

Feedback in Medical Education: A Neglected Domain

Karthik Vijayan

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ABSTRACT

Feedback has been a neglected field in medical education even though it's a key instrument to make medical education more refined. Feedback can be interpreted as a communication between the observer and the performer with a goal of improving the work further. Feedback can be classified as positive feedback and negative feedback. There are barriers to the process of feedback giving, which with proper tools, can be overcome. The way of approach while giving feedback is also essential to make the feedback effective. In conclusion, it can be stated that by training people in giving constructive feedback in medical education, the neglected feedback culture can be used to refine medical education and thereby refine the medical community itself.

Keywords: Feedback, Medical education, Medical students.

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INTRODUCTION

It is said that learning from your past mistakes is the best way to improve your work, and feedback enables us to recognize those deficient areas in our work and thereby can be used to refine the work further. The culture of passing down of medical knowledge from one generation to another has been in existence for thousands of years. The current pace of research in medicine is at its peak; every day a mystery in medicine is uncovered and another one is unraveled. This, though, helps us understand our body more, but it also poses a problem, as it is difficult to keep up with the recent findings as in the past, it was not an issue. To tackle these issues, there are changes been made in the curriculum and the most efficient way to determine the efficacy of any changes made is through feedback.

Feedback may be described as communication of information relating to person's performance in a particular activity that is intended to help their future presentation in the same or linked activity.¹ It has been defined as an information about the variance in trainee's performance observed and a given standard with the intention of achieving a better performance.² Feedback can be employed not just in medical education but also in several other fields. Feedback in medical education is an integral element of teaching as it inspires and improves the learners' knowledge, skills, and professional performance. It assists in the development of the performance of the learners with the elementary aim of helping them reach their goals in addition to the educational objectives.³ Feedback culture is one where people continuously receive, ask, and use formal and informal feedback to improve their performance.⁴

Types of Feedback

Feedback can be categorized either as positive or constructive feedback or as negative feedback. These can be correlated to the feedback mechanisms in our bodies, where positive feedback encourages the stimulus, whereas negative feedback discourages the stimulus.

According to a research, constructive feedback is an act of giving information through the description of their performance to a trainee in the observed situation. It helps the trainee to spot the strengths and weaknesses and improve on them.⁵ Time

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Chennai, Tamil Nadu, India

Corresponding Author: Karthik Vijayan, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Chennai, Tamil Nadu, India, Phone: +91 7710900650, e-mail: karthu0211@gmail.com

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and place where the feedback is given is an important aspect. Inadequate time and deficiency of direct observation are often mentioned as barriers to feedback and can have a negative impact on the trainee.⁶ Feedback given in inadequate time may lead to misinterpretation. Also, when given in the wrong places may lead to humiliation of the trainee which might demotivate them.

Reasons for Neglect of Feedback

Despite having a vital role in evaluating and improving the standard of education provided, feedback in medical education is often ignored. In a study conducted in the College of Medicine, Riyadh, Saudi Arabia, 45% of the participants stated that there are barriers that reduce the feedback effectiveness. These comprised of the unclearness of the feedback system and insufficient skills of teachers in dealing with proper feedback process. Although students' fear of insult contributed to the barriers to a lesser extent, most of the participants, nearly 74% stated willingness to receive quality feedback in the future.⁷

A report mentioned that though the current frameworks for clinical communication assist faculties in making clear the principles of good communication and providing feedback to medical trainees, the current frameworks rarely consider the roles of culture and language in communication, which can be crucial for international medical graduates (IMGs) whose first language is not English.⁸ Language is not a barrier just for international medical graduates, even in India with its linguistic diversity faces it. Students from different corners of the country come to a medical college to

pursue their dreams. Due to this linguistic barrier, the delivery of the effective feedback is difficult.

Approaches to Give an Effective Feedback

It was found in an experiment that steps to give effective feedback include establishing a suitable interpersonal climate, using a suitable location, creating mutually agreed upon goals, prompting the learner's thoughts, reflecting on observed behaviors, being non-judgmental, connecting feedback to specific behaviors, offering the correct amount of feedback, and offering suggestions for improvement.⁹ We can consider giving effective feedback as an important skill that must be taught in the preliminary period of medical education and further must be perfected by practice.

It was found that feedback should be explicitly labeled so that it helps the receiver to effectively receive feedback.¹⁰ There are numerous ways by which feedback can be given. These include the feedback sandwich method and the Ask-Tell-Ask method. The feedback sandwich method is the most commonly used feedback method. In a study, the author describes the basic formula for a feedback sandwich containing one detailed criticism "sandwiched" between two detailed praises.¹¹ But this is unidirectional and cannot be led into a feedback conversation.

Ask-Tell-Ask is a bidirectional feedback concept that makes a feedback conversation. The first ask allows for self-assessment of the learner. Then, the giver tells the learner what they observed, addressing concerns, and providing an understanding of what went well and what can be improved. The second ask examines the understanding of the learner and allows the giver and receiver to make an improvement plan.¹²

Receiving Effective Feedback

Though giving feedback effectively is essential, feedback is a two-way communication. The receiver also needs to be trained to receive feedback effectively. Receiving feedback can be problematic, particularly in medicine, where perfection is needed and also expected. Training in receiving feedback effectively can improve the way the feedback skills and information received is perceived.¹³

In a study, it was defined that, there are two different mindsets to describe an individual's reaction to failure, fixed mindset, and growth mindset. In the fixed mindset, there is fixed ability, and potential is also predetermined. On the other hand, the growth mindset allows for failure, seeing it as a learning opportunity.¹⁴

Crucial steps in receiving feedback are to first listen to the feedback, then express gratitude for the feedback, and then clarify it via self-reflection and open communication with the giver of the feedback.¹²

DISCUSSION

Feedback can be interpreted as giving advice to the performer by the audience and also the reaction of the performer to this advice. Every art needs critique. Feedback can be considered as that critique, that can be used to improve the work. Giving feedback has always been a neglected domain in medical education. Giving feedback is not just pointing out the errors and deficient areas in the work, but it also involves other factors like the way of giving feedback, the environment where the feedback is given, state of mind of both the performer and the listener. Therefore, every student studying in medical education must be taught how to give constructive and efficient feedback.

Giving feedback in classroom settings can be encouraged as the students will get acclimatized to the feedback culture. Faculty can

be trained in giving constructive feedback. This will minimize the fear students have of getting humiliated while receiving a feedback. Language barrier can be overcome by the CaLF or Communication and Language Feedback methodology. Communication and Language Feedback method integrates a written tool and video recording of role-plays of doctor-patient interactions in a classroom situation or in an OSCE or objective structured clinical examination practice session with a simulated patient. This enables faculty and language experts to collaborate with the students to enhance their communication and language skill.⁸

As feedback is a two-way communication, receiving feedback effectively is also important. Receiving feedback needs a growth mindset, where the receiver takes feedback as something that will refine their work instead of taking it as a remark.

CONCLUSION

In conclusion, it can be stated that by training people in giving constructive feedback and use of CaLF in medical education, the neglected feedback culture can be used to refine medical education and thereby refine the medical community itself.

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