#7F  Short Communications: Feedback 1
Location: Argyll I, Crowne Plaza

#7Fi (25249)
Developing and evaluating a feedback system using Feedback Postcards: A participatory action research study

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Background: Graduating students from University of Edinburgh medical school feel they receive insufficient feedback on clinical attachments, despite increased emphasis within programme guides and policies. Data from internal research refer to students receiving feedback and seldom raise the possibility of students proactively seeking feedback. However, feedback-seeking can improve motivation, engagement, learning and performance and supports integration into new learning environments.

Summary of Work: We have developed a system through participatory action research for students to proactively seek and record feedback in the clinical setting using Feedback Postcards. Qualitatively analysed data from students and staff are obtained through focus groups, interviews and questionnaires to guide changes and evaluate impact.

Summary of Results: Early results indicate students and staff are overwhelmingly positive. We have implemented or plan to implement changes to the Feedback Postcards, including redesigning to encourage more structured and balanced feedback, promoting reflection on feedback received and demonstrating progression through the year. We have also streamlined practical aspects such as distribution and time-saving measures and improved cost effectiveness. A collective approach to problem-solving enabled us to redesign this system to help identify and support students in difficulty and determine areas for staff training.

Discussion and Conclusions: This ongoing project is being successfully piloted in years 3 and 5 of a 5-year medical degree, enabling students and staff to feel empowered to take ownership and work together to design a feedback system that is satisfactory, usable and fit for purpose.

Take-home messages: Involvement of students and staff to participate in the design and encouraging ownership are key for successfully developing a feedback system.

#7F2 (25302)
Professionalism and communication: Anonymous versus self-identified feedback from medical students

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Background: Educational institutions, including medical schools, place an increasing emphasis on the importance of feedback from students for evaluating teaching and learning. However, this form of communication between students and educators is not considered usually in discussions surrounding developing professionalism in medical students, particularly in respect of student understanding of communicating in a professional manner.

Summary of Work: This paper presents a small-scale exploratory study to investigate differences between anonymous and self-identified written feedback from medical students about their perceptions of teaching and learning experiences. An approach that medical educators could use to identify and categorise unprofessional features of written feedback from medical students was developed.

Summary of Results: The results of the study showed distinct differences between features of feedback provided by students under the cloak of anonymity, compared to feedback where students chose to reveal their identity. Our analysis showed that within anonymous feedback there were more comments which contained only, or mainly, unprofessional communication features.

Discussion and Conclusions: The results should not mean that educational institutions no longer solicit anonymous feedback but, rather, use it to analyse and monitor feedback in terms of students’ developing professionalism. If unprofessional comments are prevalent these can be used as a learning opportunity. Cohort level feedback to the students regarding forms of professional and unprofessional written communication can be provided as part of students’ reflection on and learning about professional behaviour.

Take-home messages: Useful insights into medical students’ developing professionalism can be generated when medical educators investigate how students communicate in a written form. Such processes can be used to enhance the evolution of students’ understanding of their own professional behaviour.
Background: Feedback drives learning in medical education. More regular multisource feedback would improve appraisal for doctors-in-training. Trainers receive little feedback on supervision they provide to doctors-in-training. Barriers against providing feedback include time constraints and lack of clear mechanisms to do so.

Summary of Work: A literature review confirmed that a Smartphone App to provide feedback on medical training was a new concept. Different training environments were identified and feedback pro formas for each area developed for trainers and trainees. These were software engineered into a pre-existing logbook App (with permission) and pilot phases completed. Professional software engineering was subsequently undertaken: Healthcare Supervision Logbook (HSL) was introduced to clinical practice in obstetrics and gynaecology from January 2015.

Summary of Results: Trainers can use HSL for providing feedback about a trainee’s performance in a clinical session and trainees can use it for providing feedback about their perceived value of the educational content of a clinical session, including the educational and clinical supervision they have received. HSL also contains a specialty-specific logbook and a mechanism for collecting patient and colleague feedback. 40 doctors used the App from January 2015, before a wider role out across Sheffield Teaching Hospitals, UK.

Discussion and Conclusions: Healthcare Supervision Logbook allows trainers to provide daily feedback about a trainee’s performance which can be used to facilitate appraisal and highlight areas for development. Sessional feedback provided by trainees can be used similarly to identify patterns and improve the quality of training provided.

Take-home messages: Healthcare Supervision Logbook is a Smartphone App to provide feedback and aid appraisal, developed at Sheffield Teaching Hospitals, UK.

#7F3 (24588)
The design, development and implementation of Healthcare Supervision Logbook: a novel Smartphone App to provide feedback on training, from both a trainer’s and a trainee’s perspective.

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Summary of Work:

Based on the literature, we developed a preliminary model of facilitating factors. This model includes five main factors influencing MSF: questionnaire, doctor-in-training, group of raters, facilitating conversation, and facilitating factors.

Discussion and Conclusions: Especially the following points that might influence MSF have not yet been sufficiently studied: facilitating conversation with the supervisor, individual aspects of doctors-in-training, and the causal relations between influencing factors. Overall there are only very few studies focusing on the impact of MSF on actual and long-term performance. We developed a preliminary model of hindering and facilitating factors on MSF. Further studies are needed to better understand under which circumstances MSF is most effective.

Take-home messages: The preliminary model might help to guide further studies on how to implement MSF to use it at its full potential.

#7F4 (25863)
Improving residency training with the help of multisource feedback: Generation of a model of influencing factors

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Assessment for learning – closing the feedback loop

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Background: It is clear that feedback plays a key role in the learning process, but there are many challenges to the provision of effective feedback. A common complaint from staff is that students do not use feedback and may not even collect their graded work. Recent research suggests that although the majority of students do pay attention to feedback, it is apparent that students may not be able to utilise feedback effectively, for example because the feedback has not been understood, or the student cannot see the relevance of the feedback to future work (feed-forward).

Summary of Work: We introduced short written reflections on feedback within our postgraduate MSc (MedSci) in Medical Genetics; and in the subsequent year we introduced a further change: withholding of grades to prevent the emotional response to the grade detracting focus from the feedback itself.

Summary of Results: We found the majority of students to be in favour of these changes, and several students indicated a change in their approach to using feedback. One interesting finding was that the group of students who wrote the most insightful reflections made the most significant improvements in grades, whilst the group of students who tended to reiterate feedback comments demonstrated less improvement.

Discussion and Conclusions: Grade improvement is apparent when students are required to formally reflect on feedback, and withholding of grades helps to focus students’ attention on the feedback. 

Take-home messages: It is not enough to provide feedback; we must also ensure that strategies are in place in order that students are able to use feedback effectively.

Moving Feedback Forward: A focus group study exploring residents’ opinions on feedback

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Background: Performance-based feedback, an important element in the professional growth of clinical trainees, reinforces positive behaviors and identifies areas for improvement. Many residents report that their supervising faculty do not provide adequate feedback, and feedback provided is often vague and non-specific. We aimed to explore our resident opinions on feedback; examine the frequency and quality of feedback provided by department faculty; and obtain perspectives on effective and ineffective feedback strategies.

Summary of Work: Using focus group methodology, we explored resident perceptions of feedback in general and the state of feedback in our Department of Medicine. Three focus group discussions were held (December 2013 to January 2014), comprising 8-10 residents each and representing all postgraduate years. Sessions were audiotaped, transcribed, and analyzed using qualitative methods.

Summary of Results: Residents shared their insights on the benefits of feedback, challenges in giving and receiving feedback and best practices for effective feedback. Emergent themes included: (1) feedback is seen as synonymous with criticism (2) friendly departmental culture is a barrier to corrective feedback; (3) feedback is most effective with incorporation of resident goals; (4) feedback should lead to action plans; and (5) skills training could enhance the quality of faculty and peer feedback.

Residents also described feedback techniques best avoided.

Discussion and Conclusions: Feedback incorporating trainee goals, emphasizing clinical performance and facilitating action plans is most likely to lead to validation of residents’ strengths and remediation of weaknesses.

Take-home messages: Specific skills development and emphasis on fostering a favorable learning environment will promote a culture conducive to giving and accepting feedback.
Fuss free formative feedback, using TurningPoint as an assessment tool

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Background: Students commonly report a lack of sufficient individual feedback and formative assessment to inform their learning. We aimed to assess TurningPoint technology to deliver personalised formative classroom assessment to medical students, identifying learner needs and promoting self-direction.

Summary of Work: We delivered weekly TurningPoint quizzes to undergraduate clinical medical students, based on objectives covered in their teaching, consisting of cases linking multiple choice questions. Learners were divided into groups, allowing discussion but independent voting. Cumulative responses appeared on screen, identifying correct answers, followed by discussion. Learners received immediate feedback and were able to compare their knowledge with their peers. After the quiz, learners received a personalised email with the correct answers, group performance, and their ranking versus their peers using quartiles. Learners in the lowest quartile overall were identified and referred voluntarily to their educational supervisors, and informed of topic areas with poorest performance.

Summary of Results: Sessions were rated an average of 9.3/10 for usefulness and relevance and 8.5/10 for influencing personal study. Qualitative evaluation praised “real time feedback” which “helped identify what you knew and what you needed to revise”. All learners passed the summative assessment, non-significantly better than the whole year (Local-mean 75.6%, Year-mean 75.0%, T-test: p=0.68). Formative quiz scores correlated significantly with summative results (Pearson-correlation n=40,R=0.4,p=0.012).

Discussion and Conclusions: Using TurningPoint, database formulae and a mail merge, we achieved regular personalised assessment and feedback, directed students learning. Set-up was resource intensive but subsequent use required little further resource.

Take-home messages: This is a valuable addition to learner feedback methods and is being piloted in more units.