EDITORIAL

Voicing self-appraisal as a component of learner feedback literacy: Is it realistic when the chips are down?

We've witnessed a shift in the feedback literature in both higher education and health professional education over the past decade. Like other recent "pivots", this change was born from a "crisis". Students were dissatisfied with feedback; educators confessed that their feedback input was untimely and unfocused; and research demonstrated that feedback could damage learning. Rather than uphold the dictum "continue as you're doing, but please tell students that this input IS feedback", educators and researchers have made attempts to re-conceptualise it.

Educational researchers are calling for feedback to be seen as a process rather than an input and for learners to play an active role in seeking and using feedback to improve their learning and performance (Boud & Molloy, 2013; Winstone et al., 2017). This re-conceptualisation of feedback firmly places learners in the driver's seat of the "process". From this premise, the notion of learner "feedback literacy" emerged with a focus on the learner's "understandings, capacities and dispositions needed to make sense of information and use it to enhance work or learning strategies" (Carless & Boud, 2018, p. 1315). Studies have sought to distil these learner feedback qualities and skills across different contexts (Boud & Dawson, 2021; Molloy et al., 2020; Zhan, 2021), and other work has examined the impact of explicitly teaching students "feedback know-how" in their clinical learning contexts, with encouraging results (Noble et al., 2019). One cannot help but feel relieved by this new pedagogical framing. But in relief, there can be false comfort from believing in what we want to be right.

One niggling doubt that we have shared in our trio is that the expectations of a feedback literate learner may be too steep, or even inappropriate, in certain circumstances. For example, we ask you to consider circumstances where the learner suspects that they are underperforming. Researchers seem to agree that a feedback literate learner would have an ability, or at least, show an inclination, to evaluate their own work (Carless & Boud, 2018). These "ideal students" would understand the value of different perspectives and would proactively seek these out, not necessarily as a way to build consensus but as a way to build a more comprehensive picture of their performance (Molloy et al., 2020). Educators have been bold enough to suggest that learners will gain more from the feedback process by proactively identifying and asking teachers to hone in on gaps in their performance. This may indeed be true for students who have consistently demonstrated clinical competence—and whose boldness matches that of their teachers.

Indeed, many have called for students, teachers and clinicians to take off their armour and even "reveal their soft underbellies" (Molloy & Bearman, 2019) as a way to get the most out of feedback. Self-evaluating as part of the feedback process demands that learners (at any age or level of experience) take risks in making judgements about their own performance that may be vastly different to the viewpoint of another. A learner may feel embarrassed if they state they "hit the mark" and others disagree or if they are unable to identify an aspect of performance that needs improvement that may seem obvious to others. This risk is heightened when the learner is asked to reveal their deficits to supervisors, who may be formally or informally oriented towards assessor, coach and/or nurturing roles (Castanelli et al., 2022; Hu et al., 2019). Research suggests that students find critique of self and others daunting and, crucially, that authentic critique can be career-limiting in the competitive, hierarchical and high-stakes world of medicine and health (Bearman et al., 2018). It's even more risky for students to expose any weaknesses when they know they are regularly performing below the expected standards. Such students may be well served to stay silent when innocently asked, "How are you travelling?" or "What should I watch for today when you demonstrate this procedure?" Silence in this scenario may be an expression of agency rather than a signal of disengagement or lack of insight. It takes insight to suspend any self-assessment that compromises survival.

When it comes to learners' voice in feedback, "silence equals problematic" is a common sentiment that is *voiced* in educator circles. The quiet student becomes a red flag, signalling learner disengagement or lack of knowledge. Our current work investigating learner feedback literacy in emergency departments suggests that the "quiet student in feedback" phenomenon is much more complex and nuanced than meets the ear. Indeed, researchers in childhood education have raised concerns that student silence has been undervalued as a teaching resource. "Student voice" tends to be conflated with agency and activity (Cook-Sather, 2006; Lewis, 2010) and the object of feedback research in health professional education. There's an urgency to report on what students say and when, what they "do", and what these moves may infer about their level of understanding. But as Hanna (2021) poses, "The exploration of silence may be just as, if not more, informative about students' experiences than 'voice'" (p. 1).

We need to move beyond the quiet student or the silent student as a "troubling presentation". Is silence a sign of respect or disengagement? A sign of not knowing or, rather, an astute knowing/reading of the situation that may mean that a bad situation doesn't get worse? Or that a good situation (the learner is held in high esteem by all those on the hospital ward) becomes bad (a supervisor sees a deficit that was not detected prior to this latest exchange). The problem is, silence is troubling because what lies beneath it is often unclear to those other than the person exercising, or opting into, silence. There is also the case that we may not know that we are "being quiet" or why this might be so. Too quiet for whom? *Opting into silence* may afford learners space to generate what Nicol

(2021) calls internal feedback. It may also buy students the time they need to demonstrate good work, which may earn them the status "to be trusted". When students are assigned a diagnosis of "competent" or "trustworthy", critical self-appraisal and exposure of deficits may start to reap benefits.

Whilst student feedback literacy, as it is currently conceived, may add value for students in their studies, the question remains, do these approaches only work for those who are already doing well in the system in which they are operating? Are learners who are struggling with confidence and/or skill better served by listening very attentively to their senior peers or teachers and resisting invitations to share their own perspectives? They would be resisting the "new feedback movement" despite the first-year lectures on the topic and the laminated cards on placement that signal the importance of student self-evaluation. Perhaps an ignored component of feedback literacy is learners' capacity to identify and negotiate the structures that influence feedback practice: the tensions between learning and assessment, vulnerability and credibility, humility and confidence, honesty and social cohesion. Knowledge of these influences on learning may make learners' decision making and/or moves in feedback conversations more deliberate.

In this issue

The papers in this issue, although spanning different topics, remind us that we are firmly reading a journal in 2022, not 2002. The influence of technology on learning and clinical practice is a prominent theme across a number of the papers. Kumar and Todd conduct a systematic review investigating the effectiveness of online learning initiatives on student engagement and performance. The focus of the review is on first-year student interventions in allied health. Martin and colleagues explore how a telehealth curriculum impacts physiotherapy students' self-efficacy, perceptions of knowledge and intention for future application. Martin, Mandrusiak and colleagues investigate the support needs of health professional educators across three countries when it comes to teaching skills online. Continuing the theme of technology and its influence on both clinical practice and learning, Benham and colleagues trial an educational intervention focused on the use of 3D printing in clinical practice. The intervention was framed by an interprofessional and peer-assisted learning approach.

Two papers in this issue speak to the vital role of place and culture in clinical practice and learning. Kado and colleagues investigate how medical educators in the Pacific Region respond to faculty development over a 3-month period. A case study approach is adopted, utilising participant interviews, reflective memos, lesson plans and videos of teaching practice to investigate influences on teaching practice. Finally, Moore and colleagues report on a novel educational escape room activity developed through principles of co-design and now an embedded feature of healthcare students' placements in the Northern Territory. We hope the papers stimulate ideas and further conversations. Let us know (on Twitter) if you read them on your computer or hand-held device.

Professor Elizabeth Molloy, Department of Medical Education, The University of Melbourne, Associate Editor FoHPE

Dr Christy Noble, Academy for Medical Education, Medical School, The University of Queensland

Professor Wendy Hu, Associate Dean (Learning and Innovation) and Professor of Medical Education, Western Sydney University

References

Bearman, M., Castanelli, D., & Denniston, C. (2018). Identifying and working with underperformance. In C. Delaney & E. Molloy (Eds.), *Learning and teaching in clinical contexts: A practical guide* (pp. 236–250). Elsevier Australia.

Boud, D., & Dawson, P. (2021). What feedback literate teachers do: An empirically-derived competency framework. *Assessment & Evaluation in Higher Education*. Advance online publication. https://doi.org/10.1080/02602938.2021.1910928

Boud, D., & Molloy, E. (2013). Rethinking models of feedback for learning: The challenge of design. *Assessment & Evaluation in Higher Education*, *38*(6), 698–712. https://doi.org/10.1080/02602938.2012.691462

Carless, D., & Boud, D. (2018). The development of student feedback literacy: Enabling uptake of feedback. *Assessment & Evaluation in Higher Education*, *43*(8), 1315–1325. https://doi.org/10.1080/02602938.2018.1463354

Castanelli, D. J., Weller, J. M., Molloy, E., & Bearman, M. (2022). Trust, power and learning in workplace-based assessment: The trainee perspective. *Medical Education*, *56*(3), 280–291. https://doi.org/10.1111/medu.14631

Cook-Sather, A. (2006). Sound, presence, and power: "Student voice" in educational research and reform. *Curriculum Inquiry*, *36*(4), 359–390. https://doi.org/10.1111/j.1467-873X.2006.00363.x

Hanna, A. (2021). Silence at school: Uses and experiences of silence in pedagogy at a secondary school. *British Educational Research Journal*, *47*(5), 1158–1176. https://doi.org/10.1002/berj.3719

Hu, W. C. Y., Woodward-Kron, R., & Flynn, E. (2019). Educator as diagnostician, judge and confidant: A positioning analysis of medical student support encounters. *Advances in Health Sciences Education*, *24*(4), 707–724. https://doi.org/10.1007/s10459-019-09892-7

Lewis, A. (2010). Silence in the context of "child voice". *Children & Society*, *24*(1), 14–23. https://doi.org/10.1111/j.1099-0860.2008.00200.x

Molloy, E., & Bearman, M. (2019). Embracing the tension between vulnerability and credibility: "Intellectual candour" in health professions education. *Medical Education*, *53*(1), 32–41. https://doi.org/10.1111/medu.13649

Molloy, E., Boud, D., & Henderson, M. (2020). Developing a learning-centred framework for feedback literacy. *Assessment & Evaluation in Higher Education*, *45*(4), 527–540. https://doi.org/10.1080/02602938.2019.1667955

Nicol, D. (2021). The power of internal feedback: Exploiting natural comparison processes. *Assessment & Evaluation in Higher Education*, *46*(5), 756–778. https://doi.org/10.1080/02602938.2020.1823314

Noble, C., Sly, C., Collier, L., Armit, L., Hilder, J., & Molloy, E. (2019). Enhancing feedback literacy in the workplace: A learner-centred approach. In S. Billett, J. M. Newton, G. Rogers, & C. Noble (Eds.), *Augmenting health and social care students' clinical learning experiences: Outcomes and processes* (pp. 283–306). Springer.

Winstone, N. E., Nash, R. A., Parker, M., & Rowntree, J. (2017). Supporting learners' agentic engagement with feedback: A systematic review and a taxonomy of recipience processes. *Educational Psychologist*, *52*(1), 17–37. https://doi.org/10.1080/00461520.2016.1207538

Zhan, Y. (2021). Developing and validating a student feedback literacy scale. *Assessment & Evaluation in Higher Education*. Advance online publication. https://doi.org/10.1080/02602938.2021.2001430