

Feedback: An Effective Tool in Monitoring of Progress of Medical Students

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ABSTRACT

Aim: To quantify the role of feedback being practiced in different departments of medical colleges and to assess its effect over performance of medical students.

Study design: Questionnaire Based Study.

Place and time of study: Department of Medical Education, Khawaja Muhammad Safdar Medical College, Sialkot from 1st June 2017 to 15th June, 2018.

Methods & results: All subjects of the study belonged to public and private sector medical colleges of Sialkot. Subjects were divided into two groups. Group 1- Preclinical Teachers; included faculty members from preclinical subjects and Group 2 Teachers from clinical departments. Questionnaire devised was handed over to the subjects with the advice to fill it completely within 3 months. Subjects were asked to fill the questionnaire by reviewing of their role for at least previous two years' classes of MBBS. Some queries were also made clear through phone.

Conclusion: Feedback taking and giving is an important tool in assessing and monitoring of the performance of students in medical colleges. It has an effective impact over students' performance, development of curriculum and in defining the teaching methodology.

Keywords: Feedback, positive, negative, curriculum, performance.

INTRODUCTION

Feedback in medical education is an integral and important constituent of teaching as it encourages and enhances the learners' knowledge, skills and professional performance. Feedback has to be delivered in an appropriate setting; it should focus on the performance and not on the individual; should be clear and specific; delivered in non-judgmental language; should emphasize positive aspects; be descriptive rather than evaluative; and should suggest measures for improvement¹

Feedback can be described as a process which comprises communication of information followed by reactions to such communication. It has been defined as specific information about the difference between a trainee's observed performance and a given standard with the target of achieving improvement in performance of the trainee. Feedback in medical education is an integral and important element of teaching as it encourages and enhances the learners' knowledge, skills and professional performance². It aids in improvement of the performance of the learners with the basic aim of helping them achieve their goals in addition to the educational objectives. Feedback can be considered as constructive in the process of learning if it is delivered immediately and in a sensitive manner³. It is well documented that in academic settings, students learn more effectively when peer feedback is an inherent constituent of the overall assessment. The mentoring relationship between teacher and learner is crucial in giving effective feedback. Feedback has to be

delivered in an appropriate setting; should focus on the performance and not on the individual; should be clear, specific and based on direct observation; has to be delivered using neutral, non-judgmental language; should emphasize the positive aspects; be descriptive rather than evaluative; begin by encouraging self assessment by the trainee⁴.

Feedback can be broadly classified in two categories –positive (constructive feedback) and negative. Constructive/positive feedback is defined as the act of giving information to a trainee through the description of their performance in the observed situation. It emphasizes the strengths of the session and areas which require improvement⁵. One of the other studies has classified feedback in three types: brief, formal and major. Brief feedback is usually given on a daily basis and is related to an observed action or behaviour. Formal feedback involves setting aside a specific time for feedback, such as after an interaction with a patient in an outpatient clinic⁶. Major feedback occurs during scheduled sessions at strategic points during a clinical rotation, usually at the midpoint, and serves to provide more comprehensive information to the learner so that he or she can improve before the end of the rotation, when the final evaluation is performed⁷. Most clinicians are familiar with the concept and principles of giving feedback but often it remains underused, probably because the teacher is concerned about the impact of negative feedback upon the trainee and upon the future trainee-trainer relationship⁸. A frequently-used method is the 'feedback sandwich' in which the top slice of bread is a positive comment (viz. about what the learner has done well); the middle of the sandwich is an area of improvement (viz. in what areas learner needs

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to improve); and the bottom slice of bread is another positive comment, to end the session on an upbeat note)⁹. Ultimately, learners themselves should be encouraged to make efforts to elicit feedback either by asking for it verbally or asking their audience to fill out a form. Feedback-seeking behaviour can be defined as the conscious devotion of effort towards determining the correctness and adequacy of one's behaviors for attaining valued goals. In a literature review to gain a better understanding of feedback-seeking behaviour, five key aspects of feedback seeking have been identified: the method used to obtain feedback; the frequency of feedback-seeking behaviour; the timing of feedback seeking; the characteristics of the target of feedback seeking; and the topic on which feedback is sought¹⁰.

SUBJECTS AND METHODS

All subjects of the study belonged to public and private sector medical colleges of Sialkot. Subjects were divided into two groups. Group 1- Preclinical Teachers; included faculty members from preclinical subjects and Group 2 Teachers from clinical departments. Similarly students views were also recorded. Questionnaire devised was handed over to the subjects with the advice to fill it completely within 3 months. Subjects were asked to fill the questionnaire by reviewing of their role for at least previous two years' classes of MBBS. Some queries were also made clear through phone calls. Data collected was entered and analysis made using SPSS v 22.

RESULTS

Table I: General information of the study .

Total Students in study	100
Teachers from Pre clinical subjects	55
Teachers from clinical subjects	39

Table II: Opinion of the subjects- teachers

	Group I-	Group II
Do you practice giving feedback to students?	39	21
Do you keep record of feedback? (written/ computers)	14	5
What is the response of students?	Good(29)	Good(21)
Does it help in improving performance of students?	Yes (15)	Yes (17)
Does it help in improving teaching methodology?	Yes (11)	Yes (9)

Table III: Comments and views expressed (n=100)

	Positive	Negative
Reluctance to take feedback	23	77
Importance given to feedback	77	23
Interaction with Parents	5	95
Is it has positive effect over students performance	65	35
Is feedback helpful in improving teaching methodology	15	85
Is the frequency of feedback adequate	45	55
Is feedback appropriate in writing	0	100
Is feedback appropriate verbally	100	0
Collective feedback in groups is good	11	89
Individual feedback in privacy to be practiced	76	24
Does feedback improve medical teaching and learning	28	72

DISCUSSION

In our study total number of subjects included were 100. 23 out of total participants showed reluctance to feedback while 77 of the total responded. Where as in study conducted by Duffield et al¹¹ positive response received from the participants were 70 percent while 30 percent showed reluctance to the study program . out of the subjects parents of only 5 percent subjects were consulted while no interaction was made with the parents of 95 percent of the subjects. In study conducted by Van De Ridder et al¹² which also included 100 participants, parents of 10 participants were consulted. According to our study feedback had a very positive influence over the participants, 65 percent of the total subjects had excellent results while 35 percent of the total did not show any positive result to the feedback. Whereas in study conducted by Berk FC et al¹³ 62 percent showed positive results while 38 percent showed no improvement after feedback. Apart from the results after feedback , no significant influence was seen on the teaching methodology as per study conducted in our setup. Feedback policy was able to improvise the teaching methodology of only 15 percent of the people. While 85 percent of the total had no change in the teaching methodology. A similar study was conducted by Eva KW et al¹⁴ in which feedback policy was able to modify the teaching methodology of 20 percent of the total participants. According to our study, written feedback response was not successful at all as all of the participants showed disapproving response towards the written feedback. In study conducted by Bok HG et al¹⁵ only 5 percent of the total approved written feedback. Verbal feedback was a popular choice amongst the participants in our study.100 percent participants opted for verbal feedback whereas in study conducted by Ten Cate OT et al¹⁶ the overall percentage of the participants in favor of verbal feedback was 7 percent. Privacy has been considered as a central element in building up the response towards the feedback policy. The results collected from our study showed that feedback collection in privacy was favored by 76 percent of the total participants. Whereas only 11 percent of the total participants were in favor of collecting feedback in groups. Where as in research study conducted by Archer JC et al¹⁷ 9 percent favored feedback collection in groups while 80 percent were in favor of collection of feedback in privacy. Feedback is a good tool in ensuring a better quality of education and it should be practiced regularly. In the study conducted by in our setup 28 percent of the total participants were satisfied with feedback policy while 72 percent did not show any positive response. In a similar study carried out by Sargeant J et al¹⁸ 35 percent people showed response towards feedback.

Interactive feedback is indispensable in bringing about professional development and overall improvement in doctors. It provides learners with information on past performances so that future performance can be improved. In the absence of adequate feedback, good performance is not recognized and problems with regard to clinical competence go uncorrected for long periods of time. In view of recent changes in medical working patterns, we have to create newer opportunities to observe trainees and thus provide quality & timely feedback to facilitate learning.

Providing feedback to learners can sometimes be challenging to even the most experienced teachers. Frequently, there is a mismatch between educators' and learners' perceptions of the adequacy and effectiveness of feedback. Staff development is a key in increasing the teachers' comfort and skills in providing effective feedback. Given the complexity of medical education, the need is for better and complete understanding of the processes of giving, receiving, interpreting, and using feedback as a basis for real progress toward meaningful evaluation.

CONCLUSION

Feedback taking and giving is an important tool in assessing and monitoring of the performance of students in medical colleges. It has an effective impact over development of curriculum and in defining the teaching methodology.

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