

FEEDBACK

What is it?

Feedback is a common method used for providing clinicians with information about their performance in particular clinical areas and is generally presented so that performance can be compared against pre-determined standards, such as guideline recommendations and target values, or between individuals, teams, practices or facilities. Information about performance can come from many different sources, including audit of medical records (see Knowledge Translation Program 'Chart Audit' sheet for details), databases, patients themselves and through observation.⁽¹⁾

What does best evidence say?

It seems logical that health professionals might make changes to what they do if they become aware that their practices are at variance with guidelines or the practice of their peers. Yet clinicians have been shown to have limited ability to assess their own performance accurately.⁽²⁾ A recent Cochrane review of audit and feedback concluded that audit and feedback can help improve professional practice; these effects are generally small to moderate (median increase in compliance = 5%, with an interquartile range of 3% to 11%).⁽³⁾ A 5% increase in compliance may not sound like much, but in terms of change in practice it is worthwhile considering that change strategies in general bring about, on average, a 10% improvement in practice outcomes.⁽⁴⁾ Individual studies of the effectiveness of feedback have had varying results. This is likely to be due to differences in factors such as: feedback characteristics^(3, 5) (ie content, format); target groups; patient groups; type of care; systems of care; and methods of evaluation of effectiveness.⁽⁵⁻⁷⁾

While we know that providing feedback can improve practice, there are few studies that examine how and when feedback works best.^(5, 8) Many authors have given this topic considerable thought; they suggest that the following factors make a difference:

The message

The data on which your feedback message is based should be:

- valid and reliable⁽⁹⁾
- presented at the level of the individual provider (rather than team or facility level)⁽⁶⁾
- presented in a way that allows comparison with peers.⁽⁵⁾

Your feedback message should be:

- targeted at a particular audience⁽⁹⁾ (ie a particular group of service providers)
- targeted towards particular care provision activities⁽⁵⁾
- linked to guidelines that are accepted by your target group⁽⁵⁾
- targeted towards activities where the health professional may not realise that their practice is out of step with the guidelines.⁽⁵⁾

The delivery

Feedback should be delivered:

- concurrently or as close as possible to patient contact (rather than later and retrospectively)^(5, 9)
- more often (ie monthly or more frequently)⁽⁶⁾
- as continuously as possible⁽⁵⁾
- in a positive (rather than punitive) tone⁽⁶⁾
- by the best messenger (if by a person - a peer, opinion leader, or expert can increase impact)^(5, 8, 9)
- only after pre-testing of the data collection methods and the form and content of the feedback⁽⁵⁾

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- after consideration of whether the extra time and costs of ongoing data collection and preparing more frequent feedback would be matched by additional benefits.⁽⁸⁾

The recipient

Characteristics of your target group that can influence the effectiveness of feedback are their acceptance of the feedback data source, and their motivation to change.⁽⁵⁾

According to motivation theory, if feedback is to be effective in bringing about change the target group must:

- believe the data
- recognise that their performance level is low, and
- believe that improvement is possible.⁽⁷⁾

The bigger picture

When trying to decide when and how best to give feedback, it is important to bear in mind:

- whether feedback is likely to work for your particular condition and setting⁽⁸⁾
- the needs of your target group⁽⁵⁾, and
- the barriers to the changes that you hope to bring about.⁽⁵⁾

Prepared by Emma Donoghue, Research Officer, NICS, September 2006.

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