

# Feedback as a spectrum: The evolving conceptualisation of feedback for learning

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Feedback has been purported as a key determinant of effective learning. In this article, we examine the evolving conceptualisation of feedback. We focus on feedback practices between teacher and student, while acknowledging that feedback can also occur between various other role players. We begin with an overview of the historical understanding of feedback, using broader education literature where relevant, and comparing and contrasting it with more recent publications in the field. This is followed by a brief discussion of some of the key issues in providing feedback in the setting of modern medical education. We argue that tensions in the literature may be better understood if varying feedback practices are to be accepted as part of a wider spectrum of practices.

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## Definition of feedback

Feedback may be defined as a process of providing information to learners or where learners actively seek to find out more about the similarities and differences between their performance and the target performance to generate an improvement in work.<sup>[1,2]</sup>

## Brief history of feedback

Earlier literature around feedback provides a historical departure point for this paper. Nearly four decades ago, Ende<sup>[2]</sup> described feedback as a unidirectional process, situated within hierarchical structures. He provided best-practice guidelines, e.g. feedback should be timeous, focused on common goals and specific. Such older publications now draw critique for their reductionist nature.<sup>[2]</sup> More recently, publications moved away from this prescription of 'rules' for feedback. Instead, recent reports suggest that feedback is a complex, bidirectional, sociocultural process.<sup>[1,3]</sup>

## Evolving ideas on feedback

Moving forward, recent work suggests a subtle shift away from fixed feedback guidelines.<sup>[3,5]</sup> Feedback is one of the major influences on learning, but those effects can be either positive or negative.<sup>[3,4]</sup> The literature suggests that feedback does not inevitably lead to improved learning outcomes.<sup>[3,4]</sup> For example, the student's beliefs and mindset influence the way that feedback is processed.<sup>[3,4]</sup> While praise may confirm a learner's positive self-beliefs, it may not necessarily improve learning outcomes.<sup>[3,4]</sup> This introduces the idea of the disutility of praise, i.e. praise is not necessarily useful as a tool for effective feedback practice.<sup>[3,4]</sup> Furthermore, Hattie and Timperley posit that feedback 'involves both the giving and receiving (by teachers and/or by students)', which sets the foundation for the recent literature that frames feedback as a dialogical discourse.<sup>[4]</sup>

## Current issues: Feedback for modern medical education

### Bidirectional dialogue

Recently, there has been a paradigmatic shift in the conceptualisation of feedback. This is characterised by the move away from unidirectional feedback towards a bidirectional model. Here the learner has greater engagement in the feedback conversation, and is empowered in the co-construction of a plan for performance improvement.<sup>[1,3,5]</sup> There seems to be a move away from a top-down feedback monologue towards a student-directed shared dialogue.<sup>[1,3,5]</sup> However, bidirectional dialogue does not always imply a flattening of hierarchy or dissolution of sociocultural context.<sup>[5]</sup> One would be remiss to assume that all learners would be equally empowered in these feedback relationships.<sup>[3,5]</sup>

### Role of the learner

The recent literature centralises the learner in the feedback process.<sup>[3,5]</sup> Ramani *et al.*<sup>[3]</sup> argue that learners may be more empowered if they actively participate and engage in feedback dialogue. While this may indeed be the case, it should be noted that whether a learner actively engages in the feedback conversation may depend on individual learner beliefs, motivation and behaviours.<sup>[3]</sup>

### Role of the teacher

The older literature tends to delineate feedback as a function of content and method of delivery.<sup>[2]</sup> Historically, the provider of feedback was an expert or senior colleague of the student.<sup>[2]</sup> Much of the newer literature maintains this status quo, but begins to challenge the assumption that students value all expert opinion equally.<sup>[3]</sup> Students may adopt feedback given by one expert, and reject feedback from another, based on their perceptions of the observer.<sup>[3]</sup> This is termed observer 'credibility' and has drawn much attention in the literature as a key determinant of effective feedback.<sup>[3]</sup>

## Feedback culture

While it is helpful to closely examine the direct role players within a feedback interaction (student and teacher), it is necessary to consider the wider context. Workplace culture is key in terms of the hierarchical structures that dominate the clinical and educational landscape.<sup>[5]</sup> While the structures may make it clear to the student who the expert is, these may not necessarily support feedback as a dialogical discourse held within safe psychological spaces.<sup>[5]</sup> The literature thus suggests that institutions and workplaces have a role to play in mitigating the effects of hierarchy by fostering the development of a feedback culture.<sup>[5]</sup> This is a complex task, which involves, e.g. setting clear guidelines around the expectations of feedback and supporting bidirectional feedback in the workplace.<sup>[5]</sup> Finally, it must be noted that while we have presented the role of the student, teacher and institution under separate sub-headings, these role players are deeply intertwined during the feedback process.<sup>[3,5]</sup>

## Concluding remarks

The understanding of 'feedback for learning' has undergone numerous reconceptualisations over the past few decades. Feedback was initially understood to be a fixed process that could be easily translated from one scenario to the next, while the newer models appear to take cognisance of individual factors. For example, student motivation, teacher credibility and institutional culture may all influence feedback practices and uptake.

Finally, it would seem as if feedback has been framed as a binary. The older literature views feedback as a list of recommendations that experts are to use when providing feedback to students. The newer literature models feedback as a 'dialogue', which firmly values the student's role in the process.

We argue that this may be a false dichotomy. Modern feedback practices do not have to be either unidirectional *or* dialogical. Instead, we propose that feedback be considered as a 'spectrum of practices'. Expert-driven feedback may be useful in some clinical settings, while learner-centred dialogue may be more suitable in others. Indeed, the conceptualisation of feedback as a 'spectrum' may better suit the widely varying contextual and individual factors that are seen in the global setting of health professions education.

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