From the Editor

The skill of giving and receiving feedback



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elow is a joke I heard told in German, which I loosely translate and paraphrase here.

"When I was young, my teacher asked me what I would like to be when I grow up.

"I want to be a successful writer. I want to write texts that will affect people emotionally, move them to tears.

"Here I am, years hence and I believe I have achieved my childhood dream. My current job is writing error messages for Microsoft and SAP."

Medical writing requires a wide array of scientific and technical skills, the so-called hard skills of our trade. This issue spotlights another set of skills that are often underestimated – the socalled "soft" skills. Of these, the art of giving and receiving feedback is key.

Life and science are all about feedback. For every action, there is a reaction. For each cause, there is an effect. Positive feedback loops reinforce or enhance whereas negative feedback loops counteract or balance.¹

Giving feedback respectfully

Providing feedback, whether as a document reviewer, manuscript editor, or error message copywriter, is an art that takes years to cultivate, let alone perfect. Wearing my editor and reviewer hat, I rely on four T's to guide me:

Thank you. Start with thanking the author. Acknowledge the effort that went into the piece. **Time.** Give yourself sufficient time to review. The author deserves no less than that. If you don't have the time, then delegate to someone else.

Give the writer a fair chance to revise or rewrite the piece. This means giving them ample time for revision.

Tone. The tone makes a world of difference when delivering unwelcome news. Give feedback, positive or negative, in a professional and kind manner.

Turning tables. Finally, ask yourself: How would you feel if the tables were turned?

Receiving feedback gracefully

There is no perfect document. All medical writers



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have been, at one point, at the receiving end of the feedback loop. And it's not always roses and rainbows. We dread the mark of the red pen – or in the digital age – the tracked changes, the comment bubbles, and the error messages.

Feedback to our written work comes from many different places, high and low, from our peers, the QC AI software, our line managers, the skip level and C-suite executives, journal peer reviewers, and the regulators.

Should these move us to tears? Give us sleepless nights? Exacerbate our hypertension and worsen our pre-existing heartburn?

When receiving feedback, I rely on four B's to keep perspective.

Bask. Enjoy every positive feedback, celebrate every win, no matter how small.

Breathe. Not-so-good feedback? Breathe in and breathe out. Pause. Take a walk to clear the cobwebs. Look up and find the silver lining.Bitter or better? Negative feedback can be a bitter pill to swallow. Or it can be the medicine to make you better. It's your choice.

Plan B. So, it didn't work this time. Now on to the back-up plan ...

Lose what you don't use

It's the basics of evolutionary biology – what is not used is lost. For example, after having lived in Europe for more than 30 years, I have lost the ability to cross the streets of Southeast Asia where there are no traffic lights.

As we move on our medical writing career journey, we should continue to practice and hone our soft skills, including giving and receiving feedback. We should do this regardless of where we are, at the entry level position or the upper echelons of management.

In a VUCA digital world where companies

and jobs change on a daily basis, our soft skills are one of the few constants. These are the skill set that sets us apart from machines, the ones AI cannot replace.

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Reference

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