



# **Practice Ready Ontario (PRO) Program**

Simulated Client Feedback Guide

**Prepared by Touchstone Institute**

## Why Give Feedback?

Feedback is an essential part of effective learning. Given properly, it can improve confidence, self-awareness, and enthusiasm in the assessment.

Touchstone Institute's Practice Ready Ontario program allows candidates to participate in encounters with Simulated Clients (SC) in a safe and supportive setting. Each session interaction will have a Physician Facilitator (PF) who will guide the post-encounter feedback session. Feedback is provided by the SC, the PF, as well as the candidate's peers. Candidates do not often get the opportunity to receive feedback from a client/patient once they enter their practice, thus making the SC feedback particularly valuable in this program.

Not only do the candidates get experience in receiving feedback, but by watching interactions carried out by their colleagues, they have the opportunity to practice giving constructive feedback as well. This enhances the overall educational experience.

## When does Feedback Occur in the Encounter?

Feedback is provided at the end of the encounter and is guided by the PF. It occurs in the following format:

- Candidate leading the encounter will self-reflect
- **SC Feedback**
- Peer Feedback
- PF feedback

## What Makes a Good Simulated Encounter or Visit?

The following are some characteristics of a good encounter or visit:

- Candidate gives client a chance to talk
- Appropriate use of silence (listening)
- Candidate listens honestly
- Learner pays attention to cues
- Client feels like an individual
- Candidate establishes rapport with client
- Pace is appropriate
- Candidate deals with the issue
- Candidate is organized
- Candidate is flexible to client's agenda
- Candidate is non-judgemental
- Client is given permission to have own feeling/reactions

# The Vocabulary of Feedback

Below is a model and some words that can be used in giving feedback (both positive and negative):

When you said / did \_\_\_\_\_, I felt \_\_\_\_\_.

## POSITIVE

reassured	comforted
understood	appreciated
encouraged	hopeful
relieved	supported
cared for	relaxed
satisfied	calm
at ease	good
guided	pleased
comfortable	important
confident	sympathized
grateful	listened to

## NEGATIVE

rushed	embarrassed
patronized	nervous
frustrated	foolish
angry	afraid
let down	uncomfortable
anxious	overwhelmed
provoked	pressured
worthless	disconcerted
tentative	pessimistic
confused	judged
demeaned	unsure

## Evaluative versus Non-Evaluative Feedback

EVALUATIVE FEEDBACK	NON-EVALUATIVE FEEDBACK
<ul style="list-style-type: none"><li>→ Expresses a personal reaction, but includes a judgement as well</li><li>→ The person giving the feedback fails to accept responsibility for the feedback</li><li>→ Often takes the form of a “You message”</li><li>→ Contains a message of approval or disapproval, i.e. “I liked or didn’t like ...” OR “I really appreciated or didn’t appreciate ...”</li></ul>	<ul style="list-style-type: none"><li>→ Provides neutral, non-judgemental information</li><li>→ The person giving the feedback accepts responsibility for the feedback and it excludes judgement</li><li>→ Takes the form of an “I message”</li><li>→ HOWEVER, Some “I messages” can be non-evaluative! “I liked or didn’t like ...” <b>OR</b> “I really appreciated or didn’t appreciate ...”</li></ul>

## Defensive versus Constructive Feedback

DEFENSIVE FEEDBACK	CONSTRUCTIVE FEEDBACK
<ul style="list-style-type: none"><li>→ Critical</li><li>→ Attacking</li><li>→ Personal</li><li>→ Fails to Improve Skills</li></ul> <p><b>Evaluative &amp; Judgemental</b></p>	<ul style="list-style-type: none"><li>→ Helpful</li><li>→ Informative</li><li>→ Learning</li><li>→ Improves Skills</li></ul> <p><b>Non-Evaluative &amp; Specific</b></p>

- When feedback is expressed in **generalities**, it may appear to criticize a person, which can make one feel like it is “attacking” their character.
- When feedback **specifically** addresses behaviours, a person is more responsive to that feedback and more willing to listen.

*Remember:*

**\* FEEDBACK IS NOT EVALUATION \***

## Examples of Feedback

### Example 1:

“You made me feel like I was wasting your time when you kept referring to your watch.”

VS

*“When you referred to your watch three times, I felt that I was taking up your time and that I should stop talking.”*

### Example 2:

“You did a good job of asking me questions.”

*(Feedback can be positive and still evaluative!)*

VS

*“I felt that the questions that you asked me were clear and to the point and it made me feel that you were trying to understand my problem.”*

### Example 3:

“I didn’t like the way that you broke the news so abruptly!”

VS

*“When you told me that I had cancer without any warning or preparation for the news, I was overwhelmed and felt abandoned.”*

## SC Feedback Model

1. **Specific and Simple:** Keep feedback to 2 or 3 main points.
2. Comment on specific **observable behaviours** and **communication skills**.
3. Comment on how these behaviours made the SC **feel**.
4. Give feedback on the **process**, **NOT** the medical content.
5. Aim for a **balance** between positive and negative feedback.
6. **Do not teach** or get into teaching the learner what they should do that would work better.
7. Use the **key vocabulary words** as learned in the SC Feedback Model.
8. When giving feedback, think of it as identifying the **GAPS** between what you **expected** in the encounter and what you **experienced**.
9. Try to **avoid using words like** “good”, “bad”, “right” or “wrong” and avoid using “BUT” as it tends to negate everything that came before it.
10. Always give feedback from the **perspective of the client**, unless otherwise instructed by the lecturer or trainer.
11. **Do not compare students.** All learners have their own areas of strengths and areas in which they need grow.
12. Do not worry if the feedback from the instructor or the Physician Facilitator is different from your feedback. **All perspectives** are welcomed. The SC feedback is prioritized first to demonstrate the value of the patient perspective.

## **Feedback in the Virtual Format (when applicable)**

Only a small percentage of communication is in the words we use. Tone, body language, inflection and non-verbal signals all combine in everyday speech to make complex, nuanced conversations. Things to consider when participating in the virtual format:

- Be aware of body language – Posture, facial expressions and hand gestures
- Take into consideration video/audio delay
- Off screen distractions
- Poor camera or lighting quality
- Speaking too fast or too loud