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# The need for researching the utility of R2C2 model in Cross-Cultural and Cross-Disciplinary settings

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Dear Editor,

We are delighted to report that the Japanese translated version of R2C2 (relationship, reaction, content, coaching) was published in the *Journal of Medical Education in Japan*, under kind permission of the author and *Journal of Academic Medicine*. The R2C2 model, developed by Sargeant et al. (2015), promotes behavior change through reflection and feedback, while incorporating coaching. The effectiveness and influencing factors have been demonstrated in supervisor–resident pairs in various residency programs (family medicine, psychiatry, internal medicine, surgery, and anesthesiology) in the U.S., Canada, and the Netherlands. The R2C2 model is fascinating since it emphasises the relationship and dialogue between the resident and the supervisor, and provides insights into the residents' in-depth learning.

While we are interested in factors that influence feedback, common across different specialties and contexts, we hypothesise that national culture and health profession disciplines may affect the dialogue and impact of the R2C2 model, especially in bridging the gap between self-assessment and supervisor's assessment.

Reports of such cultural differences demonstrate the Japanese learning more from their failures, while Westerners learning more from their successes, as well as differences in learners' self-evaluation. In addition, Hofstede reports that the relationship between learners and teachers in East Asia, including Japan is hierarchical, and feedback is therefore likely to be one-sided. Regarding mentoring/coaching, we have revealed that Japanese physician–scientist relationships are dependent on trust in mentors, and the cultural influence of acceptance of paternalistic mentoring (Obara et al., 2021) suggests the need for building trusting relationships. Furthermore, we as multidisciplinary author teams are keen to explore how different health profession disciplines shape the different perspectives on effective feedback and supervisor–learner relationship. We expect this topic to become more apparent as modern health services are becoming more multi-professional and the discourse may develop in a multi-professional relationship.

The Japanese version has been cautiously translated and published to overcome any issue involving translation. Although we had successfully conducted the nationwide workshop on R2C2 in Gifu, Japan in 2021 to disseminate

its philosophy, we realised variety of factors should affect when we conduct R2C2 in our context. Our future goal is to examine the utility of R2C2 model in cross-cultural settings as well as cross-disciplinary situations in order to generate findings that will contribute to the globalisation of medical education and multi-disciplinary education.

#### Notes on Contributors

T Miyoshi conceptualised and wrote the manuscript and approved the final version.

F Okazaki conceptualised cultural difference of R2C2 and revised and approved the manuscript.

H Funakoshi conceptualised cultural difference of R2C2 and revised and approved the manuscript.

T Oto conceptualised different health profession disciplines of R2C2 and approved the manuscript.

J Yoshino conceptualised different health profession disciplines of R2C2 and approved the manuscript.

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Prof T Saiki supervised and edited the manuscript.

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#### Declaration of Interest

There is no conflict of interest, including financial, consultant, institutional or otherwise for the author.

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