Certification in Gynaecological Oncology (CGO)

Multi-Source Feedback (MSF)

Facilitated Discussion

Whenever a Multi-Source Feedback (MSF) is undertaken (either as a routine formative assessment or as part of a learning process) there is the possibility that the feedback will indicate the trainee has areas of professional practice that require improvement. Engaging in the conversation that must follow the administration of an MSF can sometimes be difficult. Whilst it may be challenging for the Training Supervisor to conduct the discussion it is an important step in the trainee’s learning trajectory and cannot and should not be avoided.

Setting for the Facilitated Discussion

The facilitated discussion should be conducted one-on-one in a private space and be free of interruptions. It is a confidential discussion and should be non-threatening, non-confrontational and non-judgemental. It is important to allocate a set time frame to contain the discussion e.g.: no more than one hour, to ensure that a potentially distressing or corrective conversation does not drag on without resolution; a further meeting can always be arranged in an attempt at consensus. The Trainee will have been invited to complete a self-assessment MSF prior to attending the meeting and asked to bring a copy.

What you will need for the Facilitated Discussion

Depending on whether the facilitated discussion is the initial discussion or the follow-up discussion will determine the paperwork required for the meeting.

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| *Initial Discussion*  Collated MSF Report  A blank copy of the Learning Development Plan  Trainee MSF Self-Assessment | *Follow-up Discussion*  Previous MSF Report  Current MSF report  Copy of completed learning development plan and any relevant documents pertaining to the trainee’s performance  Trainee MSF Self-Assessment |

Ensure that the trainee is provided with a copy of the MSF report prior to the Facilitated Discussion: they must not feel they are being ambushed with correct feedback during the discussion.

Focus of the Facilitated Discussion

The discussion should focus on the evidence provided by the MSF data – do not add any other information into the mix e.g.: do not include hearsay or begin discussing another facet of the trainee’s performance that has not been addressed by the MSF.

How to conduct the Facilitated Discussion

There are some common sense rules that will help the facilitated discussion to progress as smoothly as possible and include:

• Allowing the trainee to say what they need to say (try not to interrupt them)

• Recognising and reinforcing positive behaviours

• Making sure that the trainee is clear about what it is you are saying to them (check with them if you are not sure)

• Keep the discussion focused and on track – the purpose is to correct poor behaviours

Welcome the trainee and thank them for attending the meeting. Explain that the discussion is an opportunity to develop a shared approach in assisting them in their professional development.

Asking how the trainee feels about the feedback is important and will lead the trainee to be reflective and consider their professional practice within the context of the MSF feedback. However, each trainee will react differently to the situation and may be shocked, hurt, distressed or angry by the feedback. It is therefore important to begin by asking the trainee how they feel about the feedback. Their response will give you a way forward with the facilitated discussion. Ideally, the trainee will have undertaken an MSF Self-Assessment and this provides an excellent way to move into the next part of the discussion. Give the trainee time to express their feelings before beginning to ‘unpick’ the feedback and work towards a plan of action or way forward.

Be mindful however that for some trainees, the MSF corrective feedback will be so different to how they have perceived their own professional behaviours that they may be unwilling or unable to accept the feedback provided. This will make the facilitated discussion more difficult and may mean that a longer period of time may have to be invested in exploring the trainee’s emotional response to the feedback prior to any progress towards corrective action is achieved.

The facilitated discussion must distinguish between the person and the person’s behaviours and needs to focus on the persons’ behaviours not their personality. The MSF questionnaire is framed to elicit responses about the trainee’s demonstrated professional behaviours and it is important to frame the facilitated discussion in these terms.

e.g. Rather than tell the trainee “the report suggests that you don’t respect your patients”, it should be framed

as “the report suggests that you have not demonstrated respect for your patients”.

This is a very different emphasis. There may be a variety of reasons why the trainee does not ‘demonstrate’ respect for a patient but demonstrating respect becomes a measurable skill that the trainee can demonstrate in the future. Ask them to talk through their approach to their patients and see if they can identify ways in which it could be improved. Resist the urge to tell the trainee what to do to improve their behaviour as it is always more valuable when the learning solutions are generated by them. Only provide some suggestions to stimulate the trainee’s thinking if they are unable to recognise their behavioural difficulties or how they can be corrected.

Ask a series of open ended questions that will allow the trainee to reflect on their MSF and come to an understanding themselves as to why their behaviour is perceived as requiring correction. For example, ask the trainee “Why do you think the assessors scored you as rarely demonstrating effective use of time?” Allow the trainee to consider this and respond before moving toward a strategy for correcting this particular problem. The solution becomes something that the two of you agree on and becomes an area for improvement detailed in the trainee’s learning development plan. It must be achievable and measurable. It is important that the facilitated discussion identifies specific elements of professional behaviour that require correction rather than broad sweeping statements; only then can a definitive plan for correction be put in place.

Giving corrective feedback to someone is not an easy task and there is no magic solution that will make it less stressful for the Training Supervisor or the trainee. However, if you are well prepared for the Facilitated Discussion you can ensure that you are in the best possible position to establish a supportive tone for the discussion and help to dissipate anger or distress. Remember that you can always approach College House staff for further support.