

## Verbal Feedback: Maximize the Moment

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### R2C2 Facilitated Feedback Model (Sargeant et al)<sup>1</sup>

#### Goals:

- Empower feedback recipient to take ownership of feedback data and proactively plan change in practice.
- Enhance feedback acceptance and incorporation.

#### The Nuts and Bolts:

1. **R**apport- build rapport and relationship
  - a. explain the purpose of discussion
2. **R**eactions- explore recipient's reactions and perceptions of the data
  - a. "Did anything we discussed surprise you? Tell me more..."
3. **C**ontent- explore physician understanding about the content of the data
  - a. "Anything you're unclear about?"
4. **C**oach- coach for performance change
  - a. "What specific thing would you target for immediate action?"

#### Tips for Success:

1. Identify your learner(s) at beginning of shift and set the expectation for feedback conversation to occur at end of shift
  - a. "I'll plan to give you some feedback at the end of the shift- Is there something specific you'd like to work on today?"
2. Ensure to directly observe learner/patient interaction during shift to provide anchor for feedback
  - a. Effectiveness of feedback diminishes as attention shifts away from the task and toward the self; essentially, feedback that is threatening to self-esteem is less likely to improve performance
3. Keep in mind that rapport, relationship, and the learner's frame are key.
  - a. Explore recipient's context first
  - b. Empathize, show respect, build trust, and anticipate negative reactions
  - c. Support the expression of negative reactions and explore reasons
4. Consider your role as coach. Work with the learner to uncover solutions that they feel are feasible and achievable.

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<sup>1</sup> Sargeant, J., Lockyer, J., Mann, K., Holmboe, E., Silver, I., Armson, H., ... & Power, M. (2015). Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). *Academic Medicine*, 90(12), 1698-1706.

Table 2

**Final Evidence- and Theory-Based Facilitated Feedback Model: The R2C2 Facilitated Feedback Model**

Phase	Goal	Sample facilitator phrases	Theoretical perspectives guiding the phase	Guiding notes
1: Build rapport and relationship <ul style="list-style-type: none"> <li>• Explain the purpose of the assessment report and interview and</li> <li>• Learn about their context</li> </ul>	For the facilitator to engage the physician, build relationship and trust, and establish the credibility of the assessment	<ul style="list-style-type: none"> <li>• "Tell me about your experience in completing this assessment."</li> <li>• "I'd like to hear about your practice (setting, patients, challenges, what you enjoy)."</li> <li>• "Would you like to hear more about the assessment process?"</li> </ul>	Humanism (person-centered approach)	<ul style="list-style-type: none"> <li>• Remember to explore the feedback recipient's practice context</li> <li>• Celebrate successes</li> <li>• Confirm what you're hearing; empathize; show respect; build trust; validate</li> <li>• Keep in mind that relationship building is central and needs attention throughout the interview</li> </ul>
2: Explore reactions to and perceptions of the data/report	For the physician to feel understood and to know his/her views are heard and respected	<ul style="list-style-type: none"> <li>• "What were your initial reactions? Anything particularly striking?"</li> <li>• "Did anything in the report surprise you? Tell me more about that...."</li> <li>• "How do these data compare with how you think you were doing? Any surprises?"</li> <li>• "Based on your reactions, is there a particular part that you would like to focus on?"</li> </ul>	Humanism and informed self-assessment	<ul style="list-style-type: none"> <li>• Be prepared for negative reactions in some cases. Support the expression of negative reactions using general facilitative approaches and explore the reasons for these reactions</li> <li>• Note that negative reactions/surprises tend to be more frequently elicited by ... <ul style="list-style-type: none"> <li>◦ Subjective data such as multisource feedback (compared with objective data such as chart audit)</li> <li>◦ Comparative data, when scores are lower than the group mean</li> <li>◦ Data indicating that the physician is not doing as well as he/she thought</li> </ul> </li> </ul>
3: Explore physician understanding of the content of the data/report	For the physician to be clear about what the data mean for his/her practice and the opportunities for change suggested by the data	<ul style="list-style-type: none"> <li>• "Was there anything in the report that didn't make sense to you?"</li> <li>• "Anything you're unclear about?"</li> <li>• "Let's go through section by section."</li> <li>• "Anything in section X that you'd like to explore further or comment on?"</li> <li>• "Anything that struck you as something to focus on?"</li> <li>• "Do you recognize a pattern?"</li> </ul>	Humanism and informed self-assessment	<ul style="list-style-type: none"> <li>• Know the specialty</li> <li>• Be aware of specific areas in which opportunities for improvement frequently arise</li> </ul>
4: Coach for performance change	For the physician to engage in "change talk" and develop an action plan that he/she feels is achievable	<ul style="list-style-type: none"> <li>• "And 6 months down the line—is there anything you would like to see changed?"</li> <li>• "If there were just one thing that you would like to target for immediate action, what would it be?"</li> <li>• "What might be your goal?"</li> <li>• "What action might you have to take?"</li> <li>• "Who/what might help you with this change?"</li> <li>• "What might get in the way?"</li> </ul>	Humanism and behavior change	<ul style="list-style-type: none"> <li>• Remember that physicians need to understand, reflect on, and assimilate the content of the feedback report before being able to plan for change</li> <li>• Consider coaching as the skill of offering solutions</li> </ul>