

PODIUM 2.4 -- 10:45-11:00 [10-min presentation followed by 5-min Q&A]

Feedback Delivery in an Academic Cancer Centre: Longitudinal Reflections on an R2C2-based Microlearning Course

Amir H. Safavi, MD, MSc,^a Janet Papadakos, PhD, MEd,^b Tina Papadakos, MA(Ed),^b Naa Kwarley Quartey, MSc,^b Karen Lawrie, MSt,^b Eden Klein, MSc,^b Sarah Storer, MHSc,^b Jennifer Croke MD, MHPE,^{a,c} Barbara-Ann Millar, MBChB, FRCPC,^{a,c} Raymond Jang, MD, MSc,^d Andrea Bezjak, MD, MSc,^{a,c} Meredith E. Giuliani, MBBS, PhD^{a,b,c,e}

^a Department of Radiation Oncology, University of Toronto, Toronto, Ontario,

^b Cancer Education, Princess Margaret Cancer Centre, Toronto, Ontario,

^c Radiation Medicine Program, Princess Margaret Cancer Centre, Toronto, Ontario,

^d Department of Medical Oncology, University of Toronto, Toronto, Ontario,

^e The Wilson Centre for Research in Education, University of Toronto, Ontario,

Amir.Safavi@rmp.uhn.ca

Purpose: There is longstanding evidence of feedback competency deficiencies in supervisors in medical education. Enhancing feedback delivery skills is a critical aspect of competency-based medical education. R2C2 (relationship, reaction, content, coaching) is an increasingly adopted evidence-based model for feedback delivery. The purpose of this study was to assess the feasibility and utility of an R2C2-based microlearning course and to solicit multidisciplinary staff perspectives on current feedback delivery practice in an academic cancer centre.

Methods: A prospective longitudinal qualitative design was utilized. Five staff (three oncologists and two allied health professionals) with supervisory roles were selected by purposive sampling. Each staff participated in four semi-structured interviews conducted pre- and immediately post-course, and at one- and three-months post-course. Interviews were audiotaped and transcribed verbatim. Transcripts were coded using an abductive approach informed by the R2C2 model.

Results: All participants found the course to be time feasible and completed it in 10-20 minutes. The course was deemed to be useful and fulfill a perceived need for feedback training in the cancer centre. Relationship building and exploring reactions were the R2C2 domains most discussed during post-course interviews. Several relationship-oriented themes were generated: 1) hierarchical and interdisciplinary relationships modulate feedback delivery 2) interest in feedback delivery varies by duration of the supervisory relationship 3) the perceived transactionality of supervisor-trainee relationships influences feedback delivery.

Conclusions: An R2C2-based microlearning course is feasible and deemed useful by multidisciplinary cancer centre staff. Optimization of the course and further characterization of current feedback practices in the cancer centre are ongoing.