

- Feedback should be provided to the Trust where immediate action is needed and where there are patient safety issues
- Feedback could include any definite overall emerging themes as well as procedural feedback about the facilitation (try to keep procedural feedback positive unless it has made the situation impossible)
- Feedback could be provided to test disparate views
- If themes emerge that do not fit into the Terms of Reference these could still be fed back during the concluding session if the Trust needs to take immediate action
- Be aware of your facial expressions and other non-verbal signs when giving feedback – remain neutral
- If clarification is required from the Medical Director about any of the information received, the formal feedback session could be clearly separated into two with the first half being used to obtain clarification and then the second half as the feedback session
- Where there are patient safety concerns the College will also normally confirm the feedback provided in writing
- Give careful consideration to providing feedback to the Trust part way through the interview schedule – your judgements may change during the review visit

Feedback to interviewees

- Before giving direct feedback to an interviewee carefully consider whether this is absolutely necessary and the impact it could have on the review and any potential resolution
- Feedback during an interview could be perceived as collusion
- Be aware of projecting your own agenda and perspective into the interview
- Avoid entering into a debate or argument with an interviewee – inadvertent feedback about your own or the review team's views may be shared in doing this
- Be alert to inadvertently providing feedback through your questioning and attributing comments from one interviewee to another e.g. 'X told us y about z, what do you think?'
- Some closed questions can implicitly give feedback e.g. 'We don't think there any problems with team working at the MDT, do you agree?'
- An alternative approach that does not provide feedback or attribute what you have heard might be 'Please tell us your views about the MDT'



Invited Review Mechanism

Good practice for Reviewers

During the Reviewer Day on 14 November 2012 the Reviewers split into groups during the facilitated sessions. Each group discussed good practice in relation to one of the following topics - 'Interviews', 'Gathering information' and 'Managing feedback'.

The good practice points identified by the Reviewers are set out in this leaflet.

GOOD PRACTICE - INTERVIEWS

- Set up the interview environment to help put interviewees at ease
- Introductions are important – please refer to the document ‘*Key points for introduction to interview*’
- Use active listening
- Have an empathetic approach
- Use an appropriate tone of voice i.e. not interrogative or suggestive
- Information gathering over information giving - let the interviewee do most of the talking
- Allow natural pauses for the interviewee to think about their answer and provide further information
- Handle distressed interviewees with sensitivity and allow them to pause or take a break if necessary
- Ask difficult questions and address difficult subject areas directly – no need to frame questions with “this might be a difficult question”
- Avoid leading questions
- Avoid making statements for interviewees to agree with – instead you could summarise what the individual has said at the end of the interview to ensure agreement on the interpretation of their statements
- Use open questions to explore areas. Use closed questions to confirm understanding
- Be alert to the themes arising and use these to help formulate your questions (giving consideration to the Terms of Reference)
- Consider neutral reference points when asking questions e.g. national standards
- Valuable questions have included:
 - Are you surprised we are here?
 - How have things changed? (e.g. if previous mediation has been tried)
 - How do you think your patients felt as a result of x?
 - Questions about the use of the WHO checklist
- Be mindful of health concerns that may be reported to you during interviews and how these could be addressed with the Trust
- Consider whether you are personally worried or concerned?
- Be mindful of possible loyalties between colleagues and the dynamics within a team

GOOD PRACTICE - GATHERING INFORMATION

- Preparation is important
- Be organised
- Carefully consider what activity and outcome data you require and request it from the Trust via the Invited Review Mechanism (IRM) office e.g. individual and team outcome data, adverse events, clinical governance, audits
- Consider in advance who you would like to interview
- Discuss the case and what is required early on with an IRM representative. The teleconference before the visit with the review team and the IRM representative is a good opportunity to discuss the documentation to be requested from the Trust
- Consider the importance of the timing of the interviews – although bear in mind that the timetable is co-ordinated by the Trust and likely to be determined by the availability of the interviewees
- Recognise any preconceptions in advance and consider how you will manage these – during the review visit consider whether the Lay Reviewer would be best to ask a question if unplanned bias arises
- Be mindful of good practice when note taking during interviews - recording quotes is helpful. End of interview bullet points can be a helpful way to record key points
- Call back key interviewees for a further interview to clarify points if necessary
- Make time to reflect on the Terms of Reference throughout the visit
- Consider how you will benchmark what you have heard/read against local/national standards

GOOD PRACTICE - MANAGING FEEDBACK

Feedback to the Trust during the formal feedback session

- The review team should agree the feedback that will be provided to the Trust, to ensure a unified view from the team is presented
- During the formal feedback session it is not necessary to feedback all points at this time. It may be important to explain to the Trust the need to consider some points further and that these will be provided in the report