

Welcome to the 5th combined edition of the Monthly Cancer and Palliative Care Education Newsheet from Mount Vernon Cancer Centre and Michael Sobell House. This month we have important information about *The Mount Vernon Cancer Centre Education Group*

**CANCER & PALLIATIVE CARE EDUCATION NEWSHEET
FROM MOUNT VERNON CANCER CENTRE
AND MICHAEL SOBELL HOUSE**

Feedback and Feedforward.

Urvina Shah and Angela Williams

Clinical Learning Facilitators, Radiotherapy.

What is the Marshall Goldsmith FeedForward Tool?

The purpose of **the Marshall Goldsmith FeedForward Tool** is to provide individuals, teams and organizations with suggestions for the future and to help them achieve a positive change in the behaviour.

Ten Reasons to use FeedForward Tool:

1. We can change the future. We can't change the past.
2. It can be more productive to help people be "right," than prove they were "wrong."
3. Feedforward is especially suited to successful people.
4. Feedforward can come from anyone who knows about the task. It does not require personal experience with the individual.
5. People do not take feedforward as personally as feedback.
6. Feedback can reinforce personal stereotyping and negative self-fulfilling prophecies.
7. Face it! Most of us hate getting negative feedback, and we don't like to give it.
8. Feedforward can cover almost all of the same "material" as feedback.
9. Feedforward tends to be much faster and more efficient than feedback.
10. Feedforward can be a useful tool to apply with managers, peers and team members.

One of the main aims of our role is to facilitate staff and student development. This involves teaching, training and supervising students and new staff members to achieve appropriate competency levels. Following on from Trish Millwards October newsletter on CPD and lifelong learning; Feedback and *Feedforward* can be used to motivate staff and students and aid their learning and development.

We are all familiar with feedback –giving constructive comments or praise on performed tasks. It focuses on past performance and aims to highlight areas for development and encourages aspects that have been done well. Although feedback is useful, it is more powerful when used with feedforward.

Feedforward focuses on giving ideas or suggestions on how to improve things for the future. It can be difficult to give feedforward as vision is needed to be able to suggest future improvements. However, it gives a clear direction for progress and creates a much more positive learning experience.

Using feedback and feedforward together is a constructive way to highlight both positive and negative aspects of performance. It is important to ensure all feedback/feedforward is honest and open. It contributes to inducing an environment where learning is encouraged and continuous progress is made.

Ref: www.leader-values.com "Try feedforward instead of feedback." Marshall Goldsmith

Have we got your contact address wrong? If so please contact Sarah Russell on 01923 844567 or sarahrussell@nhs.net

Forthcoming Events November 2006

Nurse Led
Junior Doctor Oncology Teaching

Guest Speaker

Departmental Meeting
Palliative Care Education /Training

Date	Topic	Venue	Comment
2 nd	Volunteer Training	MSH Lecture Hall	
2 nd	Blood Gas Training	Sluice Room – Ward 10/11 2.15 – 3.00pm	Jan Still
2 nd	Clinical Governance Antiemetics and NICE drugs	Postgraduate Centre 4.00 – 5.00pm	Michael Powell
3 rd	Breast 1 (Adjuvant and Screening)	Postgraduate Centre, 9 – 10am	D Miles
3 rd	Laryngectomy Care	MSH Seminar Room 2.00 – 3.00pm	Audrey Dalton Head & Neck Nurse
6 th	Blood Gas Training	Sluice Room – Ward 10/11 12.00 – 1.00pm	Jan Still
9 th	Clinical Governance 2D vs 3D lymphoma outlining Clinical Cases	Postgraduate Centre 4.00 – 5.00pm 5.00 – 6.00pm	Patty Diez
10 th	Pharmacy II / Revalidation	Postgraduate Centre, 9 – 10am	K Kantilal / J Dickson
10 th	Junior Doctor Essential Communication Skills	MSH Lecture Hall	
10 th	Cancer and its Treatments for Complementary Therapists	Education Room, above Chemo Suite	Book via Anni Hall Ext 4177
10 th	Tracheostomy Care	MSH Board Room 2.00 – 3.00pm	Audrey Dalton Head & Neck Nurse
13 th	Nexavar - (oral drug) for Advanced Renal Cell Ca	Coffee Room, Chemo Suite 12.30 – 1.00pm, 1.00 – 1.30pm	Melissa Hough, Bayer Lunch provided
14 th	Journal Club	MSH Quiet Room	
14 th	Cancer Induction Tour for New Cancer Centre Staff	Cancer Centre 11.00am	Book via Kate or Anne Ext 4117. Limited Places
14 th	Picc/Hickman Line Study Day	MSH Lecture Hall 10.00 – 12.30	Karen Harrold & Louise Hobday
16 th	Cancer Centre Visit	Training Room – Chemotherapy Suite	
16 th	Clinical Governance Brachytherapy update Consultants Meeting	Postgraduate Centre 4.00 – 5.00pm 5.00 – 6.00pm	Hannah Simmonds
17 th	Palliative Care Symposia – Pain Revisited	Postgraduate Centre	
17 th	Gynaecology	Postgraduate Centre, 9 – 10am	P Hoskin
20 th	Introduction to Services	LJMC 10.30 – 12.30pm	Book via LJMC helpline Ext 4014. Limited Places
20 th	Bondronat (Ibandronate) Reducing risk of bone fracture	Coffee Room, Chemo Suite 12.30 – 1.00pm, 1.00 – 1.30pm	Ed Griffin, Roche Lunch provided
21 st	Macmillan Study Day	MSH Lecture Hall	
23 rd	Clinical Governance MVH Research update Private Patients: Paperwork and Processing	Postgraduate Centre 4.00 – 5.00pm 5.00 – 6.00pm	Roberto/Henry/Dan/Katie Mark Jackie Henshall
24 th	Action Learning Sets – Group 1	MSH Board Room, 2.15 – 3.15pm	Liz Carruthers
24 th	H & N	Postgraduate Centre, 9 – 10am	N Shah
28 th	Journal Club	MSH Seminar Room	
28 th	Teaching Tips for Clinicians in Practice	MSH Lecture Hall	
29 th	Teaching Tips for Clinicians in Practice	MSH Lecture Hall	
30 th	Reflection on Practice	MSH Quiet Room	
30 th	Clinical Governance LUCADA Patient Transport	Postgraduate Centre 4.00 – 5.00pm 5.00 – 6.00pm	Dr M Peake Cathy Williams
30 th	Blood Gas Training	Sluice Room – Ward 10/11 2.15 – 3.00pm	Jan Still

To add your education event to this please contact Lorraine O'Connell on EXT 4669 with your name, designation, dept, ext no, date, teaching topic & speaker, target audience and preferred date & venue choice