Medical Students' Perceptions of Helpful Feedback in a Clinical Reasoning Course: Implications for Facilitator Development

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Background

Feedback is essential for students to understand whether their performance fits within academic and/or professional expectations as well as to guide future performance.[1,2] Student and instructor perceptions of what constitutes "feedback" may differ, and "delivering feedback is a complex process influenced by many factors, including the faculty member's approach to feedback, his or her goals in giving it, skill, perceived self-efficacy and emotions, and perceptions of the resident's skill, receptivity and insight."[3] Anecdotally, we often hear that students believe they are not receiving feedback, while instructors claim they have provided it. Instructors and learners need to reach a meeting of the minds as to what constitutes constructive feedback, what our students think is useful, and how they want to receive it. Offering detailed feedback that goes "beyond good job" is critical to effective teaching.[4]

Introduction

The CRC used to include a face to face feedback session twice per semester in this 3-semester course. Logistics made it difficult to schedule these sessions and course administrators were unsure whether and to what extent this type of feedback could be any more helpful than written feedback included in student assessments.

The study explores how students' value feedback in the CRC, define feedback, and to what extent they find particular feedback useful or not, and why.

The "reflective feedback conversation" model[4], the components of which are consistent with findings in prior studies as to what learners perceive as helpful[3, 5, 6,7].serves as a guide for advising faculty on giving constructive feedback in this course. We used this model (Fig. 1) to create four samples of instructor comments for students to evaluate, and so that we could determine if the model is well-aligned with student perceptions of and guide faculty in providing constructive feedback. This project does not seek to make statistical generalizations from data collected.

Methods and Materials

We administered an anonymous survey to second year medical students as part of their participation in the clinical reasoning course (CRC). 90 students opted to participate in the study (N=90, 75% opt-in). The survey asked students to indicate how important feedback in the CRC is and how they preferred to receive it (verbally, written or both). We asked them to review four samples of instructor comments relevant to CRC activities, and rate each one on a 4-point scale (*not useful* to *very useful*), explain their ratings, indicate whether they had received similar feedback in the CRC and how it had been delivered. Analysis: descriptive statistics and discourse analysis.

Results

Figure 1. Reflective Feedback Conversation Model[4] & Samples

1. Frame Feedback as a Conversation
2. Describe relevant, observable behaviors
3. Elicit active participation & self-assessment
4. Provide specific guidance for improvement

Sample 1	• Evaluative remarks only (19 words)
Sample 2	• + Described good performance (64 words)
Sample 3	• + Described performance to be improved (141 words)
Sample 4	• + Provided guidance for improvement (267 words)

Figure 2. Perceived usefulness of four feedback samples

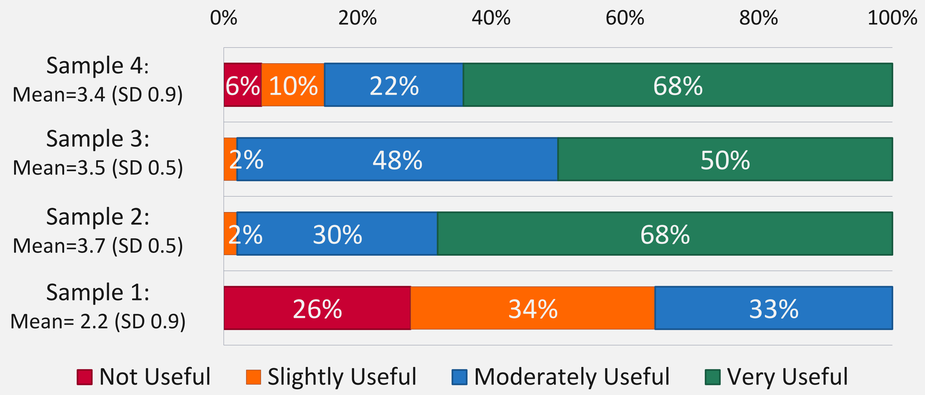


Figure 3. Discourse Analysis of Responses to Feedback Samples

Students tell us what makes feedback useful

What could and should feedback do?

Tell us WHAT we have done well and what needs improvement

Explain WHY

Guide us on HOW to improve

Sample 4 is…

"Very detailed in what was done well and in how to improve." It "gives a complement and constructive criticism" and "helps me understand why I should makes the recommended changes" and is "very specific in how to improve at every level."

Some said it is "too long" for written feedback and would prefer it communicated face to face.

SAMPLE 1

- "Positive feedback is nice, but it doesn't give me any direction for improvement."
- "The positive encouragement is good but I would need to know how to improve."

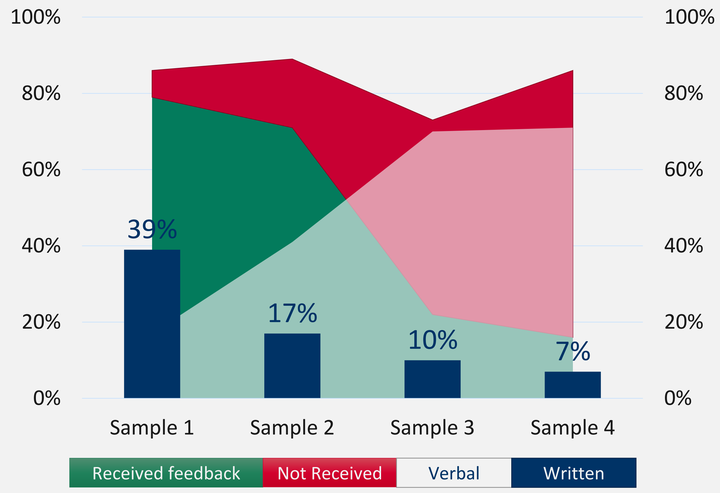
SAMPLE 2

- "It is more specific. It helps one identify what they are doing well and where they need improvement."
- '…but I would also prefer some background as to why including more rationale is important to forming a ddx and how it fits into clinical medicine."

SAMPLE 3

- "I particularly like this because it shows that they have identified my strengths and weaknesses and shows that they remember specific moments when I participated."
- "the statement includes a direct example of when the student did a good thing, it does not tell them how to improve…. "

Figure 3. Feedback received in CRC & Manner of Delivery



Discussion

Nearly all participants (98%) rated Samples 2 and 3 as moderately to very useful, and 88% rated Sample 4 as such. 14% shifted their ratings of Sample 4, indicating it lost some efficacy due to its length. Students commented on the importance of including: a specific description of behaviors (203 instances), both positive and critical feedback (84), explanations for criticism (17) and guidance on how to improve (52). The conditional mood (should, could, would) appears 102 times, often suggesting what feedback should include or could achieve.

Students' perceptions of all four samples confirmed the importance of including specific observations of relevant behaviors when giving feedback. While one-third of students found some utility in offering only evaluative remarks (Sample 1), their mean rating increased nearly 1.7 times in rating Sample 2, which added a description of observed behavior. The length of Sample 4 seemed to contribute to increase in "not useful" ratings. Students appreciated thorough and detailed comments. Greater proportion of students received feedback similar to Samples 1 and 2, than 3 and 4, indicating a preference for receiving detailed feedback face to face, highlighting the importance of a conversational approach to feedback.

Conclusions

Results emphasize a close alignment between student perceptions and the components of the reflective feedback conversation model, and prior studies[3,4,5,6,7] identifying significant feedback features, used to guide for faculty in providing constructive feedback. These findings will inform feedback training for facilitators in the Clinical Reasoning course.

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