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FEEDBACK – IT'S NOT WHAT IT USED TO BE!

What does feedback mean to you? For some, it may be a word which invokes emotions and stories from time spent as a trainee, fellow and/or supervisor. In this article we are going to examine the definition, theory and practicalities of feedback - specifically examining how our understanding of how feedback 'done well' has the potential to highlight some of the challenges but also some exciting opportunities on how we could improve the experience for all those engaged in learning.

What is feedback?

Reflect for a moment how you would define feedback in a viva. If your definition included words such as 'giving', 'telling', 'providing' – and on review sounds like something to be 'done' [to learners] then I urge you to read-on.

Feedback is defined in the educational literature as a process through which learners make sense of information from various sources about their work - and to appreciate the similarities and differences between both the accepted standard of work, and the qualities of the work itself. This is in order to generate 'improved work'. Whilst this definition may seem a little dry and impersonal, it is in essence a process which assumes to enable the learner to enhance their work and/or learning strategies.

Why is feedback a challenge?

It is tempting to suggest that feedback is something that has been 'done poorly', and 'fixing it' requires simply providing improved education to Supervisors of Training, but once again limiting ourselves to this approach risks falling into the trap of forgetting that feedback is a bi-directional process.

There have been numerous articles outlining why the process of feedback generates concern in both learners and supervisors. A common theme is that there needs firstly a shift in focus away from feedback being something a supervisor *does* (which implies that process improvement requires 'better' delivery), to a **truly learner-centred process**. Secondly, there needs to be a **shared understanding** between learners and supervisors as to what feedback actually is.

That all sounds great, but we need to pay some attention to both **educating learners** on the theory and scope of feedback, and into how we **design and implement feedback processes** in our real-world ICU's. If we fail on either of these fronts, then feedback will continue to be reported by learners as the major inadequacy of a training experience. So how can we make things better?

Focus on educating the learners

The first area to focus on is the empowerment of learners through striving for 'feedback literacy'. Feedback literacy of the learner is the concept we need to promote: Feedback literacy 'denotes the understandings, capacities and dispositions needed to make sense of information and use it to enhance work or learning strategies'. Implicit in the above definition of feedback is the requirement for the learner to actively seek information, interpret it correctly and translate

it into practice. Simply assuming they know this is insufficient: There is a growing body of literature on the challenges and opportunities of developing learning-centred frameworks for improving feedback literacy (see resources at the end). There are four main features of feedback literacy:

1. **Appreciating the process**: Unless learners have had the opportunity to absorb the academic literature around this process which would allow them to appreciate the importance of taking the active role and therefore mitigate the misconception, potentially grounded in experience that feedback is a passive 'telling'.
2. **Normalising appropriate self-reflection ('making judgements')**: Optimal feedback process involves learners getting used to making judgements about their own performance based ideally on pragmatic and transparent assessment criteria. Normalising this process and combining with regular peer-feedback can mitigate the potential error of the underperforming trainee mistaking subjective effort for objective quality.
3. **Managing affect** (emotions, feelings and attitudes): The fear of appearing incompetent has the potential to stymie learner performance. Also, to be confronted with an assessment of performance which is discordant with one's own is a potentially very confronting event, and brings with it strong emotions. It is important to acknowledge and work with emotions; above all trainees report careful use of language and kindness as strong mitigating factors.
4. **Taking action following the process**: Encouraging the learner to take action following the process which makes it work for them. This requires planning and follow up; with the learner needing to appreciate that they will need to generate a concept of how information will alter future practice. This is expanded on below.

The responsibility for rising to the challenge of improving feedback literacy is going to need to be shared across the learning spectrum, from Schools, Universities and Medical Colleges all the way through to the clinical environment.

Develop learner-centred processes

Given what we've already covered, it should be apparent that a process which entails supervisor asking, trainee answering, supervisor entering into a monologue, and then writing it all down wouldn't represent the best model for achieving optimal effectiveness and outcomes. The educational literature points towards shifting the emphasis from 'feedback' to 'coaching'.

Coaching professionals was initially the domain of elite athletes, prior to creeping into the corporate world. Is it just a fancy term for feedback? In short, no - coaching is a process of:

- Direct observation of performance
- Individualized presentation of the content (with care taken to acknowledge affect)
- Identification of specifically addressable goals
- Forming a plan to meet these goals

For Competency Based Medical Education, coaching is defined as 'a one on one conversation focused on the enhancement of learning and development through trainee self-awareness and a sense of personal responsibility'. Coaching therefore encompasses the learner-centred feedback process. Rather than focusing on getting across a finely-honed message or performance plan to the trainee, it instead aims **to get the trainee to identify their own performance goals** and develop *specific* plans to address them. The skill in coaching comes from guiding the trainee gently towards identifying the right goals and realistic plans in which to achieve them. This requires skills in questioning, active listening, appropriate challenging

(through the use of careful language) in a supportive learning climate. There's growing evidence that this approach is highly effective at improving both non-technical skills, as well as promoting wellbeing.

We are going to spend some time on the skills supervisors need to be effective coaches and provide you with some practical tools to help make this more effective.

A Practical Model for Coaching your trainees

The coaching concept is embodied in the Relationships, Reactions, Content and Coach Model **(R2C2)** developed by Sargeant et al. It is a relatively recent **evidenced-based model** for providing feedback in post-graduate medical education, and is underpinned by four facets- **relationship building**, exploring and understanding the **trainees reactions** to performance data, confirmation they understand the feedback **content**, and lastly but most importantly, **coaching for change** via the development of a personal learning plan.

- **Relationship:** This is the most important aspect to developing a positive learning environment. Focus on the relationships - the key is to gradually build respect and trust, allow the trainee some familiarity with being able to describe how they are feeling, how they sense they are performing. It's useful as we covered earlier to engage them in the theory of professional development and the purpose of the whole activity - i.e. give them some advanced notice that you will be collecting and reviewing data to help their development; setting them up to be a reflective, life-long learner.
- **Reactions:** It is essential to set the tone carefully for the rest of the session. You will need to employ your full repertoire of active listening, encouraging language, and even that silence - often the same key which can unlock even the trickiest of family meetings. Most importantly it is not the time to launch into advice - **The learner MUST feel heard, understood and respected.**
- **Content:** The important point is that **process underpins content -** get your processes for gathering objective data on learner performance right and the content is more likely to generate meaningful discussion. This data should be increasingly available as competency based medical education and programmatic assessment are increasingly incorporated into training. Again, as mentioned above, ask **questions to promote reflection** and **seek the trainee's views** on data rather than provide advice. You need to deal with the reality that the session will progress slower as a result of allowing the trainee to set the pace. **Resist the urge to launch into sharing your wisdom -** dialogue is far more valuable to the trainee than a monologue.
- **Coaching:** Consider this the most important phase of the process- as we guide the trainee to develop their own goals and ideally identifying the activities to achieve them. It is essential that the trainee comes up with the areas and plan - even if you have to break down the hints to the most leading of questions. The literature suggests that the value to the trainee declines when you end up taking over and identify the things they need to work on. Your role as the coach is to provide the skill in gently offering solutions when they struggle and to ensure that the recording of a plan that's specific, concrete and achievable.

Summary:

Feedback has evolved from a supervisor-centred input activity to a learner-centred process. This shift can only result in successful outcomes if we combine the effort to promote feedback literacy with a high quality process within a supportive learning environment. Get these right, and you will be setting all of your learners up to be reflective life-long learners.

Resources:

- Noble C, Billett S, Armit L, Collier L, Hilder J, Sly C, Molloy E. “It’s yours to take”: generating learner feedback literacy in the workplace. Adv Health Sci Educ Theory Pract. 2019
- Molloy, E., Boud, D., & Henderson, M. (Accepted/In press). Developing a learning-centred framework for feedback literacy. *Assessment and Evaluation in Higher Education*. https://doi.org/10.1080/02602938.2019.1667955
- Armson H, Lockyer J, Zetkulic M, Könings K, Sargeant J. Identifying coaching skills to improve feedback use in postgraduate medical education. Med Educ. 2019 May;53(5):477-493. doi: 10.1111/medu.13818. Epub 2019 Feb 18.
- Sargeant J, Lockyer J, Mann K, Armson H, Warren A, Zetkulic M, *et* al: The R2C2 Model in Residency Education: How Does It Foster Coaching and Promote Feedback Use? Acad Med. 2018 Jul;93(7):1055-1063.
- Sargeant J, Armson H, Driessen E *et al.* The R2C2 feedback model. MedEdPORTAL publications 2016. https://www.mededportal.org/publication/10387/