Pendleton's Rules (of feedback)

Pendleton's rules of feedback for discussing video consultations

1. Briefly **clarify any matters of fact**.
2. The doctor on the video goes first and **must discuss first what he/she did well**.
   - Ask: *what did you do well?*
3. **Observers then discuss what he/she did well**.
   - Ask: *what did he/she do well?*
4. The doctor on the video then **describes what he/she did not do well and recommendations for change**.
   - Ask: *how would you have done it better?*
5. **Observers then discuss what he/she did not do well and recommendations for change**.
   - Ask: *how could he/she have done it better*

Critique of Pendleton's rules

Pendleton has many disadvantages -

The artificiality of separation of good points and problem areas, of learner and group.

In order to ensure safety the rules insist on a strict ordering of feedback, with good points having to be made before difficulties are discussed and with the learner having to make comments before observers are allowed to contribute. The facilitator acts as a policeman, directing who contributes and when comments can be made. This creates an artificiality about the feedback process. It frustrates discussion by preventing points from being made when they are thought of or when they are most appropriate. Considerable time can separate comments about specific areas of the consultation which can then become difficult to remember or relate to each other.

The learner may wish to say:

'I thought I introduced myself well but I could have just checked who the person was who came in to the room with the patient'

or

'I see what you mean about my questions being very thorough but I think that if only I'd used more open questions, I could have discovered so

much more'.

Adhering to the conventional rules, facilitators have to intervene with:

'Hold on, we're only on good points at the moment.'

The rules seem to suggest that ensuring safety through the strict observance of the order of contribution is of more importance than enabling an interactive discussion. Yet often participants comment that this approach is overprotective, that constructive criticism is inhibited. If we are trying to promote an interactive approach to the consultation itself, should we be attempting to prevent it in our communication teaching? The emphasis on ever-present danger necessitating restrictive rules can, paradoxically, feel very unsafe.

Evaluative phrasing of feedback.

Despite their aim of preventing destructive feedback from having an adverse effect on the learner, feedback given under the conventional rules can still come across to learners as evaluative and judgmental. By contrasting 'what was done well' with 'what could be done differently', the conventional rules inadvertently set a judgmental tone for the feedback that follows. The rules attempt to ameliorate this perception of evaluation by suggesting that feedback on 'good points' is followed by 'recommendations rather than criticisms'. While this helps, in learners' minds 'what could be done differently' is still often seen as a thin disguise for 'what was done poorly', especially as it is so directly contrasted with 'what was done well'. The learner may therefore perceive the initial positive feedback as patronising or insincere (as sugar-coating) and be bracing herself for the 'hit' she thinks is sure to come.

As we shall see later in this chapter, evaluative feedback tends to create defensiveness, reducing safety and inhibiting learning. For learning to occur, we need to move our language away from the evaluative framework of 'good and bad' and find alternative ways of phrasing feedback that learners can more readily accept.

The learner's agenda is discovered late in the feedback process.

The rules do not discover the learner's agenda until late in the proceedings. Insisting on good points first prevents the learner from having an early opportunity to mention particular areas that she perceives to have been difficult and with which she would appreciate help from the rest of the group. Paradoxically, this approach may make the person receiving feedback more anxious; she may not be able to take in the initial comments about her good skills as she is worried about how her problems are being assessed by others. Uncertainty may lead to anxiety

which may block her ability to hear comments about her good skills and so diminish the potential learning from this very important aspect of feedback.

Inefficient use of time.

Too often the group spends a disproportionate amount of time on the 'good' with too little left for constructive help with the difficulties of the consultation. It is tempting to try to be as supportive as possible by teasing out all the good points in the consultation, especially if there are difficult areas to discuss later.

The process can be repetitious: separation of feedback is cumbersome, leading to one area being covered several times in the feedback process. Because all of the learner's good points in the whole of the consultation are produced first, followed by all the group's good points, then all the learner's suggestions and then all the group's suggestions, the consultation is continually criss-crossed from one end to the other. It becomes difficult to concentrate specifically on one section of the consultation and consider it in any detail.