

EDUCATIONAL DILEMMA OR QUESTION

How do the characteristics and values of a profession shape learners' responses to feedback and what can medicine learn from other professions.

Reference

Watling C, Driessen E, van der Vleuten CP, Vanstone M, Lingard L. Beyond individualism: professional culture and its influence on feedback. *Medical education*. 2013 Jun;47(6):585-94.

<https://onlinelibrary.wiley.com/doi/full/10.1111/medu.12150>

Why Is This Paper Relevant to Emergency Medicine Education?

There seems to be agreement that feedback has considerable value for learning; however there remains limited recognition that feedback is affected by complex individual and interpersonal dynamics and by cultural and contextual factors. This paper highlights that optimizing the use of feedback to enhance learning requires an appreciation not only of how the process is perceived by individuals, but also how it is valued by the culture in which its use is situated.

Level of Evidence

N/A

Level of Learning

The focus groups in the study included medical students and residents, undergraduate music students and teacher-training students

Study Design

This was a qualitative study that used constructive grounded theory to explore feedback in three distinct professional cultures of medicine, teaching, and music. These fields were chosen because of similarities and differences.

Specifically, they sought to identify the common threads and critical differences in how feedback is handled within different professional cultures.

Setting

A single Canadian university (medical students, residents, undergraduate music and teacher training students).

Funding Sources

This research was supported by a grant from the Medical Council of Canada.

Synopsis

The term feedback may be used to describe many phenomena. As discussed in this manuscript, feedback is not simply a straightforward transactional process but rather a dynamic and co-constructive interaction in the context of a safe and mutually respectful relationship for the purpose of challenging a learner's (and educator's) ways of thinking, acting or being to support growth.(Ajjawi & Regehr 2018) When feedback is considered as such a complex information exchange, it becomes clear that social and cultural contexts play a role in shaping the meaning of feedback for

Synopsis (continued)

learners. This study demonstrates that learning in medicine, music and pedagogy is situated within specific contexts and cultures and that these contribute to shaping learning outcomes. Furthermore, it implies (as others have previously) that medicine's current training culture is not optimized as a feedback culture. By comparing medicine to other professions this study suggests clear vulnerabilities (credibility and constructiveness) within medical culture that limit the utility of feedback. Important questions from other professional learning environments that we should consider and potentially aim to apply within emergency medicine include:

1. It seems clear that the presence of a longstanding teacher-learner relationship in music facilitates a perception of feedback credibility and constructiveness (even when feedback is pointedly critical). Are we (or can we) create contexts in emergency medicine where such relationships can develop?
2. Whereas medical learners frequently receive feedback on unobserved performance, music and teacher training students could not provide examples of feedback being given by a teacher who had not seen or heard their performance. The ability of teachers within music and education to have protected time during which to directly observe and provide detailed comments and action plans to their learners seemed crucially important to establishing the credibility of that feedback. Does indirect observation within medical learning limit the value of feedback?

BOTTOM LINE

Feedback is valuable for learning but cannot be considered a simple transaction between teacher and learner. Feedback is a complex interpersonal interaction that is embedded and influenced by the cultural and contextual factors and educators should be mindful of these principles when they strive to change and hopefully improve feedback.

Reference

Ajjawi, R., & Regehr, G. (2018). When I say...feedback. *Medical education*.