

Box 5.1 Principles of Agenda-Led Outcome-Based Analysis*

Organizing the feedback process

Start with the learner's agenda

- Ask what problems the learner experienced and what help he would like from the rest of the group

Look at the outcomes learner and client or patient are trying, or need to achieve

- Think about where you are aiming and how you might get there – effectiveness in communication is always dependent on what you *and* the client or patient are trying, or need to achieve

Encourage self assessment and self problem solving first

- Allow the learner space to make suggestions before the group shares their ideas

Involve the whole group in problem solving

- Encourage the group to work together to generate solutions not only to help the learner but also to help themselves in similar situations

Giving useful feedback to each other

Use descriptive feedback to encourage a non-judgmental approach

- Descriptive feedback ensures that non-judgmental and specific comments are made; and prevents vague generalization

Provide balanced feedback

- Encourage all group members to provide a balance in feedback of what worked well and what didn't work so well; thus supporting each other and maximizing learning – we learn as much by analyzing why something works, as why it doesn't

Make offers and suggestions; generate alternatives

- Make suggestions rather than prescriptive comments and reflect them back to the learner for consideration; think in terms of alternative approaches.

Be well intentioned, valuing and supportive

- It is the group's responsibility to be respectful and sensitive to each other

Ensuring that analysis and feedback actually lead to deeper understanding and development of specific skills

Rehearse suggestions

- Try out alternative phrasing and practice suggestions – when learning any skill, observation, feedback *and* rehearsal are required to effect change

Value the interview as a gift of raw material for the group

- Use the interview as a gift of raw material around which the whole group can explore communication problems, issues, and skills: group members can learn as much as the learner being observed who should not be the constant center of attention. All group members have a responsibility to make and rehearse suggestions.

Opportunistically introduce theory, research evidence and wider discussion

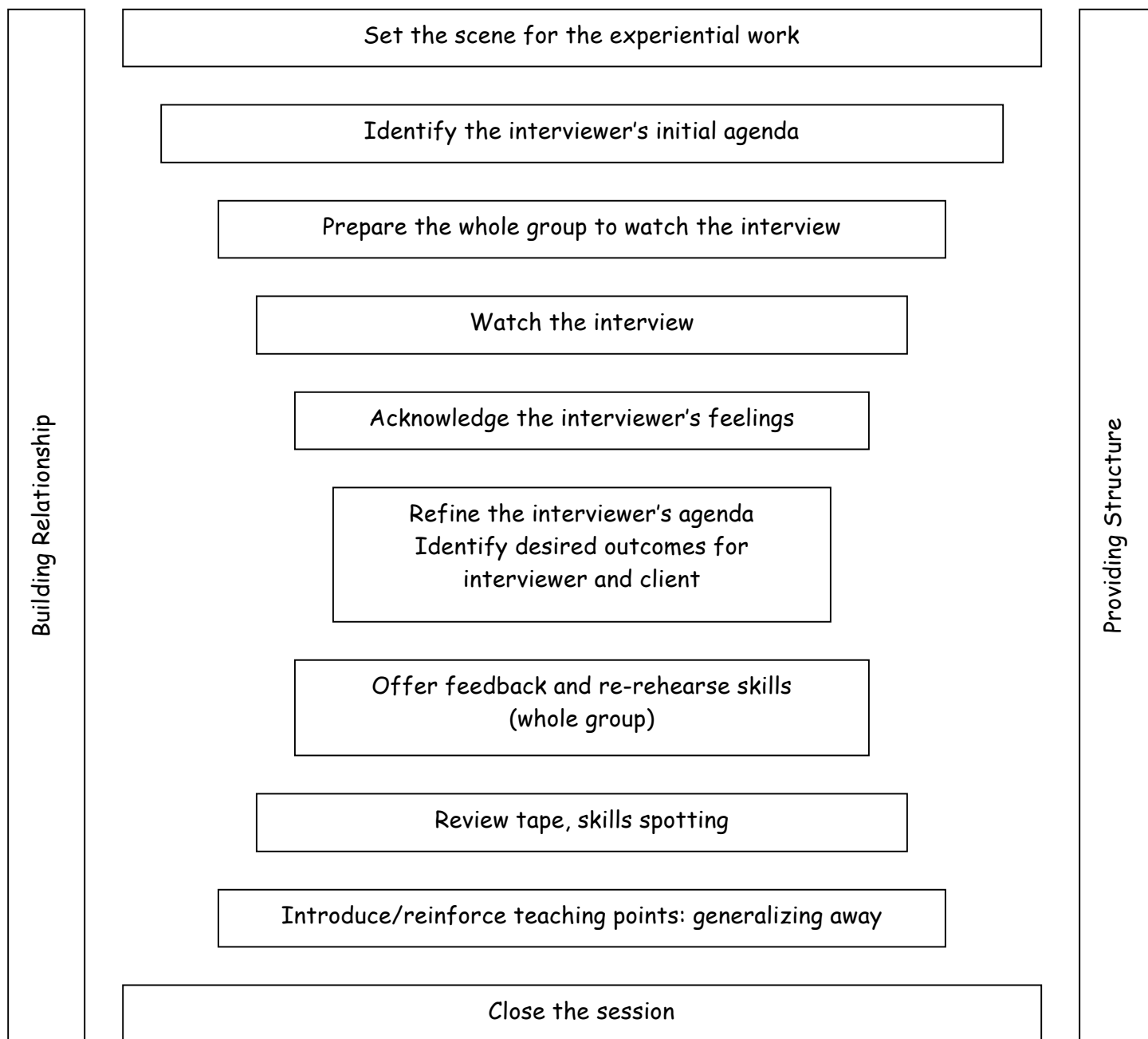
- Offer to introduce concepts, principles, research evidence and wider discussion at opportune moments to illuminate learning for the group as a whole.

Structure and summarize learning so that a constructive end point is reached

- Structure and summarize learning throughout the session using the Calgary-Cambridge Guides to ensure that learners piece together the individual skills that arise into an overall conceptual framework.

*From: Kurtz SM, Silverman JD, Draper J (2005) *Teaching and Learning Communication Skills in Medicine*, 2nd Ed. Radcliffe Publishing: Oxford (UK) & San Francisco

Box 6.1 How Agenda-Led Outcome-Based Analysis Works in Practice*



Just as in the Calgary-Cambridge guides to the consultation, we have specifically shown building relationship and providing structure as continuous threads occurring throughout the teaching session. These two tasks are in sharp distinction to the remaining tasks that follow a more step-wise progression and are performed roughly in sequence as the session continues. Both building relationship and structuring the session are important generic facilitation skills and are two of the key responsibilities of facilitators in any small group or one-to-one teaching session, whether or not the subject matter is communication skills. The skills required to achieve these tasks are the same as those listed in the Calgary-Cambridge guides, but are here applied to the learner group. Don't take this sequence to be set in stone. You'll need to adapt it and the Calgary-Cambridge guides' skills to suit the needs of individual groups, just as you have to adapt flexibly to meet the needs and personalities of individual clients or patients.

*From: Kurtz SM, Silverman JD, Draper J (2005) *Teaching and Learning Communication Skills in Medicine*, 2nd Ed. Radcliffe Publishing: Oxford (UK) & San Francisco