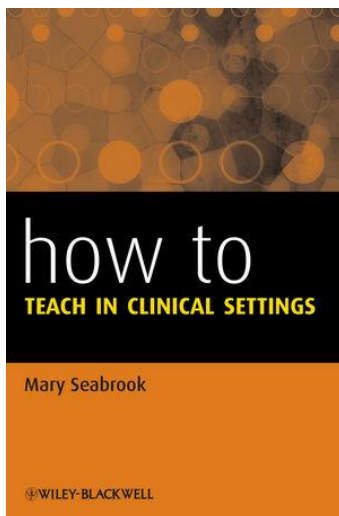
An invaluable resource for both novice and experienced medical teachers, this new edition continues to provide an accessible account of the most important domains of medical education including educational design, assessment, feedback, and evaluation.



Ian Bullock, Mike Davis. **Pocket Guide to Teaching for Clinical Instructors**. New York: Wiley, 2015. Print.

Available online [here](#)

Covers basic principles and practical aspects of teaching in a variety of modalities. This edition includes material which reflects current developments within instructor courses and includes new material on feedback, an awareness of non-technical skills, the teaching of teams and supporting learners.



Seabrook, Mary. **How to Teach in Clinical Settings**. 1st ed. New York: John Wiley & Sons, Ltd, 2013. Web.

Available online [here](#)

A practical guide to support all doctors wishing to develop their skills in clinical teaching and supervision. It provides hands on strategies to address common problems such as giving critical feedback effectively and teaching mixed-level groups.

3.3 Google Scholar



allintitle:feedback (providing OR receiving OR giving OR skills OR style OR approach OR review OR reflect OR impact OR purpose OR context OR method OR response) (doctors OR clinicians OR "health professionals" OR "health workers" OR "health staff")

Click link to see [Google Scholar results](#)

BMA members can follow the instructions set out in [this library blog post](#) to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

**Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.*

3.4 Journal articles

1. Joyce, P. (2021).

“Developing Physician Assistant Faculty Feedback Skills.”

The Journal of Physician Assistant Education 32(3): 154-158.

[Click to view reference](#)

ABSTRACT: Investing time in mastering the feedback process is an important skill for all faculty. With physician assistant (PA) programs growing rapidly worldwide, faculty need to devote time to the education theory behind the feedback process. Within the clinical area, feedback is an everyday occurrence for PAs. However, ensuring that the process of giving feedback reaps dividends, ie, closes the feedback loop and ensures that learning and change of behavior have occurred, requires an understanding of what theories and models have already been tested with students. This article focuses on key principles of providing feedback and uses an example of a model of feedback, which highlights the challenges. An application to practice of the principles and model used as examples is provided, with a focus on self and peer feedback.

2. Lerchenfeldt, S. and Taylor T. A. H. (2020).

“Best Practices in Peer Assessment: Training Tomorrow’s Physicians to Obtain and Provide Quality Feedback.”

Advances in Medical Education & Practice 11: 571-578.

[Click to view reference](#)

Peer assessment, also known as peer feedback or peer evaluation, is a tool used in medical education for students to provide and receive constructive feedback. In undergraduate medical

education, peer feedback is a method of assessment that is not used commonly; however, its use is on the rise. In this literature-based guide, we discuss the advantages of peer assessment, as well as tips for implementation (including training of students and faculty and assessment tools/instruments) and strategies to overcome barriers to its use. Effective utilization of peer feedback can provide educators with an opportunity to evaluate attributes that are often difficult to assess, including professionalism, teamwork, work habits, and communication skills. Constructive feedback can raise learner awareness about performance and guide future decisions and action plans for improvement. Overall, when used appropriately, peer feedback can be a valuable and effective addition to the arsenal of assessments in medical education.

3. Burgess, A., et al. (2020).

“Feedback in the clinical setting.”

BMC Medical Education 20(2): 460.

[Click to view reference](#)

Provision of feedback forms an integral part of the learning process. Receipt of feedback enriches the learning experience, and helps to narrow the gap between actual and desired performance. Effective feedback helps to reinforce good practice, motivating the learner towards the desired outcome. However, a common complaint from learners is that the receipt of feedback is infrequent and inadequate. This paper briefly explores the role of feedback within the learning process, the barriers to the feedback process, and practical guidelines for facilitating feedback.

4. Newman, L. R., et al. (2019).

“Twelve tips for providing feedback to peers about their teaching.”

Medical Teacher 41(10): 1118-1123.

[Click to view reference](#)

When healthcare professionals provide feedback to peers after a teaching observation, there are benefits for both parties. In this article, we outline strategies to use before, during, and after teaching observations to engage in mutually-beneficial conversations that highlight best practices, identify solutions for teaching dilemmas, and initiate teaching relationships. We discuss the importance of choosing words wisely; giving feedback about teaching skills, not the teacher as a person; recognizing how colleagues view their teaching identities; and ensuring peers are emotionally ready for a post-observation conversation. We also explain how to use pronouns, questions, and active listening during feedback conversations. Finally, we explore the impact of biases on observations, how to establish peer observer credibility, and how to make the teaching observation process and feedback discussion valuable experiences for both parties so that it leads to long-lasting partnerships in the quest to improve educational quality.

5. Meyer, A., et al. (2019).

“Providing feedback about diagnosis to calibrate how clinicians think in a learning health care system.”

Diagnosis 6(4): EA53-EA54.

[Click to view reference](#)

Statement of the problem: Reducing harm from diagnostic error requires approaches that seek to improve systems issues and clinician decision-making. Diagnostic errors often involve suboptimal analytical thinking, or erroneous or biased intuitive decision-making that can be averted by well-calibrated clinicians (clinicians whose confidence in their diagnostic accuracy aligns with actual accuracy). Research from outside healthcare suggests calibration can be achieved through consistent learning about one's performance through feedback. However, very little feedback occurs once clinicians enter practice. Learning health systems need to implement policies and procedures to provide this feedback, yet little is known about how to do so. Description of the program: Partnering with a large healthcare organization, we are developing elements of a learning health system to measure and improve diagnostic safety in clinical practice. Important steps of this process include gathering actionable data on potential diagnostic errors (e.g., via institutional safety data, clinician reports, electronic triggers, and patient reports), identifying potential learning opportunities, then providing feedback to involved clinicians and others for broader learning. Feedback facilitators (department leaders) are first trained to deliver feedback in a structured, supportive, non-punitive way. They are given a guide, laying out recommendations for successful feedback sessions (e.g., scheduling sessions in a timely manner, allowing clinicians time to review cases beforehand, creating a learning environment, and identifying positive aspects of case evaluation/management and key issues/ learning points). Following the sessions, feedback facilitators and recipients are surveyed about their experiences and perceptions regarding usefulness of the feedback sessions for improving future diagnosis and patient safety. Findings to date: Thus far, feedback sessions have been conducted on 11 diagnostic error cases from emergency medicine, primary care, and hospital medicine. Feedback facilitators (n = 12) and recipients (n = 10) answered post-feedback session surveys and found these sessions useful. Feedback facilitators reported feeling feedback recipients were receptive to learning and discussing potential missed opportunities in diagnosis. Feedback recipients reported feeling conversations were constructive and non-punitive and would allow them to take concrete steps toward improving diagnosis. Both groups felt discussions would improve the safety of patients in clinical practice. We are using these experiences to refine and test the process, so it can be exported to other departments/healthcare institutions. Lessons learned: We are developing a learning healthcare system for diagnosis that includes feedback to enable learning and improvement from missed opportunities in diagnosis. Future research and implementation efforts should assess long-term effects of this feedback on diagnostic performance and safety.

6. Kelly, E. and Richards J. B. (2019).

“Medical education: giving feedback to doctors in training.”

BMJ 366: l4523.

[Click to view reference](#)

What you need to know: Being observed and receiving feedback prompts reflection and constructive modification of skills; Feedback is beneficial in learners of all performance levels, not just learners with significant deficits in knowledge and skills; Effective feedback is relevant, specific, and focused on objective behaviours.

7. Emory, C. L. (2019).

“Pearls: Giving and Receiving Feedback.”

Clinical Orthopaedics & Related Research 477(1): 35-36.

[Click to view reference](#)

I hear from students, residents, and surgeons alike that the feedback they receive from peers or supervisors is poorly delivered, emotionally charged, vague, or generally unhelpful; research suggests they're right. Orthopaedic surgeons generally are not trained on how to offer feedback in a constructive way, but this can be taught and learned.

8. Brouwers, M., et al. (2019).

“Training Undergraduates Skills in Breaking Bad News: How Students Value Educators’ Feedback.”

Journal of Cancer Education 34(6): 1103-1106.

[Click to view reference](#)

Feedback is a key factor in acquiring breaking bad news (BBN) communication skills and its' acceptance depends on the perceived credibility of the provider. Our aim was to investigate students' opinions on the provided feedback by different educators (surgeons, psychologists, and simulated patient (SP)) during BBN skills training. We developed a questionnaire investigating provided feedback by the surgeon, psychologist, and SP (yes or no statements), regarding (1) perceived safety of the atmosphere, (2) perceived positive feedback, (3) perceived specific feedback, and (4) perceived usefulness for improvement during BBN skills training. Five hundred twenty students returned the questionnaire after BBN skills training. Most students rated the feedback as positive, specific, and useful. Also, the atmosphere was considered safe. Feedback ratings of the SP were the same as for the surgeon and valued higher than for the psychologist. An unsafe atmosphere, or not receiving positive, specific, or useful feedback was mostly related to the psychologist's feedback. Feedback on BBN skills training by surgeons and SPs is rated equally helpful by students and is regarded specific, useful, and positive. When designing a BBN training, it is worth to consider involving SP's as well as clinicians.

9. Lim, H., et al. (2018).

“Preparing for independent practice: An educational intervention promoting structured chart review, reflection, and feedback on night admitting rotations.”

Journal of Hospital Medicine. Conference: Hospital Medicine, HM 13(4 Supplement 1).

[Click to view reference](#)

Background: Feedback on clinical management and diagnostic accuracy may enhance physicians' learning and reduce diagnostic error. Residents on night admitting rotations rarely receive feedback on their clinical management and seldom have the opportunity to reflect on their patients' clinical courses. Barriers include the lack of a structured approach to feedback and reflection, discontinuous training environments, and time constraints. Purpose(s): To develop an educational intervention for internal medicine residents on night admitting rotations that promotes learning through chart review, reflection and feedback. Description: We first developed a worksheet outlining a process for structured chart review and reflection. Internal medicine residents on their night admitting rotation were asked to maintain a list of all patients they admitted during the month and complete reflection worksheets for 4 of those patients. They were also instructed to solicit feedback on their diagnosis or clinical management from 2 attending

physicians and 2 residents on ward teams via secure email (Figure 1). Between January-August 2017, 68 of 82 eligible residents (83%) completed 248 structured reflections worksheets, and 78% of residents solicited feedback. We analyzed the reflection worksheets to assess the content of reflections. Several themes emerged from our analysis. Residents recognized discrepancies in initial and final diagnoses. They also identified changes they might make in their future clinical practice and heuristics that affected their diagnostic reasoning (Table 1). 28% of residents reported seeking feedback "most of the time" or "always" from the receiving day team before the intervention. After the intervention, 58% of residents reported intending to seek feedback. 70% of the residents surveyed found the intervention valuable for their professional development. Conclusion(s): A structured program of patient follow-up, reflection, and feedback on night admitting rotations may provide an opportunity for residents to identify areas for improvement in their own practice. Future iterations include providing residents training on critical reflection and delivering peer feedback. (Figure Presented) .

10. Hardavella, G., et al. (2017).

"How to give and receive feedback effectively."

Breathe (Sheff) 13(4): 327-333.

[Click to view reference](#)

Giving and receiving feedback is not an easy task and poses significant challenges for both sides. In this article, we will discuss pragmatic feedback models, how to overcome barriers to an effective feedback and tips for giving effective feedback, as well as how to receive feedback and make the most out of it.
