Strategies for Effective Feedback in Medical Education: A Faculty Development One-Pager

Sarah Fleming MD CCFP, Gwen Sampson MD CCFP, Barbara Stubbs MD CCFP FCFP
Department of Family and Community Medicine
Faculty of Medicine
University of Toronto

Overview:
The following is a summary of information and tips deemed most useful by participants in the annual Department of Family and Community Medicine “Basics for New Faculty Program”. This award-winning three-day course provides new faculty with tools and resources to function optimally in their roles as teachers and preceptors for medical and health care professional learners. The “Strategies for Effective Feedback” workshop is a core component of the course and is designed to enhance the acquisition of knowledge and skills in this important domain.

Objectives:
1. Describe the role, models and characteristics of constructive feedback in education
2. Understand some of the common challenges and barriers to effective feedback, including the role of student self-assessment

Definition of Feedback:
Feedback is the sharing of information on actual performance to help guide the student’s future performance toward a desired goal (Ramaprasad, 1983).
There are two main types of feedback:
1. Summative Feedback: Evaluating student achievement, often after the fact and conferring judgment.
2. Formative Feedback: Providing feedback to inform change and improve student learning and performance (Cantillon and Sargeant, 2008)

Key Point: Feedback is most useful when provided as formative feedback (Sadler, 1989)

Why Is Feedback Important?
Trainees state that they receive insufficient feedback during their medical training (Hewson and Little, 1998). Furthermore, feedback has been shown to “change physicians’ clinical performance when provided systematically over time by an authoritative credible source” (Velosky et al., 2006). It can also strengthen the teacher-learner relationship (Cantillon and Sargeant, 2008).

A Model for Providing Feedback:
The six step “Educating Future Physicians of Ontario” (EFPO) model (Brown et al., 1995)
1. Teacher observation of student behaviour or work
2. Ask the student for their self-assessment

Find this document at www.dfcmopen.com/item/effective-feedback-in-meded.
Find a related presentation about giving feedback at www.dfcmopen.com/item/giving-feedback-basics.
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- “How do you think that went?” “What did you do well?” “Is there anything that didn’t go as well as you had hoped?”

3. **Describe** the desired behavior
   - First indicate what the student did well (whenever possible), then elucidate what they could have improved upon.

4. Ascertain that the student **understands the difference** between current behaviour and desired behavior
   - *This may be evident, otherwise have the student reiterate what you have just discussed.*

5. **Elaborate a plan** to close the gap (an educational prescription)
   - *Now that you have established what can be improved, determine how it can be improved.* For example ask: “Is there anything that you can do to improve your interview for next time?” Eg. Practice a particular skill in clinic

6. **Follow-up** on improvement
   - “I will observe you for [this particular skill] when we work together a week from now and we will touch base to see how things are going”

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**Key Points:** Elucidating a comprehensive student self-assessment and establishing a dialogue are keys to good feedback (Ende, 1983; Ramani & Krackov, 2012)

**Characteristics of Good Feedback:**

Feedback should be...

- Provided in a **supportive environment**
- **Solicited** – A preliminary orientation and agreement about learning goals is best, or ask “is now a good time to give you feedback?”
- **Authentic** – Provided by a trusted and reliable source, use “I” statements
- **Limited** – Choose one to two items on which you would like to focus
- **Well-timed** – As soon as possible after the encounter, unless it was emotionally laden
- **Specific and descriptive** – Give specific examples of what you observed
- **Balanced** – Include both reinforcing and corrective feedback
- **Focused on modifiable behaviours** – Do not focus on personality traits

**Barriers to Good Feedback:**

1. Little or no instruction on how to give feedback
2. Fear of damaging relationship with learners
3. Cultural context issues
4. Hierarchy issues between teacher and learner
5. **Students’ ability to self-assess**

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A Note About Self-Assessment:

- The majority of physicians are poor self-assessors with *those the least skilled overrating themselves* (also known as the 'Dunning and Kruger Effect') (Davis *et al.*, 2006; Evans *et al.*, 2002, Dunning and Kruger, 1999).
- Self-assessment can be improved by viewing "benchmark" videos and also by receiving ongoing feedback about one’s progress (Martin *et al.*, 2004).
- Improved self-assessment leads to increased motivation and improved knowledge, communication and performance (Evans *et al.*, 2002)

References:

- Eva K and Regehr G (2013). Effective feedback for maintenance of competence: from data delivery to trusting dialogues. CMAJ April 2; 185:463-464