

# COURAGEOUS CONVERSATIONS

## Primary Care Training Workshop

### Facilitator notes

#### Feedback

Feedback is a powerful learning tool but needs to be used with care. Poorly managed feedback can be a negative experience for an individual – one of the reasons we use 'skills practice' rather than 'role-play'.

Feedback is an integral part of the 'Courageous Conversations' workshops and this is made clear in the standard invitation and confirmation letters. Many of the workshop participants will not have had the chance to have another professional observe their consultations since completing their training. Not surprisingly, it can be scary but the process we have developed gives a sense of safety and, evaluations have shown, this is seen as the most useful part of the workshop. We ask you to follow the process rules closely – particularly in the second part of the workshop - to ensure this sense of safety.

#### Feedback general points

Feedback is about words or actions, not the person themselves; criticism of someone's accent, beard or haircut is inappropriate and unhelpful.

Every consultation will have strengths and areas for improvement.

When facilitating the discussion of the 'not-so-good' video consultation, you can demonstrate a good process of critiquing. Even in the initial 'not-so-good' consultation there will be positives to identify before moving on to areas where things could have been done differently. Stick to the '*no criticism without suggestion for improvement*' rule rigorously as you want this to be carried over to the skills practice trios.

The more specific the feedback is, the more useful it is, whether positive or negative.

To say, "you communicated well" without clarification does little to help the learner identify what he or she did or said. Much more helpful is to highlight specific words, phrases or actions, e.g. "When the patient asked, you reflected the question by asking what she thought, and I felt that led to a really helpful discussion". Similarly, "Your greeting with a handshake, your open posture and good eye contact and the way you sat forward to mirror the patient" identifies and reinforces specific strategies and is a lot more helpful than "you showed good body language."

#### Skills practice trios

Acknowledge that skills practice is likely to produce some anxiety but, hopefully, will make it easier when dealing with a patient. All the evidence tells us that the only way to improve our consultation skills is to actually practise using the words.

Emphasise to participants that the purpose of the feedback is to help to improve their consultation; that each consultation is unique; there are often no right or wrong answers; and that the feedback will always be given in a constructive way. Emphasise that the skills practice is an opportunity to practise in a safe environment, so that we can then get it right in real life!

Indicate if either party has a mental block, gets really stuck or wishes to start one part again, they can just say or signal "time out" and pause the consultation so that both parties can gather their thoughts - then restart from the point of the pause.

When asking the 'professional' to start by commenting on the strong points of the consultation (you or the observer will always have to stop them switching straight to the perceived problems or weakness), you may need to prompt or bring in the 'patient' and observer quite soon. Professionals find it much easier to say what they think did not go well in the consultation. When, after others' identification of the strengths, the 'professional' is asked to identify difficult or problematic areas, again it is important for them to identify specific words, phrases or actions that they thought were unhelpful. Their opinion should be accepted as what he or she felt but 'patient' and observer can be asked if their perception was the same; very often they are less critical than the 'professional'. The 'professional' should be asked how he or she might have acted differently before seeking suggestions from the others.

When it comes to the 'patient' giving his or her view, describing how they felt or what they understood at a particular point, saying the words or actions used is very helpful. Something like, "when you asked me how I felt, I think I'd have said more if you'd remained silent a bit longer", is the specific sort of feedback we'd encourage; it identifies an area for improvement and suggests how things might have been done differently. The observer, too, has a unique viewpoint so (to the 'patient') "you looked really uncomfortable when he/she said..... is that how it felt for you", can be a really fruitful comment, as long as it leads to ideas of how the exchange might have been handled differently.

It can be useful to re-run a fragment of the consultation to try out the different responses suggested to see if it's an improvement.

Just as there are no perfect consultations, there is no perfect facilitation but we hope this gives you some helpful guidelines as you develop your skills and confidence and avoid some of the mistakes we have made in the past.