



CAME Voice/Voix

Facilitated reflective feedback for coaching and change

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Increasingly our attention in medical education is being directed to assessment “for” learning in addition to assessment “of” learning. (1) Assessment for learning means providing feedback to learners on their performance, although there is evidence that students, residents, and physicians do not always accept or use formal performance feedback. Reasons include inconsistencies between feedback data and recipients’ perceptions of their own performance, contested data credibility, contextual factors, and perceived barriers to using data to change one’s practice. Drawing on a multi-site qualitative study our research team has developed an evidence and theory-informed reflective model for facilitating physicians' performance feedback to enhance acceptance and effect practice improvement. The model consists of four phases: **R**elationship building; exploring **R**eactions to the feedback; exploring understanding of feedback **C**ontent; and **C**oaching for performance change. It is referred to as the R2C2 feedback model. (2) See this video for more details:

<http://tinyurl.com/lpumn85>

The R2C2 feedback model is informed by three theoretical and evidence-based approaches for facilitating acceptance and uptake of assessment data: humanism and person-centeredness (build relationships, engage the learner, foster ownership of the data); informed or guided self-assessment (recognize that feedback inconsistent with one’s own perceptions may be difficult to accept); behaviour change and domains influencing change (coach for learning and change and integrate factors which influence one’s ability to change)



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The current widespread adoption of competency-based medical education (CBME) underscores the importance of effective assessment and feedback. Residents require regular and frequent performance feedback to enable them to move efficiently from one milestone to the next, to achieve competency in the various domains of practice. Research in residency education indicates that residents may not take up feedback because of a lack of faculty engagement and observation, a lack of clarity regarding performance standards and milestones, and a lack of timely and specific feedback that identifies ways to improve. We are currently conducting research to explore use of the R2C2 model in residency education and particularly within CBME to address these issues. We welcome your thoughts, queries, comments on this work; please feel free to contact me at joan.sargeant@dal.ca

References:

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2. Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, Driessen E, MacLeod T, Yen W, Ross K, Power M. Facilitated reflective performance feedback: Developing an evidence and theory-based model. *Acad Med*, (in press)