

## **Principles**

### **Start with the doctor's agenda**

ask what problems the doctor experienced and what help he or she would like.

### **Always look at the outcome you are trying to achieve**

thinking about *where you are aiming* and *how you might get there* encourages problem solving

effectiveness in communication is always dependent on what you are trying to achieve

### **Encourage self assessment and self problem solving first**

always allow the doctor space to make suggestions before sharing ideas

### **In group situations, involve everyone in problem solving**

*everyone* should work together to generate solutions not only to help the doctor but also to help themselves in similar situations

○ use descriptive feedback to encourage a non-judgemental approach

descriptive feedback ensures that non-judgmental and specific comments are made and prevents vague generalisation

### **Provide balanced feedback**

everyone should ensure that they provide a balance in feedback of what worked well and what didn't work so well - this supports the learner and maximises learning

*we* learn as much by analysing *why* something works as why it doesn't

### **Make offers and suggestions, provide alternatives**

make suggestions rather than prescriptive comments and reflect them back to the doctor for consideration

### **Rehearse suggestions**

rehearse and practise suggestions by role play

when learning any skill, observation, feedback and rehearsal are required to effect change

### **Be well intentioned, valuing and supportive**

it is everyone's responsibility to be respectful and sensitive to each other

### **Value the tape as a gift of raw material**

the tape provides the raw material around which everyone can explore communication issues

everyone can learn as much as the doctor on the tape and should be prepared to make and rehearse suggestions - the doctor should not be the constant centre of attention

### **Opportunistically introduce teaching exercises and research evidence**

the trainer should opportunistically offer to introduce teaching exercises and research evidence to help to draw out principles of communication and to illuminate learning for all

### **Structure and summarise learning so that a constructive endpoint is reached**

the trainer should summarise the session to ensure that learners piece together the individual skills that have arisen into an overall conceptual framework

## **Practice**

### **Prior to showing the tape**

ask the doctor showing the tape to set the scene, describing prior knowledge of the patient and listing the extenuating circumstances!  
You should know exactly what the doctor knew and was feeling when the patient entered the room and no more

### **During the tape**

note down *very specific words and actions plus* their times as an aid to descriptive feedback  
watch as if the patient and be prepared to role-play the patient afterwards to enable rehearsal

### **After showing the tape**

allow several minutes to collect thoughts and identify the one or two most important points you would like to bring up in feedback, making sure to provide a balance  
trainer to consider where to place feedback on what worked well  
acknowledge any feelings of the doctor showing the tape if necessary

### **Start with the doctor on the tape**

*What areas do you want to highlight as being problems for you? Tell me your agenda: has it changed on reviewing? - Write up agenda items  
What help would you like from me?*

*What outcome would you like to achieve?*

trainer to consider whether to add in own agenda here

negotiate with the doctor the best way of looking at the tape - choose which area to replay

get the doctor to start off looking at own agenda by showing again the relevant part of the tape and asking to use descriptive feedback to say what worked well and what didn't work so well

elicit thoughts and feelings of doctor and possibly patient if appropriate

rehearse with role-playing the patient

add in facilitator's ideas and thoughts

appropriately introduce generalising away into other teaching areas and exercises

## **Ending**

clarify with doctor on tape that own agenda has been covered

*be very* careful to balance what worked well and what didn't work so well by the end

ask what everyone has learned (one thing to take away) and whether the feedback was useful and felt acceptable

# **Feedback using SET-GO**

*Feedback should be:*

Non-judgmental

Specific

Directed towards behaviour rather than personally

Checked with the recipient

Outcome based

Problem solving

Suggestions rather than prescriptive

## **Using the SET-GO method**

What I Saw	Descriptive, specific, non-judgmental
What Else did you <b>see</b> ?	What happened next - descriptive
What does learner Think?	reflect back to learner, acknowledge and problem-solve group problem-solves
What Goal are we trying to achieve?	Outcome-based approach
Any Offers of how we should get there?	

*Source: Silverman et al. The Calgary-Cambridge approach to communication skills teaching - Agenda-led outcome-based analysis (See Education for general Practice Vol. 8 No1)*