MANAGEMENT ISSUES

Giving critical feedback

Critical feedback can take several forms. It includes the problem of a junior doctor who has made a significant clinical mistake, fails to work well with professional colleagues, or is rude and unprofessional to patients. A consultant will know of the problem from direct observation or communication from colleagues, including secretary and receptionists.

Preparation

Acquire all the relevant facts in a neutral and non-judgmental manner and always remember there are two sides to each issue. Identify the points you wish to raise. Sometimes new topics will arise during your meeting with the individual. Set up a time for the meeting. Choose your moment carefully: giving somebody critical feedback at the end of a difficult shift may not be the best time as they may be stressed or tired. The meeting will then be a failure. Ensure that it is private and confidential.

The meeting

Establish what actually happened or is happening. Try to create an atmosphere of openness by asking the individual how they feel about the problem and using questions such as "is there anything you would have done differently?" (if it is a clinical mistake). As you receive the individual's version of events your personal judgement may alter. After

reflection, give them your honest appraisal of the problem in an unambiguous manner. Be sensitive in the way you give feedback—that is, one person may have had previous critical feedback and need gentle handling while others may need things clearly spelt out for them. Seek a solution to the problem. It is best if the individual can provide the answers to the problem themselves but if they can't, then provide the answers yourself, ensuring that they understand and agree them. If personal or domestic circumstances are mitigating factors, offer sympathy and support as appropriate. Once the issue has been dealt with, reassure the person that the case is closed so that they are not left carrying the problem around which can inhibit their normal professional functioning. This will also reduce the chance of it interfering with future feedback. Don't demolish people with destructive feedback. This serves no useful purpose and it may take a long time for their confidence to be restored.

Conclusion

Analyse a problem carefully and initially without judgement. Make your feedback honest, sensitive, unambiguous and timely. It can change a poor performance into a good one.

M J CLANCY

The management series

The articles in the management series deal with common management issues faced by A&E consultants. The authors are practising A&E consultants and a media specialist who have provided their way of addressing these issues. It is hoped that this series will contribute to the discussion of common management problems which we all face and need to be better prepared for.

To come:

- **Dealing with the media** *V O'Loughlin*
- **How to find an SHO** *H Guly*
- **How to appoint a senior house officer** *H Guly*
- **How to conduct an SHO appraisal** *M J Clancy*
- **Organising training for undergraduates and SHOs** *N Rawlinson*
- **How to organise a higher training programme in A&E** *H Guly*
- **Budget management** *G Hughes*

- **Managing a bed crisis** *N Egan*
- **Time management** *C McLauchlan*
- **Planning a rota** *I C Grant*
- **Complaints—and how to deal with them** *G Bryce*
- **Risk management** *H R Guly*
- **Purchasing new equipment** *C D H Oakland*
- **Organising a medical conference** *J Wyatt*
- **Disciplinary procedures** *I P Stewart*
- **Choosing an A&E department computer system** *B C Elvin*