## Short Communications: Feedback 2

### #8F1 (23930)

**Medical students’ perceptions of receiving feedback from their peers in formative long cases**

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**Background:** During peer assessment activities, students are often required to provide feedback to their peers. The quality of such feedback can be perceived by recipients to be superior and better received than feedback given by academic staff. The aim of this study was to investigate students’ views on receiving verbal feedback from their peers during their formative long case examination. The formative long cases are undertaken in preparation for the students’ summative long case examination. The aim of this study was to investigate students’ views on receiving verbal feedback from their peers during their formative long case examination.

**Summary of Work:** During 2013, Year 4 students (n=48) were assessed on their formative long case presentation and discussion, by a student examiner, alongside an academic co-examiner. The examinee student was then provided with verbal feedback by both the student co-examiner, and the academic co-examiners. To gain insight into students’ views on receiving verbal feedback from their peers during their formative long case examination.  

**Summary of Results:** Of the 48 participants, 35% (17/48) attended focus groups. Students did not like receiving peer feedback during the scheduled examination time, in the presence of the academic co-examiner. They did value peer feedback, but preferred to receive this in a relaxed environment, after the examination.  

**Discussion and Conclusions:** In the formative examination situation, students perceived the feedback given by their peer co-examiner to be less constructive, less accurate and less helpful than the feedback given by the academic co-examiner. These finding may have implications for the feedback process for future iterations of the formative long case examination.  

**Take-home messages:** Our study highlights the value students place on academic feedback during formative clinical assessments.
What is the relationship between feedback preference and self-efficacy in communication tasks?

**Background:** Feedback recipient’s personal characteristics, such as self-efficacy (SE) and feedback preference (FBP), influence perception and acceptance of feedback. Knowledge of this relationship enables providers to tailor their feedback to the recipient’s needs. We explored the relation between medical students’ SE and their FBP for internally generated feedback when performing communication tasks in a non-clinical (skills lab) and a clinical (clerkship) setting. Differences related to the task context (non-clinical - clinical) and student’s gender were taken into account.

**Summary of Work:** Second year medical students without clinical experience (n=216), and clerkship students (n=65) were administered two cross-cultural validated questionnaires with a 5-point agree-disagree response scale. The New General Self-efficacy Scale (8 items) was applied to assess SE concerning doctor-patient communication tasks. The Internal Feedback Propensity Scale (6 items) measured student’s FBP for internally generated feedback. They use a five point answering scale (1 totally not agree - 5 totally agree). Two-way independent ANOVAs were carried out to answer the research question, and effect sizes (partial η2) were determined.

**Summary of Results:** A significant main effect of gender on student’s self-efficacy score regarding communication tasks (p<.001, partial η2 = 0.06) was found. Males had a higher self-efficacy score compared to woman. There is a significant main effect of gender on students preference for internal feedback (p<.001, partial η2 = 0.07). Again, males had higher scores on the IFPS than females. We did not find a significant main effect of context for both the SE and FBP (p=.73 for both). However, there is a significant main effect of context for both the SE and FBP (p<.001 for both). The results showed that the type of feedback that would motivate learners to use is the tool, is dependant to the stage, within the learning process, that the learner is situated at. In an early stage of the process, learner’s goal is to get better at the skill at hand; therefore, they prefer the individual feedback about their performance. Once the learner has reached a certain level of confidence at performing the skill, they find more interest in the social comparative feedback (i.e., how are they compared to their peers).

**Discussion and Conclusions:** Our work shows that feedback elements play an important role regarding motivation to use online tools in health professions education. The type of feedback utilized has to be tailored to the stage of learning in which the learner is at, in order to maximize their motivation on using an online learning platform (i.e., OPEN); thus a better learning outcome.

**Take-home messages:** Male and female students have different feedback preferences regarding communication tasks.

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Feedback as a motivation component for medical students to use online learning tools

**Background:** The inherent benefits associated with online tools make it really appealing for its implementation in health professions education. However, there is no set of best practices defined yet for the implementation of online learning into health professions education.

**Summary of Work:** We have developed an Observational practice and Educational Networking (OPEN), and test it as a reinforcement tool for the acquisition of the basic technical skill for medical students. This experiment compared two types of feedback, individual feedback and social comparative feedback, in order to define which would motivate the learner more to use OPEN as a complement to the skill acquisition process. A series of interviews were conducted after participants interacted with the tool.

**Summary of Results:** The results showed that the type of feedback that would motivate learners to use OPEN is the tool, is dependant to the stage, within the learning process, that the learner is situated at. In an early stage of the process, learner’s goal is to get better at the skill at hand; therefore, they prefer the individual feedback about their performance. Once the learner has reached a certain level of confidence at performing the skill, they find more interest in the social comparative feedback (i.e., how are they compared to their peers).

**Discussion and Conclusions:** Our work shows that feedback elements play an important role regarding motivation to use online tools in health professions education. The type of feedback utilized has to be tailored to the stage of learning in which the learner is at, in order to maximize their motivation on using an online learning platform (i.e., OPEN); thus a better learning outcome.
Perceptions of undergraduate medical students of feedback: Importance, Barriers and improving Efficiency

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**Background:** Feedback is a key process in learning, providing information on actual operation in comparison to the targeted levels of performance. However, feedback is to some extent practiced as tokenistic to satisfy accreditation purposes and it is considered as a ritual employed by students and staff, which makes its effectiveness questionable. The aim of this study is to have a deeper insight of students’ perceptions about the barriers of the effective feedback in Qassim Medical College (QMC), and suggest an appropriate approach to overcome these barriers.

**Summary of Work:** Cross-sectional, self-administered questionnaire-based study was conducted at QMC. Questionnaire was constructed after exploration of the common barriers through a focus group interview with students. Descriptive statistics (mean, standard deviation, and proportion) were used to quantify the quantitative and categorical study and outcome variables. Focus group discussion was conducted to suggest an approach for effective feedback in the college.

**Summary of Results:** Results of the study indicated that factors related to both learners and faculty contributed to improper effectiveness of feedback. Students’ perceptions about the barriers differed according to gender and advancement in the program. Analysis of students’ comments and focus group discussions helped to come up with a recommended approach to enhance effectiveness of feedback and overcome the barriers.

**Discussion and Conclusions:** Students perceive feedback as essential for improvement of the quality of education. Systematization of feedback with more orientation and training of both learners and educators to give and receive feedback are needed.

Five key words for effective feedback: A content analysis of excellent written formative feedback

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**Background:** Formative feedback is essential to learning and teaching; the challenge lies in getting preceptors to phrase formative feedback in the most effective ways. Ende (1983) provided the foundation for current recommendations on effective formative feedback within medical education settings; however, although researchers have identified many factors that contribute to the quality of feedback, there continues to be a lack of consistency in what elements should be included to offer learners the most value. In this study, we examined samples of formative feedback to identify words, phrases, and patterns that distinguished effective feedback from poor feedback.

**Summary of Work:** We examined documented feedback on assessment forms, collected over 3 years (2010-2013; n = 4807). Feedback was coded using a validated tool called the Formative Feedback Evaluation Tool (FFET). The FFET allows for standardized ratings of feedback; the FFET scores five essential elements (B-F) which make up effective feedback. Based on the FFET quality score, the feedback was divided into poor feedback and effective feedback. Poor and effective feedback groups underwent content analysis. Frequency counts and context analysis were used to identify key words in effective feedback.

**Summary of Results:** Comparison between word frequency in poor feedback and effective feedback groups showed a fold of five or greater for the words because (7.40), consider (5.78), next time (26.00), recommend (5.22), suggest (6.86) and try (11.80). Additionally, of the five elements used to rate the feedback, element E was seen less frequently used for poor feedback and more frequently in effective feedback. Element F shows a similar pattern as element E.

**Discussion and Conclusions:** The results of this study will be useful for faculty development. Key words for effective feedback will help cue clinical teachers towards sharing better formative feedback with their trainees.