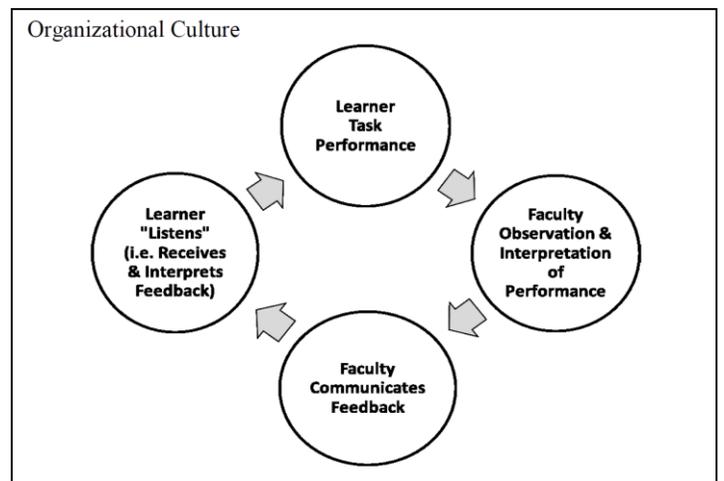
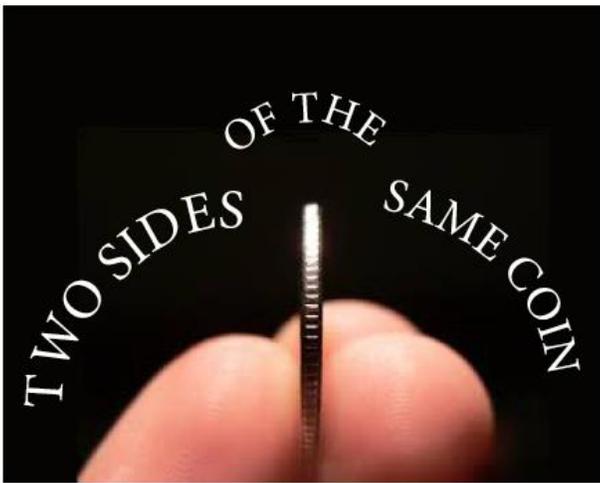


Two Sides of the Same Coin?  
**Preparing Teachers to Give (and  
Learners to Receive) Feedback**  
by Forging an Educational Alliance



**IM Residency Program – Senior Resident Orientation**  
(Thursday Part I-July 15, 2021 and Monday Part II-July 19, 2021)

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# Ten Best Practices for *Giving* Feedback & Evaluation

The following are guiding principles *for teachers* to provide effective feedback and evaluation. (JAMA 1983;250:777-81; Medical Teacher 2011;33:978-82; Medical Teacher 2012;34:787-91; Medical Teacher 2019;41:625-31)

- 1) Feedback should be undertaken with the teacher and trainee working as allies, with common goals.** One core principle of adult learning is that motivation is increased when learners participate in setting their own educational goals. Orient them to what you expect and mutually agreed upon.
- 2) Feedback should be well-timed and expected.** Set the time, place and scope of when feedback and evaluation sessions will occur. These can be frequently negotiated between resident teacher and student learner. Delaying feedback tends to vanish and minimizes the impact, or feedback loop, on the learner. Ideally feedback occurs in a day-to-day basis as part of the natural flow of a teaching rotation. Evaluation sessions, especially if negative or harsh, that come unexpectedly or are ill-timed (for example, post-call days) are frequently met by emotional and defensive reactions. Major feedback should not take the student by surprise.
- 3) Feedback should be based on first-hand data.** Data used for feedback and evaluation should not be hearsay or second hand. For example, the only way to confirm physical exam findings in a patient is to examine the patient yourself.
- 4) Feedback should be regulated in quantity and limited to behaviors that are remediable.** One can only hear only so much bad, or for that matter good, news at once. Discuss behaviors that are remediable. For example, as one evaluator wrote “quiet but nice.” But what does that mean? We are not expected to change other people’s personality types but rather to enhance desirable behaviors and attitudes.
- 5) Feedback should be phrased in descriptive non-evaluative language.** Feedback or “formative evaluation” is said with the intent of trying to improve the learner’s performance. It uses nouns and verbs and minimizes adjectives and adverbs. For example, “your choice of antibiotics indicates a lack of understanding and appreciation for the possibility of enterococcus as an infecting organism” versus “The antibiotic regimen should cover the possibility of enterococcus as an infecting organism.”
- 6) Feedback should deal with specific performances (i.e. observable behaviors), not generalizations.** For example, “you seem disorganized” versus “On work rounds, it may be more efficient to first see all the patients, then write the orders, then review the X-rays, and call the consultants.”
- 7) Feedback should offer subjective data, labeled as such (use "I" statements).** For example, “you are impatient when the other students are presenting their new patient write-ups” versus “I think you appear to me to be impatient when the other students are presenting their new patient write-ups. Is this true?”
- 8) Feedback should deal with decisions and actions, rather than assumed intentions or interpretations.** For example, “you seemed bored on rounds” versus “I notice you frequently leave rounds before we’re finished discussing the other students’ cases.”
- 9) The best feedback comes from self-assessment.** Many learners have already self-evaluated their performance and asking the learner for self-assessment can be an excellent approach. This rapidly moves past the recognition phase of a problem area and allows more time for the solution and correction phase of the problem. Simply ask the learner “how do you think you’re doing so far in the rotation? what do you think you are doing well? what do you think you should work on?”
- 10) Most feedback needs follow-up.** If the goal of feedback is to improve the learner’s performance, following-up on suggested areas in need is critical to closing the feedback loop.

# Ten Best Practices for *Receiving* Feedback & Evaluation

The following are guiding principles *for learners* to prepare for receiving effective feedback and evaluation. (Medical Education Online 2014;19:25141; Medical Teacher 2012;35:348-51; Medical Teacher 2019;41:625-31)

- 1) **Self-assessment.** This is the critical first step in taking external feedback, comparing it a particular goal/standard and then deciding whether to change. Rather than looking at the global picture (e.g. am I a “poor communicator”), break down the task into different, smaller components (e.g. do I ask open-ended questions, do I sit down at eye level when I’m talking with patients, how much time do I spend talking with my patients? etc.). *Be cautious of self-assessment in isolation without comparison to some objective standard or external feedback.*
- 2) **Do I really need feedback?** Realize self-assessment for all individuals (including physicians) is often poor. All of us have blind spots about our own abilities that prevent us for reaching the next stage of growth and development.
- 3) **Connect well with your instructors.** Building rapport with your teachers creates a more positive & healthy environment that is essential to the credibility of the feedback process.
- 4) **Ask for feedback.** A proactive approach will encourage more feedback, stimulate teachers to directly observe tasks performed by learners, and lead to increase opportunities for higher quality, more productive feedback.
- 5) **Take positive feedback wisely.** Appear confident and thank your instructor. Be attentive to the details. Make sure specific behaviors are addressed and not just “vanishing” praise (e.g. “you did great!”) – see #9.
- 6) **Control your emotions, especially with negative feedback.** Feedback, especially negative feedback, is often accompanied by strong emotions which may impede our ability to accurately reflect and self-assess. Be sure to remain calm and hear the entire feedback. If you are upset, give yourself some time to calm down and try to think later objectively about the feedback provided.
- 7) **Make an action plan.** What is most important about constructive feedback is to develop an action plan to change and correct the identified issue. Work with your instructor to develop plans that are ISMART (important, specific, measurable, achievable, relevant and time-bound).
- 8) **Acknowledge generational differences and expectations for feedback.** The medical field is populated with different generations, raised with different ideas and values including those related to feedback. Knowing how different generations think about the feedback process can enhance your success in receiving quality feedback. Millennials (or Gen Y born 1981- 2000) and Generation X (born 1965-1980) often want feedback immediately, frequently and either face to face or electronically. Baby Boomers (1946 - 1964) want it planned, in writing and face-to-face. The Silent (or Greatest Generation, born 1900 – 1945)) do not seek routinely seek feedback since they are self-motivated and self-monitor/
- 9) **Be specific and ask for more details when given general feedback.** Not every physician is good at providing feedback. If overly general feedback is not helpful (e.g. “good job!” or “you’re disorganized”), don’t just dismiss it but instead try to probe deeper by asking for specific details (e.g. “what did I specifically do a good job at?” or “what would you recommend I do next time to improve my organization?”)
- 10) **Be ready! Feedback is not one type and can be given at any time.** Typically formative feedback is traditionally given at the midway course of the rotation and a summative evaluation at the end of the rotation. Ideally, feedback can occur anytime during the rotation. Sometimes unexpected situations that made you feel either good or bad about yourself warrant a more immediate feedback.

\* “Feedback is a *supportive conversation* that clarifies the trainee’s awareness of their developing competencies, enhances their self-efficacy for making progress, challenges them to set objectives for improvement, and facilitates their development of strategies to enable that improvement to occur.” (Lefroy J, et al. *Perspect Med Educ* 2015;4:284-99)

## Preparing Learners to Receive Feedback: The Other Side of the Coin

- 1) “Why is it when we give feedback, we so often feel **right**, yet when we receive feedback it so often feels **wrong**?”<sup>1</sup>
- a) How did the feedback make me feel?
  - b) What did I actually learn from the feedback?
  - c) What specific behaviors will I continue (strengths) and what behaviors will I change (growth areas)?

### 2) Reflective Self-Assessment Exercise

Potential Areas of Strength	Potential Areas of Growth

### 3) **Three basic forms of feedback:** appreciation & acknowledgement, coaching (formative feedback) and summative evaluation.<sup>1</sup>

- a) Teachers need to ask themselves, what is my purpose in giving feedback?
- b) Learners need to ask themselves, what is my purpose in wanting to receive feedback?

### 4) **Why Medical Educators May be Failing at Feedback.** (Bing-You RG, Trowbridge RI: JAMA 2009;302[12]:1330-31 & **Feedback Redefined** Ramani S: J Gen Intern Med 2019;34[5]:744-9)

- a) Poor ability of learners for self-assessment (because they’re human): self-serving bias, confirmation bias (Redelmeler DA: J Gen Intern Med 2019;34[4]:624-7)
- b) Overpowering influence of affective reaction to (especially negative or critical) feedback

Emotional Triggers <sup>1</sup>	Recognize when the Inner Voice Says	Proposed Solutions
“Truth” triggers	“That’s just wrong. That’s not true. That’s not me.”	Look for unexpected trends.
Relationship triggers	“Who are you to say? After all I’ve done for you? You’re the problem, not me.”	Separate the WHAT from the WHO.
Identity	“I screw up everything. I’m doomed. I’m not a bad person – or am I?”	Ask a trusted friend or colleague

- c) Lack of adequately developed metacognitive skills (Colbert CY: Am J Med 2015;128[3]:318-24)

### 5) **Recognizing Failures to Accept Realities of Critical Feedback – 3 Ds** (Lucey C: Acad Med 2010;85[6]:1018 and Mizrahi T: Soc Sci Med 1984;19[2]:135 and LaDonna KA: Acad Med 2018;93[11]:1713-9)

- a) **D**enial: negation of the concept. Example – “It wasn’t really a lapse, just a different style.”
- b) **D**iscounting: externalizing the blame, often due to circumstances beyond their control. Example - “She yelled at the nurse but she had it coming.”
- c) **D**istancing: shared beliefs which allow for indirect admission of responsibility. Example – “Everyone makes mistakes. It couldn’t be helped. You can’t know everything.”

#### **Recommended Book Resources:**

- (1) Douglas Stone & Sheila Heen: *Thanks for the Feedback. The Science and Art of Receiving Feedback Well.* 2014. Penguin Books, New York.
- (2) David Boud & Elizabeth Molloy: *Feedback in Higher and Professional Education. Understanding and Doing It Well.* 2013. Routledge Taylor and Francis, New York.

Closing the Feedback Gap: Forging an Education Alliance\*  
**Twelve Tips for Completing *Written* Evaluations**  
 (Dudek N, Dojeiji S: Med Teach 2014;36:1038-42 – *Commentary by Lawrence Loo, MD*)

<b>Tip</b>	<b>Commentary</b>
1) Know your institutional process for in-training evaluation.	Do you know the standard the learner is being compared to? Often the “gold standard” evaluators use is themselves but this introduces inconsistent variability and sends mixed messages to learners.
2) Identify the relative strengths <i>and</i> weaknesses of the trainee’s performance in the ratings.	No one is perfect and no one is all bad. <b>Failure to identify a potential growth area implies learner perfection, undermines the entire evaluation process</b> , and may contribute to learner burnout!
3) Provide detailed comments by including specific examples of strengths and weaknesses.	Don’t just write about interpretations and impressions, but <b>describe the behaviors</b> that led to the interpretative ratings and comments. What observed behaviors led you to write “disorganized” or “needs to read more”?
4) Provide behavior-based comments.	
5) Include the trainee’s response to feedback.	Feedback is not something one does TO learners but WITH learners to help them understand and recalibrate learners’ self-assessment
6) Match the ratings to the comments.	Are you rating on a normative basis (“OK for a first year non-categorical PGY-1”) or a competency based model (our current standard)?
7) Provide recommendations for ongoing development.	Write about the <b>specific behaviors</b> you’d like to see continue (i.e. strengths) and specific behaviors that need to improve (i.e. potential growth areas).
8) Collect data from other sources	What competencies are based assessed by a 360 evaluation system?
9) Establish on-going data collection (what and how much)	<b>If you haven’t observed it, don’t imply that you have by offering a rating.</b>
10) Establish a data storage and retrieval strategy	Take notes of observed behaviors even if it’s just one per learner per day.
11) Determine if you think the performance assessed is a pass or fail	Do you know the standard the learner is being compared to? Resist the “gold standard” of self.
12) Assess and improve your own evaluations	Have you asked learners or colleagues to rate your written evaluations?

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## Faculty Behaviors that Promote High Quality *Verbal* Feedback

(Johnson CE: BMC Med Educ 2016;16:96; Kusurkar RA: Med Teach 2011;33:978-982; and Ramani S: Med Teach 2019;41:625-31)

<b>Set Up</b>
1. Base feedback on first hand observations of the learner performing a task.
2. Offer feedback as soon as possible after the observation of the task.
3. Explain the purpose of feedback is to <b>help learners</b> improve their performance.
4. Establish an effective learning environment (trustworthy, honest, respectful, supportive and non-judgmental).
5. Describe the proposed process of feedback so the learner knows what to expect.
6. Promotes learner-centered feedback that <b>encourages learners to participate</b> throughout the dialogue.
7. <b>Collaborates with the learner.</b>
8. Recognizes & <b>acknowledges learner emotions</b> and does not ignore them.
<b>Assessment/Delivery</b>
9. Understands the value of and <b>encourages a learner's honest self-assessment</b>
10. Clarifies the expected standard and the characteristics of the target performance.
11. Identifies similarities and differences between learner's performance and the expected standards, so the performance gap and focus for improvement is clear.
12. Clearly describes a specific incident, explains the concern and <b>explores the learner's perspective</b> to identify the basis for the learner's actions and any learning needs.
13. <b>Comments are</b> specific (detailed and related to a specific incident) and accompanied by the reason, so it is <b>useful for the learner</b>
14. Comments relate to the task, not personal characteristics of the learner.
15. <b>Helps the learner</b> to prioritize topics that are most useful (important and relevant) to discuss.
<b>Action Plan</b>
16. <b>Helps the learner</b> to set goals that maximize performance.
17. <b>Helps the learner</b> to develop a learner-tailored action plan involving ideas for improvement and practical steps to achieve the learning goals.
18. <b>Plans with the learner</b> to review the impact of feedback on subsequent performance.

\* "Feedback is a **supportive conversation** that clarifies the trainee's awareness of their developing competencies, enhances their self-efficacy for making progress, challenges them to set objectives for improvement, and facilitates their development of strategies to enable that improvement to occur." (Lefroy J, et al. *Perspect Med Educ* 2015;4:284-99)

## Tips for “Fostering a Culture of Effective Feedback” for Faculty and Learners

(Adapted from Sargeant JM, Holmboe E: Feedback and Coaching in Clinical Teaching and Learning in *Practical Guide to the Evaluation of Clinical Practice*. Elsevier. 2<sup>nd</sup> Edition. 2018. Chapter 13, Pages 256-269)

<b>Faculty</b>	<b>Learners</b>
<b>Establishing a Culture of Effective Feedback</b>	<b>Establishing a Culture of Effective Feedback</b>
When learners begin to work for you:	When beginning a new rotation:
<ul style="list-style-type: none"> <li>• Ask for their goals and where they need help (be specific).</li> <li>• Share your goals for them and specifically how you can help.</li> <li>• Describe to the learner when and how you will have feedback conversations.</li> <li>• Ask learners to give you feedback.</li> <li>• Role-model effective feedback seeking and giving with colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with your supervisor and identify your learning goals &amp; where you need help (be specific)</li> <li>• Ask your supervisor how this fits with his/her plans for the rotation.</li> <li>• Ask when and how you might expect feedback.</li> <li>• Ask for feedback when needed.</li> </ul>
<b>Observe Before Giving Feedback</b>	<b>Being Observed</b>
<ul style="list-style-type: none"> <li>• Plan with the learner what you will observe (e.g. may <u>not</u> need to observe the entire procedure, history or physical exam).</li> <li>• Ask for their goals and focus (i.e. know what you and they are both looking for).</li> <li>• Confirm time; include in your schedule.</li> <li>• Share how you will observe, intervene and give feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan with your attending your goals and what you need to be observed doing (e.g. part of the procedure, history, or physical exam).</li> <li>• Be clear on the time, location, and patient.</li> <li>• Provide attending with relevant information.</li> <li>• Ask how (s)he would like to observe, intervene and give feedback.</li> </ul>
<b>Engaging in and Sharing Feedback</b>	<b>Engaging in and Receiving Feedback</b>
<ul style="list-style-type: none"> <li>• Schedule regular times for feedback.</li> <li>• Seek a private location (if necessary)</li> <li>• Ask for self-assessment first.</li> <li>• Prepare for emotional response if feedback is disconfirming / negative; explore this response.</li> <li>• Ensure that feedback is timely, specific, objective, and for observed performance.</li> <li>• Engage the learner and be ensure understanding and receptiveness.</li> <li>• Coach and collaboratively plan for learning and improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Seek a private location (if necessary).</li> <li>• Objectively self-assess (i.e. reflect on your own performance).</li> <li>• Provide your own self-assessment &amp; rationale.</li> <li>• Recognize that disconfirming / negative feedback can be emotional; this is normal.</li> <li>• Discuss and reflect upon emotions and then feedback content.</li> <li>• Ask for clarification (if necessary).</li> <li>• Ask for help and collaboration in developing an action plan</li> </ul>
<b>Supporting Feedback Seeking</b>	<b>Seeking Feedback</b>
<ul style="list-style-type: none"> <li>• Ask learner the goals for this rotation.</li> <li>• Ask to identify specific area of focus.</li> <li>• Match these with your expectations for rotation</li> <li>• Book time in your schedule for planning, observing and feedback discussions.</li> <li>• Coach the learner and actively engage in developing a plan to use the feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the goals for this rotation.</li> <li>• Identify specific area of focus; share with supervisor.</li> <li>• Prepare for all input/feedback.</li> <li>• Clarify the details.</li> <li>• Actively engage in developing a plan to use the feedback.</li> </ul>

(See also Lefroy J, Watlin C, Teunissen PW, Brand P.: **Guidelines: the do’s, don’ts, and don’t knows of feedback for clinical education**. *Perspect Med Educ* 2014;4:284-99)

# The “One-Minute” Paper:

A quick guide to assessing student learning after an educational experience  
(Sinclair M, Rowe K, Brown G: NT Learn Curve 1998 2:4-5 – modified by LLo0 Feb. 2019\*)



Name (please print): \_\_\_\_\_

Date of Education Experience: \_\_\_\_\_

Title / Name of Education Experience: \_\_\_\_\_

**Directions:** Take a moment to think about the educational experience you just completed and then answer the following three questions.

1. What was the **most important thing** you learned from this educational experience?

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2. What **question remains** the uppermost in your mind at the end of this educational experience?

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3. What was the **“muddiest (i.e. unclear) point”** from this educational experience?

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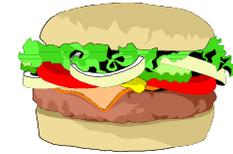
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\*Selected Key References:

- (1) Stead DR: **A review of the one-minute paper.** Active Learning in Higher Education Aug 2015; 6(2):118-131.
- (2) Colbert CY, et al.: **Teaching Metacognitive skills: Helping your physicians in trainees in the quest to “Know what they don’t know.”** American Journal of Medicine March 2015; 128(3):318-324.
- (3) Nicol DJ, et al.: **Formative assessment and self-regulated learning: a model and seven principles of good feedback practice.** Studies in Higher Education 2006:31(2):199-218.



# “Feedback Sandwich” Menu



“Traditional” Sandwich	ADAPT Sandwich	ECO Sandwich
<p><b>The instructor tells the learner:</b></p> <ul style="list-style-type: none"> <li>What was done right</li> <li>What was done wrong (or in need of improvement)</li> <li>What to do next time</li> </ul> <p><b>What was done right:</b> Tell them specifically what action or behavior the student learner did well. <u>Example:</u> “Your oral presentations are well organized with the chief concern coming first, the temporal sequence of events is maintained, and you explain how the psychosocial issues impact on the patient’s disease.”</p> <p><b>What was done wrong (or in need of improvement):</b> Tell them specifically what action or behavior the student learner did not do so well (or is in need of improvement). <u>Example:</u> “Your written notes, however, are missing some of the details reported in the history such as the psychosocial issues which can be very important in the overall management of the patient.”</p> <p><b>What to do next time.</b> Tell them specifically what they can do to improve on the identified problem area(s). Ideally set up a time for follow-up so the student can demonstrate their improved abilities – i.e. “close the feedback loop.” <u>Example:</u> “The next time the patient’s psychosocial history impacts on the patient, let’s include the information in both the oral presentation and the written note.”</p>	<p><u>A</u>sk <u>D</u>iscuss <u>A</u>sk <u>P</u>lan <u>T</u>ogether</p> <p><b><u>ASK:</u></b> Learners start first! Instructor asks learners to evaluate their own work and asks for specific feedback. Learners need to be encouraged to reflect on what they did well, what needs improving, and how they will make these improvements. <u>Example:</u> “Let’s talk about that well-baby exam. What specific aspects of the exam went well? Were there parts you were uncomfortable doing or think might need improvement?”</p> <p><b><u>DISCUSS:</u></b> Have a conversation comparing the learner’s observations with an external standard or the instructor’s observations. <u>Example</u> “I agree with you about . . . I also thought you asked all the important questions to assess her nutritional status but I noticed you had a difficult time auscultating the infant’s heart.”</p> <p><b><u>ASK:</u></b> What are the next steps to improve and <b><u>PLAN TOGETHER</u></b> for improvement. While providing guidance, ask the learners to first come up with strategies to improve their performance. <u>Example</u> “I know it is difficult to listen for murmurs in a restless baby. Next time, try listening for heart murmurs at the beginning of the appointment while the baby is laying quietly with the mother.”</p>	<p><u>E</u>xploring Emotional reactions <u>C</u>larifying feedback content <u>O</u>utcomes promotion</p> <p><b>After the instructor provide the specific external feedback to the learner:</b></p> <p><b>Step 1: <u>E</u>xplore emotional reactions</b> incorporates the growing recognition that most feedback, particularly unexpected negative feedback, has an initial affective reaction that may either impede or facilitate the acceptance to change and improve with external feedback. <u>Example:</u> “What do you think of this feedback? How does it make you feel?”</p> <p><b>Step 2: <u>C</u>larifying feedback content.</b> Check for understanding of the feedback by initiating a reflective discussion. <u>Example:</u> “I want to be sure you understand what I’ve just told you. Do you have any questions? Can I help clarify anything I’ve told you so far? Can you summarize what I just told you?”</p> <p><b>Step 3: <u>O</u>utcomes promotion</b> seeks to confirm the learning and developmental needs of the student and coach an outcomes plan to meet these needs and improve performance. Be specific and involve the learner in developing the improvement steps. <u>Examples:</u> (1) “To become more efficient with your time, what will/might you do differently next time? Here’s some additional suggestions . . .” (2) “To pass boards, I’d like you work on learning more about childhood pneumonias. I suggest you read . . . How will you demonstrate your understanding of the material?”</p>



# “Feedback Sandwich” Menu: R2C2 Model

(Academic Medicine 2015; 90:1698-1706)

Build Relationship  
 Explore Reactions  
 Explore Content  
Coach for performance change



Phase	Goal	Sample Faculty Phrases	Guiding Notes
1: Build rapport and <u>r</u> elationship	For the faculty to engage the learner by building relationship and trust, and establish the credibility of the assessment.	<ul style="list-style-type: none"> <li>• “Tell me about your experience on this rotation.”</li> <li>• “I would like to hear about what you thought of this rotation.”</li> <li>• “Tell me about yourself.”</li> </ul>	<ul style="list-style-type: none"> <li>- Confirm what you hear, empathize show respect, build trust, validate.</li> <li>- Relationship building is central and needs attention throughout.</li> </ul>
2: Explore <u>r</u> eactions to and perceptions of the information	For the learner to feel understood and to know his/her views are heard and respected.	<ul style="list-style-type: none"> <li>• “What are your initial reactions? Anything particularly striking?”</li> <li>• “Did anything I just said surprise you? Tell me more about that.”</li> <li>• “How did this information compare with how you think you were doing?”</li> </ul>	<ul style="list-style-type: none"> <li>- Be prepared for negative reactions.</li> <li>- Negative reactions/surprises tend to be more frequently elicited by subjective data or lower than the group mean.</li> </ul>
3: Explore learner understanding of the <u>c</u> ontent of the feedback	For the learner to be clear what the data means for his/her future and the opportunities for change.	<ul style="list-style-type: none"> <li>• “Was there anything I just told you that didn’t make sense to you?”</li> <li>• “Anything you’re unclear about?”</li> <li>• “Anything that struck you as something to focus on?”</li> </ul>	<ul style="list-style-type: none"> <li>- Be aware of specific areas in which opportunities for improvement frequently arise.</li> </ul>
4: <u>C</u> oach for performance change	For the learner to engage in “change talk” and develop an action plan that (s)he feels is achievable.	<ul style="list-style-type: none"> <li>• “What one thing would you like to target for immediate action?”</li> <li>• “What might be your goal?”</li> <li>• “Anything that might get in your way?”</li> </ul>	<ul style="list-style-type: none"> <li>- Remember that learners need to first understand, reflect on and assimilate the content of feedback, before being able to plan for change.</li> </ul>