



ANZCA and FPM CPD Program

Practical guidance for CPD feedback conversations

Purpose

This guideline provides practical tips for those providing feedback to a colleague as part of the CPD program (for example peer review, multi-source feedback, patient experience surveys). Engaging in a feedback conversation is a skill and as with all skills it can be learnt and improved. The feedback conversation is an important tool for enhancing learning for both specialists.

Approaching feedback conversations

At the outset it can be helpful to ensure both you and your colleague have a common understanding of the purpose of the feedback conversation and its role in the CPD activity under discussion, with the focus on the outcomes the specialist being reviewed would like to achieve.

David Boud and Liz Molloy have defined feedback as "... a process in which specialists make sense of information about their performance in order to compare it with appropriate standards, used to enhance the quality of their work or learning strategies".¹

A feedback conversation for CPD is about encouraging reflection, so resist sharing your thoughts to begin with and invite your colleague to share their thoughts – these are likely to focus on things that went well, areas of learning, and suggestions they may have for changing their practice.

When engaging in a feedback conversation it can be helpful to start by suspending any judgment/opinion and be curious about what you have observed (or what the summary data shows (for example for MsF). A phrase that comes from Advocacy and Inquiry/SIM is "**I saw, I thought, I wonder**"² - where you share what you saw (this is facts) and then share your conclusion based on the facts (what you are thinking) and ask for the other person's perspective.

An example: LMA vs. ETT

I saw that you used a laryngeal mask airway for this case.

I thought, with this patient's reflux symptoms, that intubation may have been a safer option.

I'm wondering what your thoughts are on this?

Consider the AERO model³

The AERO model (below) is worth considering as a framework to guide the conversation.

Items	Focus	Suggested question
Affective	How did the person feel?	How are you feeling about this CPD activity?
Effective	What the person thought was effective	What was most effective today? What is most advantageous about your approach?
Reflection	Considering changes or reinforcing practice	On review, what would you change? Are there any disadvantages in your approach? Is anything you intend to keep doing the same way? (and why?)
Observation	Opportunity to share your perspective	Would you like to hear my thoughts? Can I share my perspective?

Action

Action isn't specifically included in the AERO model however all feedback conversations should include a commitment to action from the person being reviewed. An example may be "please share one thing you intend to incorporate into your practice?"

Remember the feedback conversation is focused on the specific areas of interest of the person being reviewed. You are serving your colleague and providing a gift. An effective feedback conversation is a dialogue based on two lenses focused on the advantages and disadvantages of the practice.

An example for the peer review of practice activity

It is suggested that the reviewer:

- start with positive aspects of the observed practice.
- ask the participant what they thought they did well and any aspects of practice they would improve if they were in the same situation again.
- then initiate discussion on other aspects of practice, informed by your notes on the observation form.

For each element of feedback, you may find it helpful to start the discussion with an observed behaviour and then a comment or question to lead the exchange. The following are examples of statements and questions that could be used:

- "I noticed that you *<describe technique observed>*. I wondered what your reasons were for choosing this approach?"
- "How do you find *<insert device/equipment here>*?"
- "The team *<describe your observation re communication/collaboration behaviours>*. I wondered how you found this and whether there was anything you could change? How does this go in other teams in which you work?"
- "I noticed you *<insert risk minimisation strategies here>* and this prevented *<insert specifics>*. Have you had a similar case where the outcome was not as favourable?"
- "With the *<first/last>* patient I could see that *<insert specifics>*. How would you have managed *<insert alternate scenario>*?"

Other feedback models

There are numerous models available to guide the feedback conversation and each have their own advantages and disadvantages. A sample include:

- [Advocacy and Inquiry](#)
- **Directive feedback** - Mind Tools Content Team. [The Situation-Behaviour-Impact™ feedback tool](#): Providing clear, specific feedback. 2017.
- **Pendleton** - Walsh K. The rules. BMJ. 2005 Sep 10;331(7516):574. PMID: PMC1200599.
- **Plus Delta** - Cheng A, Eppich W, Epps C, Kolbe M, Meguerdichian M, Grant V. Embracing informed learner self-assessment during debriefing: the art of plus-delta. Adv Simul (Lond). 2021 Jun 5;6(1):22. doi: 10.1186/s41077-021-00173-1. PMID: 34090514; PMID: PMC8180042.

College resources for improving your feedback skills

- [ANZCA Fundamentals of feedback modules](#) (in Learn@ANZCA)
- The [ANZCA Educators Program](#)

References

1. Boud D, Molloy E. Rethinking models of feedback for learning: the challenge of design. *Assessment & Evaluation in Higher Education*. 2013;38(6):698-712.
2. Rudolph JW, Simon R, Dufresne RL, Raemer DB. There's no such thing as "non-judgmental" debriefing: a theory and method for debriefing with good judgment. *Simulation in healthcare*. 2006;1(1):49-55.
3. Cochrane A. [Feeding back in a clinical environment](#); 2019. Website: mivision. *The Ophthalmic Journal*.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	M Hennessy L Roberts	CPD team	CPD Committee	2023	Created

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