

Feedback - For Enhancing Medical Student's Performance

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Abstract

One of the essential aspect in medical education is feedback, which helps in enhancing teaching and training in the right direction by directly observing the trainee/student by the teacher. A good feedback is known to bring about the desired change in the trainee; while at the same time a poorly given feedback may do the opposite. Interactions with students calls for sensitivity, observations, calibrations, and choosing the appropriate words.

Medical teachers must know the basic principles of giving effective feedback. It requires preparation in terms of timings and words and should be supportive and sequential process. Many methods have been described for giving feedback, each having its own merits and de-merits. We describe here some principles of feedback, merits and demerits. Any of these can be adopted depending on the needs of learner and teacher. A constructive and effective feedback can help the learner in achieving the required skills and enhance learning and the learning process.

Keywords: Medical Education; Trainee; Medical Student; Feedback.

Introduction

Feedback is an important component of the educational process for medical learners. It gives them to opportunity to inculcate and reinforce good habits, and correct and modify that are ineffective or inaccurate. Though important many teachers feel uncomfortable giving direct, behaviorally based feedback on student's performance. probably also due to lack of proper knowledge on training in this field.^{1,2} Even many trainees feel that they do not receive adequate feedback and if they do, the process is not effective.³

Medical faculty members need some orientation and training as how to use this skill effectively.

Workshops on medical education technologies have stressed its importance and helped medical teachers to acquire this skill for the benefit of their trainees and make them, better educators.^{3,4} Medical teachers can improve their skills of giving feedback to their trainees by using the straightforward and practical tools described in the subsequent sections. Institutions can provide training for these skill, monitor the feedback quality and quantity to see its effectiveness to bring about the desired change.

The changeover from trainee (ie, medical student) to expert doctor cannot occur simply by seeing a predetermined number of patients. Students need to observe, learn and practice their patient interviewing skill or history taking and examination. It should be done under the expert guidance of faculty member, who teaches and demonstrates all these skills.^{3,4} Besides it is equally important to provide effective feedback on learner's words and actions and not just right or wrong!

Often it is seen that when a medical trainee/student presents history and examination, teacher criticizes on the point student has taken or presented

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wrongly or completely ignores the students fault in missing out important points. It could be due to ignorance of the teacher in providing effective and correct way for feedback or It could be due to uncomfortable feeling of faculty members in giving direct, behavior oriented feedback. It is equally important for the faculty members to know the principles of right method of giving feedback- a method which helps in constructive learning of the learner.

We present here a structured approach to medical educators for giving effective feedback to their students. It is prudent to note here that even medical teacher will require some understanding and practice of acquire these skills to be effective.

The Traditional Way of Feedback

Feedback has been defined as- Specific information about the trainees observed performance and a standard with the intent to improve the trainee's performance.

It requires following essential component-

- A set standard for the skill
- Observation by the teacher
- Comparison between the above two
- Communication about the doing
- Ability to bring about the desired change

Often it has been seen that faculty members say to students as verification of 'right' or 'wrong' about a skill he/she has performed; or 'you missed that' or 'you did not observe that'. This type of feedback may not help much in improving the performance. Many a times students too do not feel comfortable with such comments. This is a weak response, and may do little in bringing the desired change in learning.

Multitude of studies and books are available on -'Do's' and Don'ts' on feedback. Commonly it has been said feedback should be able to do the following^{4,6}

1. Should focus on Task and NOT the learner
2. Learner should not be overwhelmed by it
3. Specific and clear
4. Objective and balanced
5. By direct observation
6. Timely

7. Action plan is put forward
8. Monitoring after feedback

A timely, appropriate and constructive feedback greatly helps in students improving knowledge and skills of learner. The weak performer is likely to benefit most. Feedback which brings about the desired change is the effective feedback. Weak feedback only gives explanation of what should be changed and has minimal effect in bringing out the desired change. Moderate feedback, also describes ways or means for refining and hence results in better learning and performing. A strong or good feedback which can cause the greatest change suggests possible ways of modifications or improvement in tasks already there or recommendations regarding acquisitions of specific skills.^{6,9,10}

Some Models of Feedback^{3,5,7,8}

- a. *SKS Model: Stop Doing keep doing* – start doing, or SKS, process. In this model learner thinks and reflects on his/her tasks, asks for feedbacks or comments and follows it. This model actively encourages learner to actively seek feedback from support groups or colleagues. Since this model is dependent of the learner to actively seek feedback, it becomes their responsibility to find an appropriate network which is time consuming, and at times can be anxiety provoking. It may be problematic if a good support group or responsible colleagues are not available. It may be helpful in some situations only, like mature adults
- b. *4 Step Pendleton Rule*: It involves presenting the positives first than the weaknesses, The learner first describes what went well, then the faculty member presents the positive comments of his/her observations. After the positives the learner discusses what could be done to improve further, than the faculty member discusses the area of improvement and closes the session. This model provides a comfortable learning and improvement atmosphere to the learner, however it has been found to be too rigid, time consuming, which at times is too judgmental. Though it has been found to be very effective by others.
- c. *Feedback Sandwich*: Just like a sandwich it has 3 parts- the top layer or the starting should be with a positive comment, the second

layer is the constructive criticism (middle layer) and the last layer is the ending with a positive comment. The technique allows a teacher to give feedback to the student in a positive note. It has lots of merits but has seen in sometimes as student missing out the middle layer of constructive criticism and walking away with only the positive comments, the opportunity to change and improve is missed.

- d. *CAST Model*: It also includes 4 steps-continue to do these things 'C', alter or change these behaviors- 'A', stop or discontinue these methods/activities -'S', try this approach next time -'T'. This model too talks first about the positives, identifies skills/ behaviors which needs to be changed or stopped and shows a path for new skill or improvement.
- e. *Agenda-Led, Outcome Based Analysis*: The principle of this model is based on identifying learners agenda and what they want help with. Learner chooses the outcome and trainer focuses on them, it avoids the other learning outcomes and is student centered. However, it is presumed that learner may not be able to identify specific outcomes which is expected from him. Significant maturity is required on the part of learner.
- f. *Student/Trainee-Centered Model*: In this model learner takes the responsibility for the feedback, which includes the 3-Rs- Receptive, Reflective and Responsive. This indicates maturity as well as self-sufficiency on part of learners.

Our experience with different learners have enlightened us that we may need to be flexible in our approach in giving feedback. The psyche of a person, timing, and the tone of voice and carefully chosen words are more important than any of these methods. Any of these methods can be just as effective if the basic principles and the objective it is meant for are followed. A flexible approach is more important than strictly adhering to any one method.¹¹

We have used different or a combination of methods while giving feedback to medical students, Interns, and post-graduate trainees. After observing the students and trainees in various skills of history taking, examination, counselling,

surgical skills, we engage them in dialogue and self-reflection of what went well and what can be done better, we guide them in what was not and how can it be further improved with suggested reading and demonstration. It is generally followed by monitoring to see for the desired change.

Good feedback should be PROMPTED⁵

P- Precise with attention to the specific

R- Relevant to practice

O- Outcome based with clear aims

M- Measureable where improvement can be evaluated

P- Possible/ Achievable

T- Time determined or Timely

E- Encouraging and productive

D- Descriptive

As the training progresses in their career, focus is shifted from knowledge and skills to decision making in complex situations. In such situations, the rules and principles are gradually less beneficial, and students or trainees need to be drawn towards a mature and equal dialogue.^{10,11} Hence a variety of methods for feedback becomes important, from -observing, explanation, monitoring to equal dialogue. A shared curiosity becomes the epitome by the learner and teacher. In the long run it is to see if the quality of feedback is able to meet the shared attitude of curiosity in learner and teacher which a medical profession demands.

Conclusion

Focusing on the observed behaviors and not on the learner/student combined constructive and timely feedback and monitoring over time, student's performance can be drastically improved over time with a positive learning experience. Every student is different and so is faculty member. Feedback has been recognized as an enriching experience by students as well as by teachers, it gives an opportunity to students and teachers to be more involved in their training and skill improvement.

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