

Key Literature in Medical Education Podcast Review

Reviewer: Jonathan Sherbino

Date broadcast:

Tensions in Informed Self-Assessment:

How the Desire for Feedback and Reticence to Collect and Use It Can Conflict

Reference:

Karen Mann¹, Cees van der Vleuten², Kevin Eva³, Heather Armonson⁴, Ben Chesluk⁵, Timothy Dornan², Eric Holmboe⁵, Jocelyn Lockyer⁶, Elaine Loney⁷, Joan Sargeant¹. Tensions in Informed Self-Assessment: How the Desire for Feedback and Reticence to Collect and Use It Can Conflict. *Acad Med.* 2011;86:1120–1127.

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Tags

Clinical domain

General

Educational domain

Assessment Method

Background

Much has been written in the education literature (see for example: ["I'll never play professional football" and other fallacies of self-assessment](#). **Eva KW, Regehr G. J Contin Educ Health Prof. 2008 Winter;28(1):14-9.**) about the challenges and biases inherent in self-assessment. Furthermore, the imprecision of the medical education lexicon (again!) has confused learners and teachers about the definition of informed self-assessment, that is the use of multiple external sources to direct and validate an appraisal of one's abilities and needs.

Self-assessment (in various rigorous forms) is a keystone for current models of maintenance of competence for physicians in practice. For learners still in training,

regular feedback from supervisors is essential to effectively inform self-assessment.

Purpose

The purpose of this study was to explore the various conflicts / tensions inherent in seeking external feedback as a means of informing self-assessment.

Type of paper

Research: Qualitative – grounded theory

Key Points on the Methods

- Qualitative study
 - Grounded theory
- 17 focus groups (n=134)
 - UG / PG / in-practice
 - 8 programs
 - 5 countries

Key Outcomes

- Tensions within self
 - Wanting feedback yet fearing disconfirming information
 - Recognizing need yet struggling to use it because of incongruence with self-appraisal
- Tensions between people
 - Wanting to question others, yet not wanting to look incompetent
 - Wanting feedback, yet not being able to pursue it or trusting feedback that is received
 - Needing a positive and safe relationship to give/receive feedback, yet worrying about damaging the relationship
- Tensions in the learning environment
 - Incongruence between the stated curriculum and the curriculum-in-action
 - Engaging in authentic activities versus playing the game

Points of contention:

- the purposeful sampling used (intentional selection of groups with experience in reflection and self-assessment) may have biased the findings.
- The manuscript does not indicate that saturation was achieved
- Inadequate metaposition between the authors and the data may have biased the results

Key Conclusions

The authors state: *"Multiple tensions, requiring ongoing negotiation and renegotiation, are inherent in informed self-assessment. Tensions are both intraindividual and interindividual and they are culturally situated, reflecting both professional and institutional influences. Social learning theories (social cognitive theory) and sociocultural theories of learning (situated learning and communities of practice) may inform our understanding and interpretation of the study findings. The findings suggest that educational interventions should be directed at individual, collective, and institutional cultural levels."*

Spare Keys – other take home points for clinician educators

For clinician educators unfamiliar with grounded theory, a good example of the utility of qualitative methodologies to answer complex questions not readily amenable to traditional quantitative or experimental approaches.