Medical students as feedback assessors in a faculty development program: Implications for the future

RICHARD LEPOURIEL, Hélène, et al.

Abstract
Background: Little is known about simulated students' ability in assessing feedback received in Objective Structured Teaching Encounters (OSTEs). We aimed to assess to which extent students' perceptions matched objective analysis regarding quality of received feedback, to explore what elements of feedback they emphasized and what they learned about feedback.

Methods: In this mixed-method study, 43 medical students participated as simulated residents in five OSTEs at Geneva University Hospitals. They assessed quality of feedback from faculty using a 15-item questionnaire and gave written/oral comments. Videotaped feedbacks were assessed using an 18-item feedback scale. During four focus groups, 25 students were asked about what they learned as feedback assessors.

Results: 453 students' questionnaires and feedback scale were compared. Correlations were moderate for stimulating self-assessment (0.48), giving a balanced feedback (0.44), checking understanding (0.47) or planning (0.43). Students' feedback emphasized elements such as faculty's empathy or ability to give concrete advice. They reported that being a feedback [...]
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Appendices :

Annex 1: Quality of the feedback perceived by students

1. The feedback session was useful
2. I improved my history taking skills
3. I improved my physical examination skills
4. I improved my communication skills
5. The tutor was aware of what I needed to learn
6. The tutor made me feel comfortable and confident
7. The tutor asked me my needs
8. The tutor asked me to evaluate what I did well
9. The tutor asked me to evaluate what I could improve
10. The tutor gave me balanced feedback (including both positive and less positive aspects)
11. The tutor stimulated me to participate to the problem solving process
12. The tutor gave me precise and concrete suggestions for improvement
13. The tutor provided me opportunities to rehearse parts of the history taking, physical exam or the communication
14. The tutor asked the simulated patient to give me a feedback
15. The tutor checked my understanding
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Annex 2: Objective analysis of the feedback

INTRODUCTION/SELF-ASSESSMENT

1. Puts at ease and gives general orientation
2. Explores feelings/needs and defines learning objectives
3. Elicits positive and to be improved points

FEEDBACK

4. Feedback is descriptive and specific
5. Is subjective
6. Is balanced between reinforcing and corrective statements
7. Is limited to a few items
8. Includes self-assessment points

SOLVING PROCESS

9. The supervisor stimulates the learner to make suggestions
10. Balance between the supervisors’ recommendations and questions aiming making the learner active in the solving process
11. The supervisor uses role playing to test strategies

CONCLUSION

12. The supervisor checks the learner’s understanding
13. The supervisor discusses a learning plan for the future

14. EMPATHY
15. PEDAGOGICAL EFFECTIVENESS
16. STRUCTURE
17. VERBAL BALANCE
18. GLOBAL RATING
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**Annex 3: Examples of feedback items mostly mentioned as positive or negative**

<table>
<thead>
<tr>
<th>Items</th>
<th>Positive comments</th>
<th>Negative comments</th>
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<tbody>
<tr>
<td>To stimulate self-assessment</td>
<td>I really appreciated the fact that he started by praising everything I did well. So it reassures and makes you feel comfortable. Let's say, if we start with the positive points, it's nice. So don't immediately criticize what you did wrong. He really said things right. I felt good, I was pretty comfortable Nr 69 Gyn&amp;Obst</td>
<td>But it does not seem to me that she has really given any positive points, or at least very briefly. And very quickly, she came up with negative points that were not at all nuanced. What I did was &quot;the typical example not to do&quot;, that I was off the mark all the time, and it's true that I felt really bad. So in this case, I was already not very happy with my interview with this patient, but this is a feedback that brings me to the bottom of the hole. Because I feel even worse in the end, I feel like I really did everything wrong, and I didn't really have a chance to explain why I felt that way about that patient, why I reacted that way Nr 703 Psy</td>
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<tr>
<td>To give a balanced feedback</td>
<td>That's what I generally like about feedback and that he talks about positive and negative points and not just negative points so that's a good thing, Nr 399 Psychiatry</td>
<td>What you can do better, there I felt a little bit like I was being scolded, even though what had been done was really serious, of course. Maybe better balance with the positive, because a situation like that where I'm already frustrated will make me feel guiltier than</td>
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<tr>
<th>Feedback topic</th>
<th>Comment</th>
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<tbody>
<tr>
<td>To give concise and accurate advice</td>
<td>And the advice to improve myself was very good... Nr 680 Paediatrics</td>
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<td></td>
<td>I found it very structured. You were able to take up the elements and my point of view, how I had experienced it. What I found good was that there were several advices, I found them useful, but I wonder if there were too many advices. I don't know how much a person can handle. On the one hand it was good because I had several things to choose from. So that was useful. Nr 367 Gyn&amp;Obst</td>
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<tr>
<td>To involve the resident in the problem-solving</td>
<td>What I really appreciated during this feedback was the fact that he led me all along the feedback to he gave me really concrete and very specific solutions, that was good and therefore it made things a little bit</td>
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anything else. At least I understood the seriousness of the situation. Maybe balance a little with positive things. Nr 376 Primary care

Then maybe something that can be improved, even if it's a serious mistake that's for sure, maybe include a little more positive elements, because I felt a little cheesy there and even if it's for sure serious, I think it's worth putting something positive even in those moments so that the impact is greater Nr 562 Primary Care
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<tr>
<th>What to do better</th>
<th>What the feedback assessor did</th>
<th>How feedback was given</th>
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<td>what I thought was less good in my gesture and what I thought was good and then he looked for solutions with me, it was a two-people job, he stimulated my thinking and then, to do better, how I could improve for the next procedures and then he gave me advice about going on the internet to see the protocol so that's really good, I really liked this process of leading me to the solution to improve myself. Nr 893 Hospital Medicine</td>
<td>better, but at the same time he didn't let me look for a solution of my own that could suit me and that would make things better, but maybe the solution he proposed didn’t satify me. Nr 846 Psychiatry</td>
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<tr>
<td>To check understanding</td>
<td>On a positive note, she was able to give me advice on how to deal with this situation, and then ask me how I would handle it next time. Nr 674 Psychiatry She offered me a learning plan, how I would do next time, her help to observe her consultations, to come and observe me, and then she made me summarize at the end what I had learned. So for me it was a good feedback Nr 272 Primary Care</td>
<td>After that, what I found a little unfortunate was that the discussion did not really end with a summary. There was not really an end, as we have to finish in the consultations. There was not really an end to the feedback there. Perhaps we could have summarized the situation, either me or her, but in a slightly more structured way. That’s a bit of a shame, Nr 659 Internal Medicine The advice I could give, to finish our feedback by asking myself what I think and retain, what I will do next time.Nr 568 Primary Care</td>
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<th>To plan the learning</th>
<th>I also really liked the fact that he helped me to see how I could improve the next time by suggesting me some literature. 624 Primary Care</th>
<th>And then if I have to find something that maybe needs to be improved, it's to find a more specific learning plan. Nr 465 Paediatrics</th>
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<td>Empathy</td>
<td>In the end, it's the document anyway that's incomplete so she made it clear while being non-judgmental, (she was) really even too kind. For me it's a bad letter and I think it would even deserve to be more incisive for the resident who wrote it. The goal is still to do a good job and I think she can dare more to go out and confront the residents, if they really do things that go beyond the limits. There you go. But otherwise it was really non-judgmental and we did a good job of professionalism. Nr 719 Psychiatry</td>
<td>Otherwise there was something that made me feel really uncomfortable, it was that she really giggled a few times when she thought about the situations: Well, I had the impression that she was making fun of the situation and then you could see that she was totally disapproving and that she didn't understand why I had done it. So I didn't really feel very comfortable and then there was one time when she sighed as she was thinking about what I had done; so I don't think it's the best way to help me want to change next time Nr 844 Psychiatry</td>
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