Why aren’t you giving feedback?

Introduction

It is well known that feedback is an important part of medical education. Much research and time has been dedicated to giving, receiving, and soliciting feedback. While the LCME and Baylor College of Medicine have made feedback a priority, the perceived quality of the feedback by medical students is still often inadequate.

The neurology clerkship is a four week clerkship. Midcourse feedback occurs with the course director or associate course director at the end of the second week of the clerkship. At this session the student self-assesses and reviews any available feedback comments provided by the attendings or residents. Students often prefer the feedback to come directly from the attending and residents with whom they work, rather than from the course director or associate course director who does not work directly with the student.

Objectives

Much literature has been published on how to give good feedback but the techniques can be time-consuming, require a more longitudinal relationship with the student, or require extensive resources. A standard medical student clerkship is only four weeks long and students may spend only 1-2 weeks with a faculty member or resident. This study is a needs assessment to determine:

- What the most significant barriers are
- The most preferred methods for giving feedback
- Devise an approach that will provide more quality feedback to the students.

Methods

An IRB-approved survey was created via Survey Monkey and sent to teaching faculty and residents to determine the best way to implement a process for giving quality feedback. We received a total of 31 individual responses from teaching faculty and residents.

Survey

1. How are you giving feedback to medical students?
   - On rounds
   - By email
   - By E-value
2. When do you give feedback?
   - Immediately
   - Within 1-2 days
   - Within 1-2 weeks
   - Within 3-4 weeks
   - Feedback not given
3. What keeps you from giving feedback?
   - I’m too busy
   - I don’t spend enough time with the student
   - I’m afraid of repercussions from giving bad feedback
   - I have nothing to say
   - I forgot to give feedback
   - I need more faculty development to learn how to give feedback
   - I don’t know what they need feedback on
   - No perceived barriers
   - Other (please specify)
4. How would you prefer to give feedback to students?
   - Verbal
   - App on a device (phone/i-pad)
   - E-mail
   - Written on a postcard
   - Other (please specify)
5. A reminder to give feedback should come from:
   - The student
   - Initiated by me
   - The course director
6. How would you improve giving feedback on the Neurology clerkship? What methods can we use to make Giving Feedback easier for you?

Results

- I don’t know what feedback they need: 7%
- No perceived barriers: 9%
- I’m too busy: 26%
- I need more faculty development: 2%
- I forgot: 6%
- I have nothing to say: 7%
- I’m afraid of repercussions: 2%
- I don’t want to hurt the student’s feelings: 6%
- I didn’t spend enough time with the student: 31%

Qualitative Analysis

<table>
<thead>
<tr>
<th>How can we improve feedback on the Neurology Clerkship?</th>
<th>Total (n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student should self-identify areas for improvement</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Faculty and residents should be required to give feedback regularly</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>More time is needed on the rotation</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>There should be less students per rotation</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>No comments</td>
<td>13</td>
<td>41</td>
</tr>
</tbody>
</table>

Conclusion

1. Time was the biggest issue – either time with the student, or just being too busy in general.
2. A majority of participants felt that feedback reminders should come from the student.
3. Qualitative analysis showed that a majority of participants wanted the students to give them specific topics on which to focus their feedback.

Future Direction

Based on this needs assessment survey, a platform will be implemented that encourages feedback to be specific, timely, and unburdensome for a busy inpatient ward service. A feedback comment card has been created based on previous models for giving feedback to encourage students to self-reflect on which areas where they need to improve and then ask for feedback regarding these areas. We will ultimately assess quality of feedback, frequency of informal feedback, and satisfaction with the course.

References