

Enabling our colleagues to

flourish

Christine Horbury* discusses the importance of delivering constructive feedback in the dental team.



Strengthening teams

Feedback may be defined as 'Information about previous performance, used to promote positive and desirable development.'¹ Providing feedback to colleagues can be challenging and is rarely done effectively. Research has demonstrated that if constructive feedback is provided, future performance will improve.¹ However, it must be understood that it is not a matter of saying anything to fill silent gaps in conversation; the feedback should be specific and sensible.

As the skill mix amongst the dental team is changing rapidly² and direct access for dental care professionals (DCP) groups has now progressed, it is sensible to consider our approaches to supporting colleagues when giving feedback. This feedback, if delivered constructively, could strengthen teams resulting in improved standards of care. In addition, improved developmental skills of clinical and non-clinical duties could be enriched.³

Constructive feedback is crucial to the learning process. As in other areas of health care, feedback is generally delivered by individual managers that are trained and competent in the process, hence why there has been a notable evolution in other allied health care professions,³ highlighting the importance of adequate training for people responsible for delivering feedback.

This article will firstly describe the challenges in giving and receiving feedback for the dental team. Secondly, it will debate the importance of delivering constructive feedback. It will then outline ten steps for improving future performance in delivering feedback and draw some conclusions.

Feeding back to colleagues

Research has shown that people are reluctant to give feedback due to creating dependency

or affecting relationships with colleagues.⁴ In either case, dental team members responsible for delivering feedback to colleagues are unaware of the positive impact it can have on the future of that individual.

Ask yourself this: have you ever had an appraisal at work that just seems to be all negative or, contrastingly, full of only praise, and how did it make you feel?

Feedback that is all negative or all positive does not necessarily help anyone. If negative feedback is only provided or is not delivered appropriately, colleagues will view feedback sessions as negative exercises and will be unenthusiastic about the whole process. Likewise, if feedback is all positive this can create an unrealistic picture which limits development, resulting in feedback sessions not being used as a constructive tool. This can result in individuals avoiding feedback altogether. We must remember that feedback is about building up, not breaking down, and holding strategies to aid development.

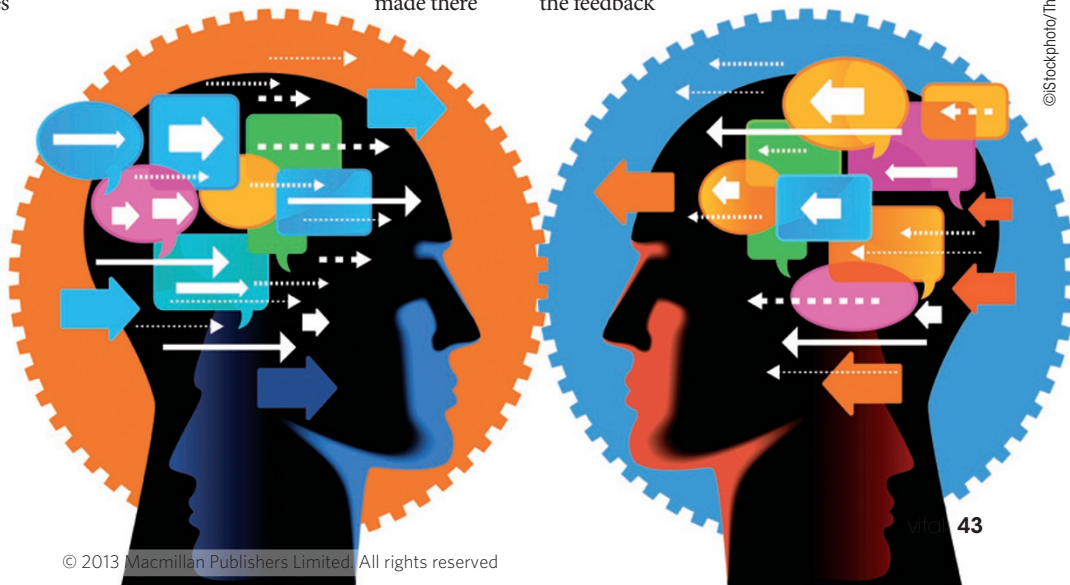
As the business of dentistry evolves, the delegation of duties and responsibilities through the dental team is being witnessed, which in turn has increased pressure on team members to show initiative. In practice, dental colleagues who are given these responsibilities and authority will inevitably make at least some mistakes during their stewardship and learning of their new duties. When mistakes are made there

is a natural tendency to communicate the misadventure but rarely is the individual told constructively how they could improve future performance. In 1948 William McKnight, a 3M philosopher, argued that a mistake someone makes is generally not as destructive to business as the feedback they receive regarding their mistake.⁵ Usually feedback is destructively critical, killing initiative and confidence, and therefore having more of a detrimental effect than the initial mistake. It is essential that we seek to inspire our colleagues to demonstrate initiative. This can only be achieved by creating a supportive learning environment for them to flourish. In this encouraging learning environment, colleagues need to be actively engaged in the feedback for them to see it is, in fact, a positive exercise.⁵

Receiving feedback

Through LinkedIn, I asked a number of dental professionals their experience of receiving feedback. A large proportion of them reported back to me that they very rarely received feedback, or if they did, they felt that it came too late and was therefore insufficient to be supportive or useful to them.

Receiving feedback can be challenging for dental care professionals (DCPs) and even the most structured feedback can still be rejected by an individual. This can partly be attributed to the fact that the two parties involved in the feedback



* Christine Horbury RDN dental clinical skills teacher, Leeds University; also a member of Vital's reader panel.

Top 10 tips to improve the feedback you deliver

- 1 Feedback as close to the event as possible, allowing a greater degree of accuracy in feedback
- 2 Always focus on the positives first. Negative feedback should come last but if you can end on a positive then do so. Think of it as a complementary sandwich
- 3 It is essential that we feedback in a private environment, especially if providing negative feedback. Even positive feedback can be hard for some people to accept
- 4 Overall, feeding back to our dental colleagues is a form of communication; a progressive interchange of words. Therefore, leave enough time for everyone to contribute
- 5 Don't repeat past information in feedback that carries no value to the current issue. Stay focused on what you want to achieve
- 6 Have some form of agenda documented which each party can review prior to the meeting in order to allow everyone to prepare sufficiently
- 7 Think about how your feedback could be viewed by the individual; don't attack personal traits
- 8 Try to provide solutions to problems; don't simply say what was wrong without any guidance of how to overcome the issue
- 9 Try to inspire reflection activities after providing feedback or SWOT exercises and goal setting. Encourage the learner to become master of their own development
- 10 The person delivering feedback should seek training regarding the process. As practice owners it is essential to invest in your staff as their development is critical to your practice shelf life.

process, the person receiving feedback and the person delivering the feedback, have two separate agendas. These are known as the 'benefits' and 'costs'.

Firstly, the person receiving the feedback needs to know the all-round 'benefit' of the feedback to them. The obvious benefit for everyone receiving feedback, including DCPs, is how it can potentially help them to improve. The 'cost', however, can be problematic for the person delivering the feedback. Unless feedback is structured with a certain degree of preparation involved prior to the feedback session, the possibility of conflict, resulting in teams breaking down and not performing, is increased.⁶ So the cost to the person delivering the feedback is the potential risk of causing bad blood and tensions amongst the team. Due to the small nature of general practice this can be challenging. However, research suggests that the most proactive of learners seeks feedback, in order to improve their future performance, regardless of practice agendas.⁷ Although this theory might hold up in some environments, it cannot be applied to them all due to everyone's individual variety of education, social background and life experience, so it is important to understand the people you manage and work with as a starting point to giving feedback.

Why deliver constructive feedback to colleagues?

General Dental Council (GDC) standards indicate that we should provide support to our colleagues. A key technique in assisting with our support is to provide effective and constructive feedback. As supportive and competent colleagues, we should also be addressing the issue of developing the people we work with through our own prior knowledge and experience. This should not be limited to the dentist only. Any member of the dental team whose knowledge is up to date can deliver feedback. If colleagues are starved of vital development information, which would aid the advancement of their skills, patients may not receive as high a level of treatment as could potentially be provided which, at worst, could put them at risk. By delivering constructive feedback to our dental colleagues, they may be able to correct the way they practise, which is essential to improving.

Feedback, in principle, provides colleagues (the learner) with a more holistic view of the path they need to take to complete their goals. We have to remember that colleagues will not develop without feedback and it is in essence management responsibility to provide feedback to support the individuals they employ.⁷ Dental professionals learn the practice they render by

experimental learning (learning by doing). For example, dental nurses have to complete OSCEs (Objective structured clinical examinations). However, it is not as basic as just doing; it is through the cycle of doing that as dental professionals we will develop. Being able to call on our peers for knowledge, teamed with constructive feedback, helps learners to plan for the future to increase skill and performance and more importantly confidence. By evaluating the way we practise, as professionals, we are able to develop metacognitive skills (self-managing learning).

In summary, for managers to challenge and positively influence working practice through constructive feedback, they must build effective working relationships which will bring about the constructive transformation of colleagues. It is not the change that may pose a problem in working practice; it is the way it is implemented. In essence, feedback is no easy process regardless of your departmental ranking or educational background. However, with the ever changing landscape of dentistry, we need to move forward with mentoring the whole dental team through constructive feedback to ensure our practice is competent, safe and evolving. With limited research in constructive feedback in primary dental care settings, this transition will be no simple undertaking. On a positive note, our colleagues in other areas of health care have been doing this well and for some time, so perhaps we should adapt our practice from the findings of recognised research in other areas of health care.

1. Kao G Y-M. Enhancing the quality of peer review by reducing student 'free riding': Peer assessment with positive interdependence. *Br J Educ Technol* 2013; **44**: 112–124.
2. Brocklehurst P R, Tickle M. Is skill mix profitable in the current NHS dental contract in England? *Br Dent J* 2011; **210**: 303–308.
3. Harrison G, Hayden S, Cook V, Cushing A. Improving health care professionals' feedback on communication skills: Development of an on-line resource. *Patient Educ Couns* 2012; **88**: 414–419.
4. Gibb D, Dyer J, William G. *Teambuilding*. San Francisco: Wiley. 2013.
5. McKnight W. *McKnight principles*. 2013. Available at: http://solutions.3m.com/wps/portal/3M/en_WW/History/3M/Company/McKnight-principles/ (accessed 7 May 2013)
6. Tuckman B W, Jensen M A C. Stages of group development revised. *Group and Organisational Management* 1977; **2**: 419–427.
7. Archer J C. State of the science in health professional education: effective feedback. *Med Educ* 2010; **44**: 101–108.