

‘I’m never going to change unless someone tells me I need to’: fostering feedback dialogue between general practice supervisors and registrars

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Abstract. Feedback is often unidirectional and focused on learners receiving feedback. Learning relationships are viewed as influential to promoting feedback dialogue. The aim of this study was to explore factors that facilitate or impede feedback between general practice supervisors and registrars. An in-depth qualitative study was conducted. Data collection featured semistructured interviews with registrars ($n = 9$) and supervisors ($n = 5$). Interviews were audio recorded and analysed interpretatively. Feedback was affected by personal (i.e. resilience, humility), relational (i.e. strength of supervisory relationship, power differentials) and contextual (i.e. culture) factors. Registrars are not accustomed to providing feedback and supervisors do not typically request feedback. Past feedback experiences affect registrar engagement in feedback exchanges. A culture of feedback dialogue within training organisations and training practices is essential. Power imbalance needs to be addressed, particularly for feedback by registrars. Strategies to develop feedback skills and promote an open feedback culture are essential.

Received 6 February 2019, accepted 19 May 2019, published online 13 August 2019

Introduction

Feedback is broadly understood within medical education as the exchange of information about performance (Bing-You *et al.* 2017) and is posited as one of the most powerful educational tools in general practice training (Algiraigri 2014). Feedback is critical in promoting registrars’ learning and development to become competent general practitioners (GPs) ready for independent practice (Hattie and Timperley 2007; Wearne 2016). ‘Good feedback’ has traditionally been defined by its method of delivery (i.e. as being regular, honest, supportive, timely and, when warranted, inclusive of corrective information; Boendermaker *et al.* 2003). More recently, there has been a shift away from the focus on feedback delivery to a focus on feedback conversations, interactions and outcomes (Bing-You *et al.* 2017).

Learning relationships and cultures have been found to influence the effect of feedback on learning (Eva *et al.* 2012; Watling *et al.* 2012, 2013). Summarising the conceptualisation of feedback as a dialogic process, Telio *et al.* (2016) offer the ‘educational alliance’ (EA), drawn from the clinical therapeutic alliance, as a ‘framework for supporting and extending the reconceptualisation of feedback in medical education’ (Telio *et al.* 2016, p. 609). Within the context of a supervisory relationship, an EA frames feedback as a process of negotiation. It is defined by the learner’s belief of a coconstructed shared goal, shared activities for reaching that goal and shared bond (i.e. the

learner’s liking, trusting and valuing of the educator and belief that these feelings are mutual; Telio *et al.* 2016).

Initial findings with psychiatry residents suggest that the strength of an EA can influence the extent to which a learner engages in further learning interactions with the educator (Telio *et al.* 2016). In the context of strong alliances, educators may offer ‘negative’ feedback with effective impact: received by the learner with the understanding of improvement rather than as an attack. Learners are also more likely to engage in open and constructive feedback encounters and to seek feedback within a strong EA (Telio *et al.* 2016).

Feedback within supervisory relationships is predominantly unidirectional and focused on the delivery of feedback from supervisor to registrar (Lefroy *et al.* 2015). Reluctance among learners to offer feedback to educators is well documented in medical education literature (Cliffe *et al.* 2016; Dudek *et al.* 2016; Bowen *et al.* 2017). Yet registrar-to-supervisor feedback is also important for enhancing supervisors’ skills and increasing their confidence (Thomson *et al.* 2011). Disinclination to engage in an open feedback dialogue inhibits valuable opportunities for learning and development for both registrars and supervisors (Ingham *et al.* 2014).

There is a growing body of work examining the learner–educator relationship for its effect on feedback dialogue,

What is known about the topic?

- Both registrars and supervisors benefit from feedback dialogue. In turn, this has implications for the quality of patient care provided within the broader general practice community.

What does this paper add?

- Improving feedback dialogue requires a cultural shift towards feedback being a normal and expected part of supervisory relationships. Opportunity exists for this to be fostered at the training organisation level.

but there is little empirical research examining this in the context of longitudinal supervisory relationships, particularly in the GP vocational training context. In order to more effectively support feedback dialogue in GP supervisory relationships, we need to know what affects registrar–supervisor open feedback dialogue.

The aim of this study was to explore feedback dialogue within GP supervisory relationships. The factors facilitating and those impeding the giving and receiving of feedback were investigated.

Methods

A constructivist and interpretative qualitative approach with sensitising by the EA framework was used, enabling in-depth exploration of feedback dialogue in the context of registrar–supervisor relationships in GP training.

Registrars in a Victorian Regional Training Organisation (RTO) who were in their second or third term of community-based training were invited to participate in the study. When a registrar consented to participate, their supervisor was then approached.

Purposive and convenience sampling (Patton 1999; Creswell 2013) was used to recruit GP registrars and their supervisors. Participant recruitment aimed to maximise variation within the sample, to represent registrars’ stage of training (Term 2 or 3), supervisors’ level of experience (new or experienced), registrars’ and supervisors’ location of prior medical training (Australia or overseas) and the location of pairs (rural and metropolitan).

Individual semistructured interviews were conducted with each registrar and supervisor. Interviews were conducted approximately 2–4 weeks after a two-way feedback session between registrars and supervisors. These feedback sessions are a compulsory component of the RTO’s program, typically occurring twice per term. Registrars and supervisors provide each other with verbal and written feedback against specific domains. Feedback forms, which are submitted by the registrar and supervisor to the RTO, provide a framework for the discussion. Of note, audio recordings of the feedback sessions were collected as a part of this study, and the findings will be presented in a later paper.

The interview structure was guided by our research questions and by the EA framework with questions to explore experiences of the supervisory relationship in relation to feedback. Interviews were conducted by three of the authors (JC (*n* = 6), BG (*n* = 4) and CK (*n* = 4)), guided by a semistructured schedule, and ranged from 18 to 54 min in duration (mean length 39 min).

All data were digitally audio recorded, transcribed verbatim and deidentified. An interpretative analytical method was used, with all the research team immersing themselves in the data. Analytical categories were developed iteratively as the authors engaged with the data, informed by the EA theoretical framework, our reading of the literature and the experience of the research team. These categories were refined into a coding framework through group discussion. Two authors (JC and BD) then coded the data to this framework. Cross-coding, discussion and checking with the rest of the team was undertaken for analytical depth and rigor.

In line with principles of reflexivity in interpretive and qualitative research, we drew on our own experiences for understanding the data. The authors have diverse backgrounds that include general practice, education, psychology, public health and health promotion, and have a range of involvement in GP training, including GP supervision, GP supervisor training, program development and academic research. Our analysis and interpretations of the data are based on our own experiences in GP training and draw on our cross-disciplinary perspectives.

The Human Research Ethics Committee of Monash University approved this study (Project no. 10378).

Unless indicated otherwise, data are presented as the mean ± s.d.

Results

Nine registrars and five of their respective supervisors (total *n* = 14) agreed to participate in one-on-one interviews as a part of this study. Data collection occurred from December 2017 to February 2018.

Most supervisors were male (*n* = 4), with the duration of GP experience ranging from 6.5 to 35 years (mean 23.6 ± 12.1 years) and supervisory experience ranging from 1.5 to 26 years (mean 12.1 ± 10.2 years). Most registrars were female (*n* = 6) and Australian medical graduates.

The findings are reported under three analytical categories, namely personal factors, relationship factors and contextual issues, below (see Table 1).

Table 1. Analytical categories related to open feedback dialogue

Categories	Examples
Personal factors	Past experiences Resilience Humility Desire to make a difference
Relationship factors	Facilitators • Extended relationship • Good fit • Mutual respect • Convergence of learning goals • Effective strategies for corrective feedback Impediments • Supervisor fear of negative effect on registrar • Power imbalance and registrar fear of negative consequences for themselves
Contextual issues	Sense of belonging A culture supportive of feedback Structured formal feedback opportunities

Category 1: personal factors

Personal factors were viewed as important to encourage feedback dialogue. Factors included past experience of feedback exchange (particularly within the hospital setting), resilience, humility and being motivated to engage in feedback by the desire to make a difference.

Registrars were wary of making themselves vulnerable to a repeat of previous damaging feedback experiences, with several noting difficult feedback encounters from their hospital-based placements:

It's a huge change from the hospitals where you're dictated what you have to do, and they move you around a bit like a chess piece and you don't have that type of autonomy. So that's been a really positive change. [Registrar]

The perceived resilience of the registrar determined the amount and type of feedback given by supervisors. Supervisors endorsed their own resilience to feedback:

I've got a bit of anxiety about her mental health and ensuring that she remains okay. That's part of the role of supervisor, the whole pastoral role and it will come up to a greater or lesser extent every time and as you get to know people better you can, I guess, act in that way a bit more as time goes by. [Supervisor]

I know what I do really well and I know what I don't do quite as well. I can handle a discussion about that. [Supervisor]

In some instances, supervisors admitting their limitations strengthened relationships and encouraged reciprocity:

Just put yourself in their shoes and just try your best. If you don't know, just say, 'I don't know, let's look it up together, let's learn together. [Registrar]

Participants articulated motivations for feedback, primarily based around making a difference to themselves. This included to improve skills or to more broadly benefit the clinic or future registrars:

When I was leaving I gave specific feedback on how I thought that could be done better. I hope it helped whoever came after me. [Registrar]

I'm never going to change unless someone tells me that I need to. [Supervisor]

Category 2: relationship factors

Facilitators to feedback dialogue were identified as an extended relationship, good fit of personalities, mutual respect, convergence of learning goals and the use of effective strategies to deliver corrective feedback.

Forming a new supervisory relationship is just one of many potential challenges experienced by registrars commencing a GP placement. Participants acknowledged that bond development starts anew at each placement and takes time to develop.

It's been interesting starting in a new rotation in the last couple of weeks and seeing – sort of starting from the

beginning in the supervisor–registrar relationship. Until you figure out how that person works, you know their communication style and things, it can be a little bit tricky. [Supervisor]

When we started it was a good, very pleasant relationship. But towards the third or fourth month, I think, the trust has really been built. The relationship really worked. [Supervisor]

Duration of placement was also important, with a longer placement viewed as beneficial to establishing relationships and achieving a sense of belonging:

I think it's definitely beneficial being here for twelve months rather than just six months. I definitely feel more relaxed and more at ease in the environment. [Registrar]

The registrar–supervisor relationship was identified as an important contributing factor to feedback dialogue quality. Participants acknowledged the importance of a 'good relationship':

It's all about the relationship, you know, if you've got a good relationship it should be pretty straight up and people should be able to say what they feel. [Supervisor]

We were both quite comfortable in being very honest with each other and I felt very comfortable in asking any sort of stupid question that came to mind. [Registrar]

A 'good fit' of personalities can facilitate bond development and may promote greater ease around feedback dialogue. Registrars noted that having a similar perspective on issues also eased the process of supervision.

A lot of it is personalities of the registrar and supervisor and you're not always going to hit it off. [Supervisor]

[Supervisor] and I have a fairly similar sort of outlook on stuff, which makes it quite easy. [Registrar]

Mutual respect and reciprocity within the relationship also appeared to strengthen the registrar–supervisor bond:

It's all about respect and I think that one of my current supervisors that we really are all equals, we're trying to learn. It's not completely true, we're not equals of course. I'm a registrar. But I think when you're treated with respect, I think you that you can sometimes give advice and you're much more willing to accept advice as well. [Registrar]

Participants generally spoke warmly of each other and demonstrated mutual respect. Several supervisors acknowledged the registrars' status as fully qualified doctors completing senior training; they showed respect for the registrars' knowledge and need for autonomy:

They're not children, they're not university students, they're qualified doctors who are learning a skill. [Supervisor]

A shared sense of learning goals was important to bond development. Supervisors reported that theirs and the registrar's

learning goals were often divergent at the beginning of placement. Registrars were often focused on fact-based knowledge and didactic learning, whereas supervisors were keen to promote autonomous learning and teaching broader skills of GP work:

I say to the registrars, 'I'm not going to sit here and give you a two-hour lecture on hypertension.' I don't see that as my forte or my role. [Supervisor]

As the term progressed, learning goals could converge:

Probably at the beginning they've got a list of twenty things. That's just overwhelming and I say, 'look, you've got two years, you don't have to be an expert at six months, you won't be an expert at two years but you'll be better at twelve months than you are now and you'll be better at two years than you are now.' So I think it's a matter of setting shorter term, more realistic [goals]. So you try and help them narrow down their fields a little bit and not have too many things going at once. [Supervisor]

Strategies to deliver corrective feedback in an amicable manner were used to promote a positive registrar-supervisor relationship. Such strategies included a positive and polite conversational tone, with emphasis on affirmation of skills and effort. Supervisors were more likely to use modelling techniques or anecdotes, rather than direct corrective statements:

He brought me through the case from the beginning and worked through it as if we were doing a [problem-based learning] session at university. It was really helpful. I could see he was trying to teach me, not trying to point out that I had done something wrong. [Registrar]

Reframing, moderating, and de-personalising were also used to soften the impact of feedback:

And yeah I probably would have liked to be a bit more direct about feeding that back to my supervisor, but it's sort of hard to know the most appropriate way to do that. [Registrar]

However, registrars and supervisors alike indicated a desire for more direct feedback, questioning the usefulness of such pleasant feedback for personal and professional growth:

He's been very positive with me. There's been hardly any negatives. And I do wonder whether I'm actually as good as he thinks I am. [Registrar]

To say that I'm doing everything perfectly, it really doesn't help me. [Supervisor]

Impediments associated with relationship factors include concerns from supervisors regarding the negative impact of feedback on registrars, as well as power imbalance and the associated registrar fear of negative consequences that may arise from giving feedback to a supervisor. Supervisors providing feedback were concerned about the potential negative effect on confidence that corrective feedback could have. Learning through practice (i.e. applied work with a supervisor) and fostering communication strategies were seen as strategies to assist registrars.

Registrars' reluctance to provide negative feedback was influenced by the perceived potential for negative consequences, including damage to professional reputation or limited future employment opportunities:

This is the whole thing about two-way feedback, it's hard to open up I think. You fear for your career, your fear for your future, that's just the grim truth. . . [Registrar]

The registrars will see that as a potential, 'Oh, if I give him a bad rap then he'll give me a bad rap and I'll never get a job again.' [Supervisor]

Power imbalance between registrars and supervisors was acknowledged as inherent to the supervisory relationship. Supervisors generally led discussions, with registrars reluctant to provide direct feedback even when specifically invited by supervisors to do so. However, the power dynamic was not necessarily viewed as negative or essential to overcome; participants regarded the power imbalance as an innate part of the supervisory relationship:

I guess that will always be a bit of a barrier to really frank and open feedback. [Registrar]

They're probably slightly intimidated by us and there's a bit of a power imbalance. I don't think I'm big and scary but hopefully they feel like they can talk to me but they all say, 'Oh no.' [Supervisor]

Category 3: contextual issues

The broader setting in which registrar-supervisor relationships develop was identified as important to feedback dialogue, including sense of belonging, a culture supportive of feedback, and the opportunity for structured formal feedback opportunities.

Clinic culture was integral to facilitating feedback dialogue. Registrars spoke of a sense of belonging that encouraged open dialogue with their supervisors and other colleagues, whereas supervisors looked to others to triangulate information about assessment of registrars and direction of supervision:

I think all the staff are really approachable, and helpful and you know, welcoming. . . It's so nice to have [staff lunches], you know sort of time with everyone, and sit down and have a chat. I think it's really good. [Registrar]

I get feedback from the nursing staff, because they see you consulting as well with them, so that's good. [Supervisor]

Participants advocated for structured formal feedback opportunities. RTO-mandated feedback forms were viewed as useful in promoting feedback dialogue. In light of the demanding and time-pressured nature of GP training and work, suggestions were made for further development and refinement of forms to promote efficiency, simplicity, ease of use and streamlined return of forms to the RTO:

You need a simple form. [Supervisor]

There's a lot of boxes and a lot of. . . You've got to try and create something to write about sometimes. I think I have

them here somewhere actually, I'm not sure whether I have to post them or. . .? [Supervisor]

Participants viewed RTOs as having authority and scope to promote feedback dialogue. This includes communication with all parties regarding feedback and the use of forms to promote open dialogue, as well as formal educational opportunities for registrars and supervisors to learn about and practice feedback:

If it's sort of impressed upon by the training provider that this is what we expect from the practice side of things that you will provide this and find the time to do it, then that sort of impresses the importance for both of us then that is a set thing for us. [Registrar]

Structured and formal feedback opportunities were viewed as important to encourage and maintain open dialogue:

Really it's a way of formalising it and consolidating the feedback that I've been getting throughout the term. [Registrar]

By making it happen, by insisting that and reminding supervisors that at six and twenty weeks that you've got to do this and you've got to submit form and whatever you've got to do. [Supervisor]

Discussion

This study identified factors that affect feedback dialogue within GP supervisory relationships. These factors were individual, relationship and contextual. Each warrants consideration if feedback conversations are to be supported.

Individual factors we identified that affected feedback were previous experiences of feedback, resilience of the feedback receiver, humility of the feedback giver and the desire by both the feedback receiver and giver to make a difference. This would suggest that it is important to promote sharing of feedback experiences, checking the effect of feedback on the recipient's self-confidence, sharing 'feedback' failures and identifying the subsequent positive impact of giving feedback.

Relationship factors we identified that facilitate feedback include developing mutual respect and establishing shared priorities and goals. This suggests that it is important to invest in relationship building and to commit time to this. Relationship factors that impeded feedback were issues of power and the fear of the effect of corrective feedback. This fear warrants being addressed explicitly within the relationship. Interviewees identified strategies to minimise the confrontational impact of corrective feedback. Supervisors and registrars would benefit from professional development in techniques to give corrective feedback in ways that are less threatening.

Other contextual factors include a sense of belonging, a culture supportive of feedback and formal feedback structures. These contextual factors can be promoted by practices and training organisations.

The EA theoretical model proved a useful frame for the present study and was supported by our findings, which demonstrated the positive impact of mutual respect and shared goals on feedback exchanges. These are the features of an effective EA (Hattie and Timperley 2007). Our findings also

suggest that respect and shared goals require time to develop within a supervisory relationship.

Addressing power dynamics is important to promote a safe and supportive supervision space in which feedback dialogue may occur (Dudek *et al.* 2016). Our findings indicated that although a power differential may be inherent to supervisory relationships, this does not preclude strong educational alliance.

The importance of cultural context in promoting feedback dialogue has been emphasised (Lefroy *et al.* 2015) and was evident in the present study. Broadly, cultural context includes the ideas, customs and social behaviour of the training community. Culture was both an informant and indicator of feedback dialogue for participants in the present study. In order to encourage feedback dialogue between supervisors and registrars, it is important to build a culture where feedback is accepted and occurs frequently.

Drawing on these findings, it is clearly important that GP supervisors and registrars make time for regular discussion about learning goals and tasks and whether these are being achieved. Within these discussions, supervisors should provide space and invitation for registrars to give feedback about their experience of the supervision and the placement, and the degree to which their learning needs are being met.

RTOs were identified as having the capacity to promote and support a strong culture of feedback between registrars and supervisors. From the findings, we recommend that training organisations:

- promote shared expectations among registrars, supervisors and training practices that feedback is a commonplace practice to facilitate professional development, and that all parties can benefit from engaging in open feedback dialogue
- provide shared tasks for registrars and supervisors to engage in that promote feedback dialogue, including formalised processes and forms required as part of their training program, and prompts for more regular and informal feedback (e.g. at weekly teaching sessions); importantly, these tasks need to be clear and simple, and offer ways for supervisors to provide global impressions as well as more specific feedback
- provide professional development opportunities for supervisors and registrars to develop their understanding of feedback dialogue and the ways it can best be approached within supervisory relationships where there are obvious barriers, such as power imbalances and fear of negative consequences.

In conclusion, this study aligns with the broader literature indicating that it can be difficult for supervisors and trainees alike to engage in feedback discussions. However, elements of strong supervisory relationships and learning environments can be cultivated to enable a more welcoming and productive space for feedback and learning.

We acknowledge that this study involved a small number of registrars and supervisors from one Victorian RTO. The participants were self-selecting and therefore may have emphasised a particular view of feedback experiences. The applicability of our findings to other contexts must be judged by those familiar with those contexts.

Conflicts of interest

The authors declare no conflicts of interest.

Acknowledgements

This research was funded by a Royal Australian College of General Practitioners Education Research Grant.

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