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MEDICAL EDUCATION

Feedback Paradigm Shift: Encouraging Learners to Seek the Feedback They Need

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Despite extensive efforts in recent years to optimize feedback in medical education, current feedback techniques and outcomes remain suboptimal.[1] Trainees continue to feel dissatisfied with the frequency and quality of feedback they receive.[1] Surveys of trainees and educators show a discrepancy between learners' perception of feedback received and educators' belief about the feedback delivered.[2] Barriers that prevent teachers from understanding their learners' educational needs, goals and interests include: time constraints, workload of determining and providing meaningful feedback and lack of learner engagement.[2] We believe that the latter two barriers are reinforced by the current teacher-centered way of delivering feedback. Rethinking our conceptual feedback model in medical education may alleviate these barriers and result in the development of key lifelong learning skills and improved learner-teacher relationships. We recommend a complete paradigm shift: explicitly placing learners in the center of their own education and development and requiring them to actively seek high-yield, even critical feedback.

Learners are more likely to improve their skills if they seek feedback based on self-identified learning goals rather than passively awaiting feedback from supervisors.[3] This concept of learner-driven feedback is well developed in business, organizational, and education fields, but only recently gaining traction in medical education.[3-5] Psychologist Carol Dweck describes the important role that a learner's mindset and goals play in feedback seeking and ultimately performance improvement.[5] She defines a "fixed mindset" as the belief that ability and intelligence are innate, unalterable traits. A fixed mindset coincides with a performance based goal-orientation (i.e., "look smart" rather than "learn"). Fixed-mindset learners tend to be afraid of revealing deficits and therefore avoid challenges and critical feedback. A "growth mindset," on the other hand, is the belief that one can gain ability and intelligence through hard work and feedback. This mindset fosters goal-orientations around learning and improvement.[4]

Traditional feedback, anchored in behavior modification and correction of deficiencies, emphasizes achievement over process and often reverts to a one-directional knowledge transmission from the "expert" to the "trainee". We believe that this model actually strengthens a fixed mindset and, along with the inherently hierarchical and achievement-based nature of medical training, can lead to avoidance of critical feedback. By implementing tools to normalize a culture of abundant feedback and create a psychologically safe environment where the learner is able to identify learning goals, we can help transform learner mindsets from fixed to growth and overcome the shortcomings of traditional feedback.[2-4] Additionally, by supporting the learner's developmental process as well as the *outcome*, we place value on improvement and encourage a growth mindset. We have an opportunity as educators to purposefully foster a growth mindset in our learners and motivate them to take on the responsibility for seeking and using high value feedback.

To achieve this, a complete paradigm shift is needed: imagine the learner proactively deciding when, why, how often, how much, and topic of feedback they receive. This does not mean that the educator abdicates their responsibility for helping to foster a successful physician. The educator must still give appropriate and sometimes unsolicited feedback, particularly when the learner has poor insight into her or his goals. Most importantly, the educator must provide an accurate professional context in which the learner can anchor her or his goals—what should the learner aspire to be? What knowledge, skills, values, and attitudes are needed to be an excellent physician?

Educators can encourage a growth mindset and shift the responsibility for feedback to the learner by following these suggestions in their day-to-day interactions with learners:

1. Have clear expectations and high standards. Learners know the most about themselves and what they need to succeed, but they need external signposts to guide their learning and to calibrate their own competency.[5] Be specific about each standard and where the standard was not met.
2. Create a welcoming environment for your learners to feel safe to make mistakes and be vulnerable. Be supportive and approachable. Get to know the learner at a personal level.[5]
3. Explicitly state the expectation for

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learners to identify learning goals and ask for feedback. Tell them, "On this rotation, you are responsible for identifying areas you wish to improve on and for getting the feedback you need."
4. Encourage learners to get specific about goals. Prompt them, "The more specific the question is, the more valuable the feedback will be. For example, instead of saying 'Can you give me feedback on efficiency today?' A better question might be, 'Can you pay close attention to the first 5 minutes of my encounter? I haven't come up with an effective way to agenda set with this patient.'"
5. Differentiate formative feedback from evaluation: Make it clear that frequent critiques do not represent an evaluation of their performance but are meant to help coach them as they develop into a future physician.
6. Model feedback seeking: we can normalize feedback by publicly inviting observation and feedback from colleagues. Reflecting out loud when things haven't gone perfectly also helps normalize a safe learning environment. When we hide difficulties or only teach things we know well, we role model playing it safe. We should instead model receiving critical feedback in a positive manner.[4]
7. Explicitly teach learners about mindset/goal orientation theory: once fixed mindsets or performance-oriented goals are discussed with learners, they may feel inspired to identify habits that are not positively contributing to their learning and shift towards a growth perspective.
8. Praise the process of learning as well as the outcome. For example, "I like the way you persevered by trying many strategies for motivational interviewing until you found one that worked," is more meaningful than saying "Awesome job, your patient lost weight."

Educator-driven feedback still has a key role in medical training: specific competencies must be observed and met, and some learners may have poor insight into their performance making remediation necessary. But we believe a paradigm shift towards learner-centered, learner-directed feedback will enhance the learning experience and foster a growth mindset that will benefit learners even after their training. To have the most impact, institutional leaders should integrate these concepts into the medical curriculum: educators need faculty development on the guidelines suggested above in order to effectively share the responsibility for feedback with the learner. We now have the opportunity to train our learners in effective goal identification and feedback seeking from the beginning of their medical education, which will inspire proactive, learning-oriented future physicians.

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