

Feedback on Observed Clinical Performance: A service evaluation

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The Four Whats?

- What provoked all this activity?
- What did I do?
- What did I find?
- What have we done/will we do with the information?

What provoked this activity?

- National Student Survey
- 85% overall satisfied
- 44% satisfied with the feedback provided
- (27% Kings/UCL, 86% Oxford)

What did I do?

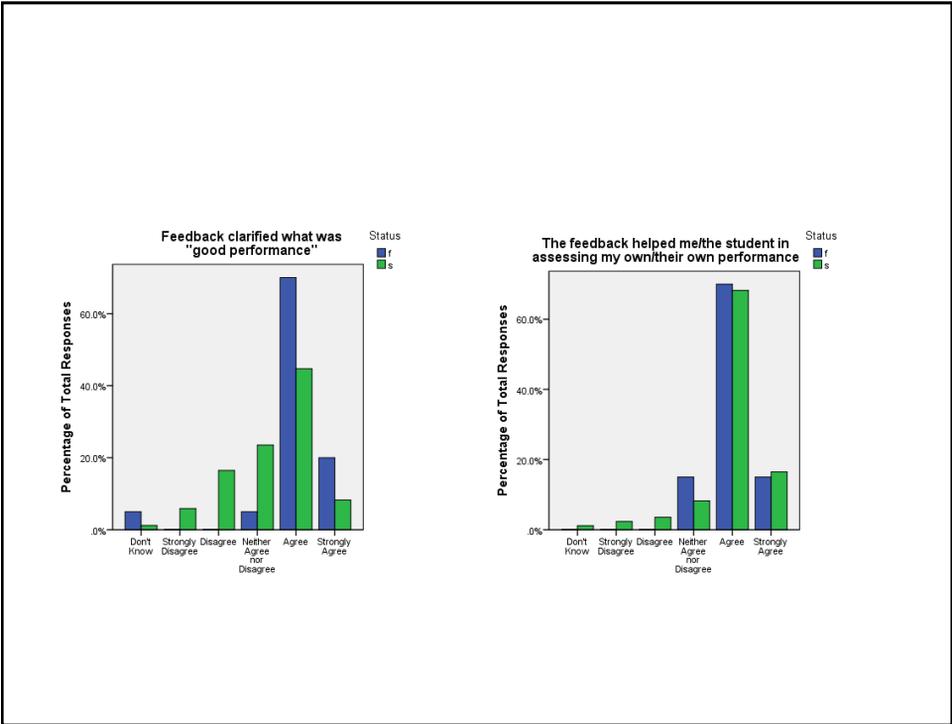
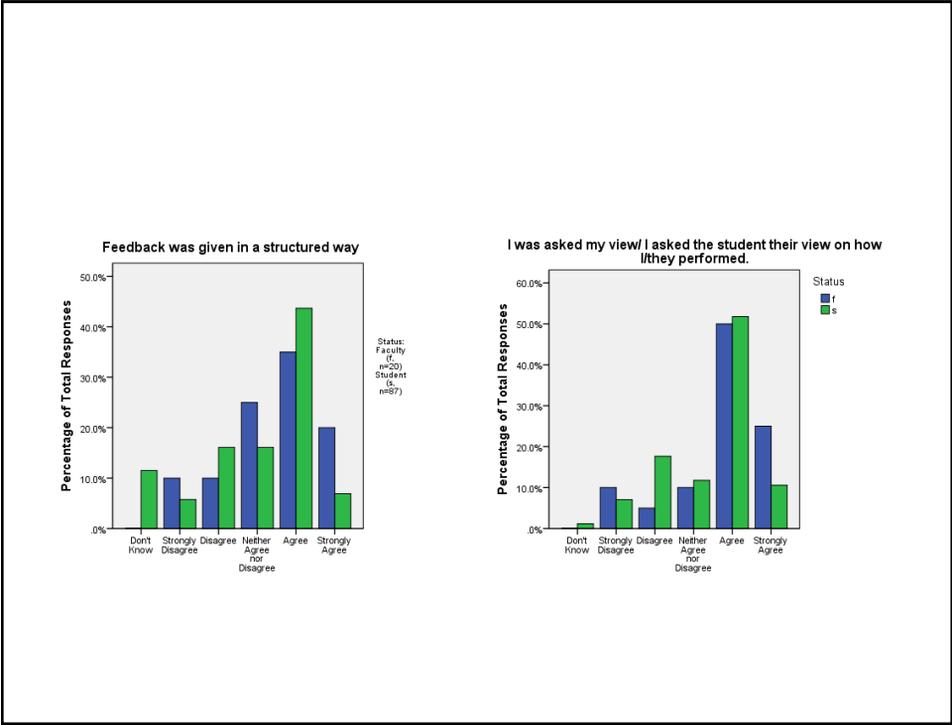
- Survey Questionnaire
 - Faculty
 - Students
 - Frequency/time spent/technique
 - Qualities of good feedback
 - Characteristics of teachers who give good feedback
 - Free-text; three things to make it better?

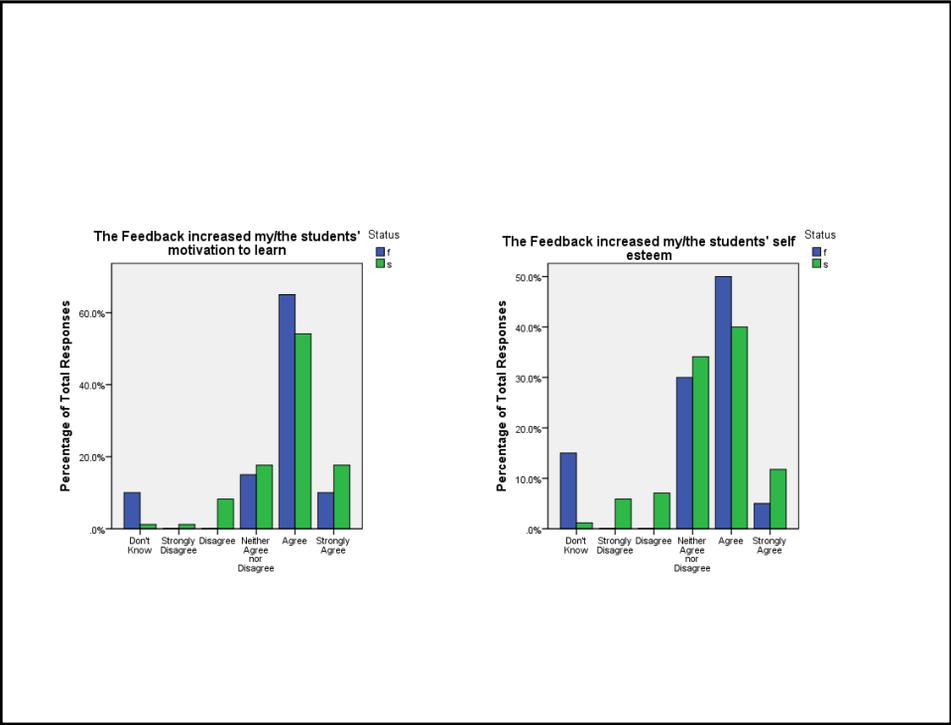
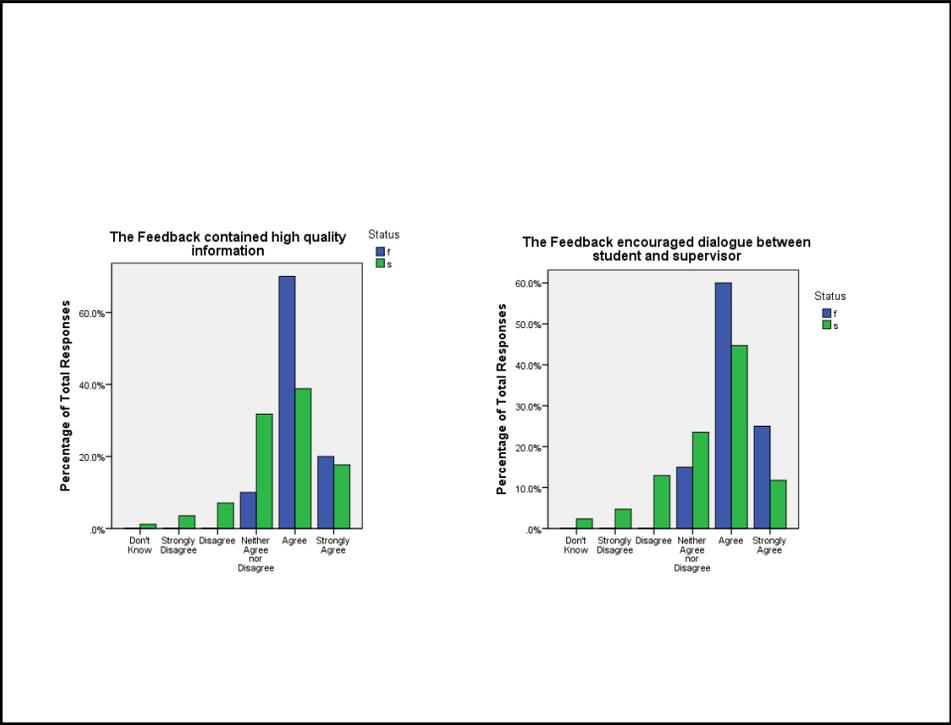
What did I do?

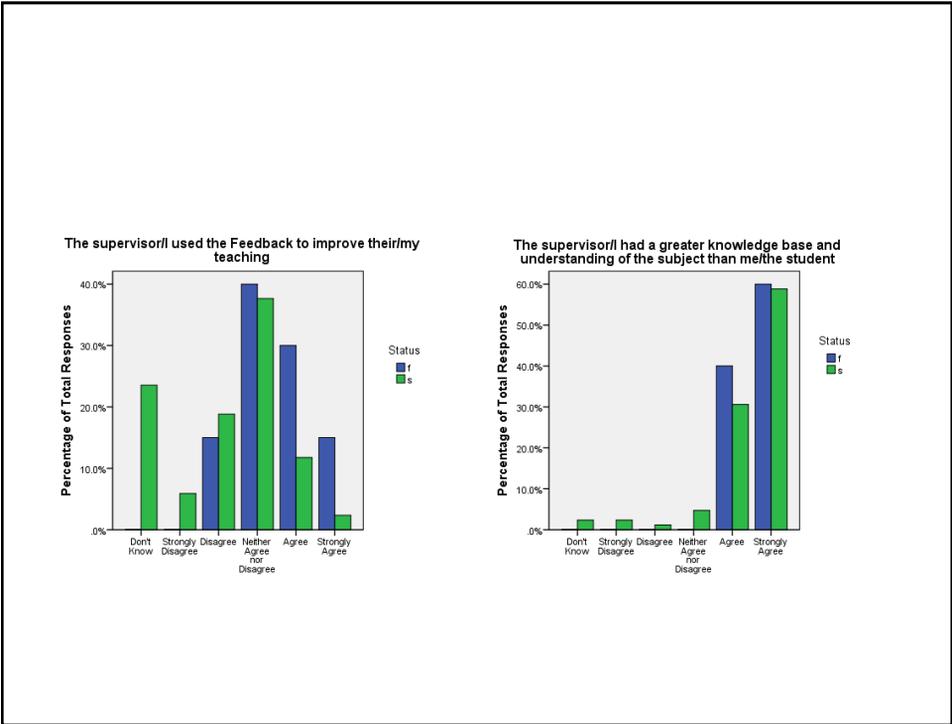
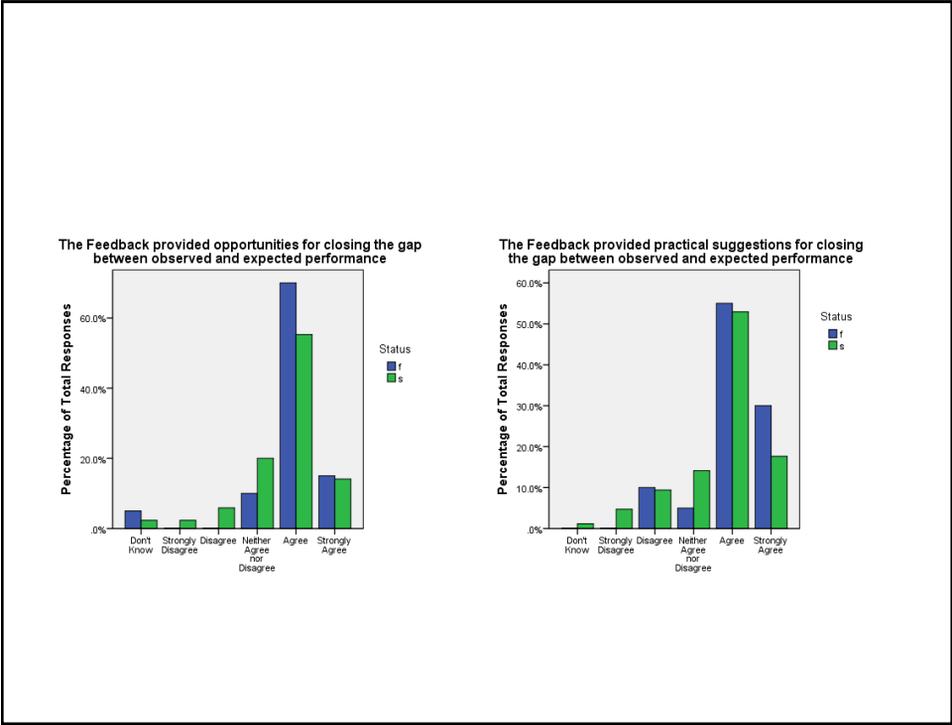
- Focus Group
 - Consultant supervisors
 - Reflections on good and bad experiences
 - Things that would make it better
 - Theme analysis

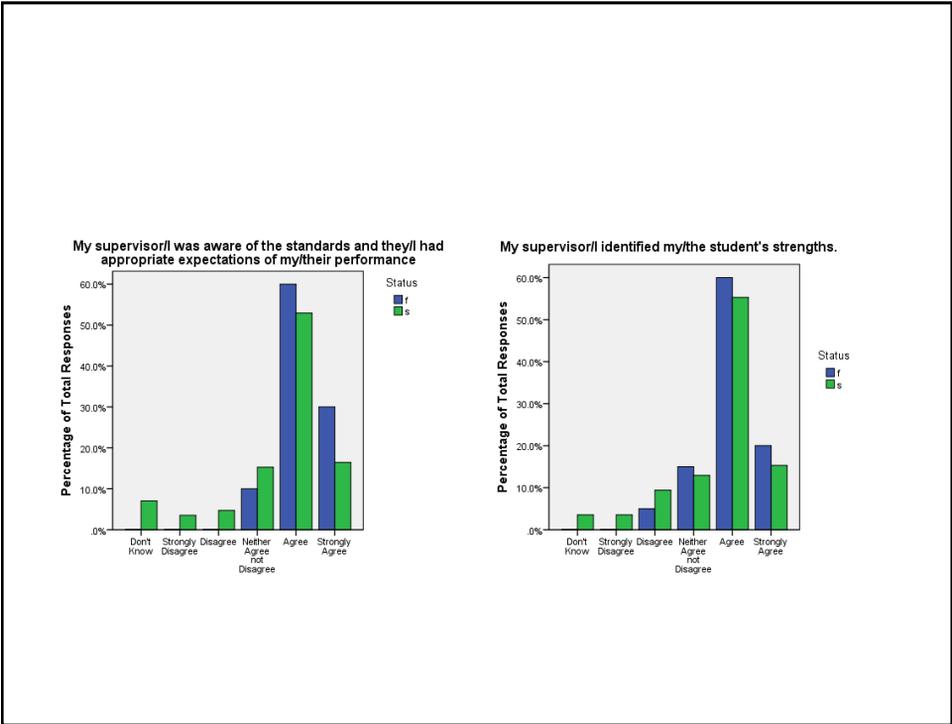
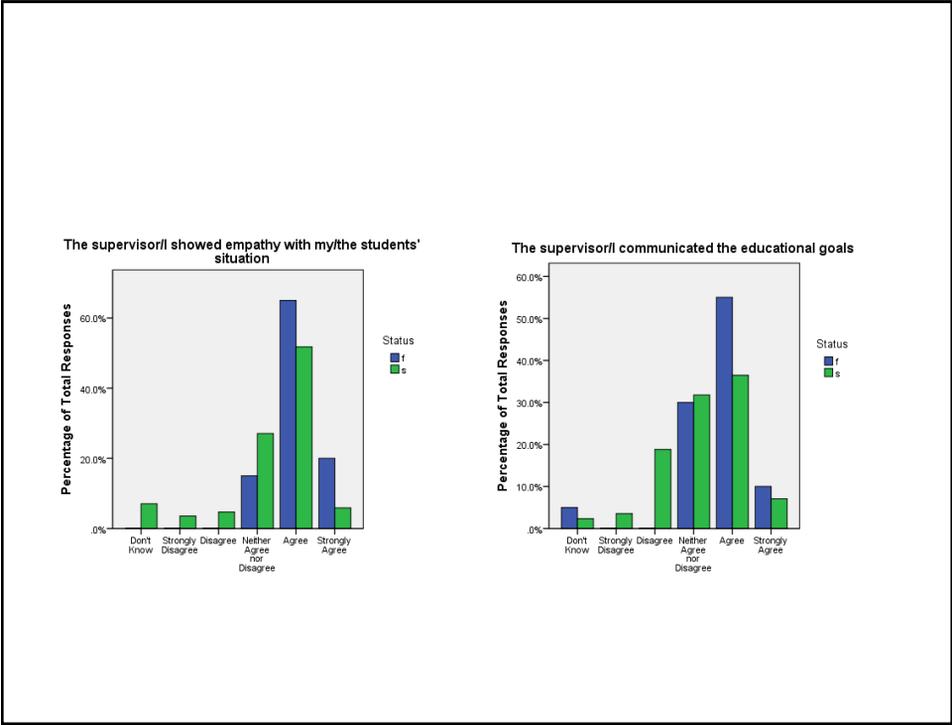
What did I find?

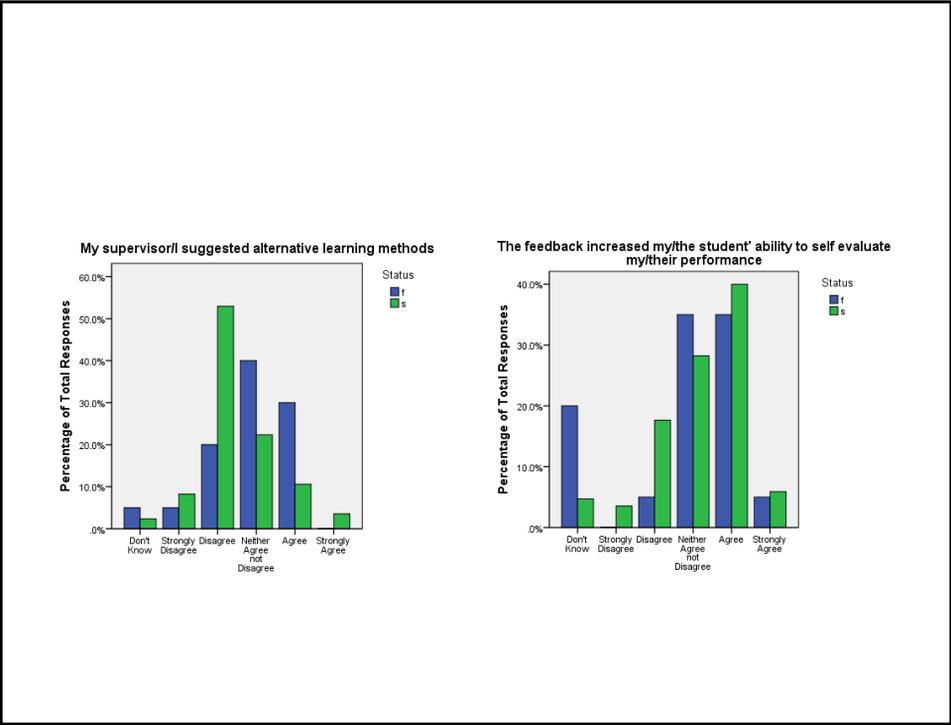
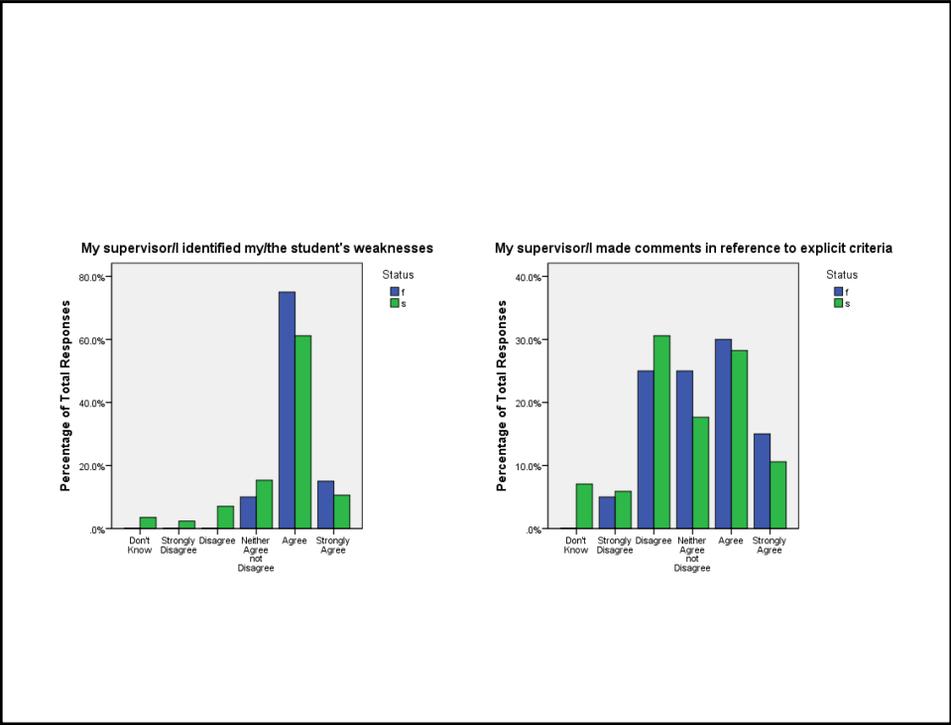
- 87 students, 20 faculty
- 3 episodes per block, about 7-24 minutes observation, 5-27 for feedback.



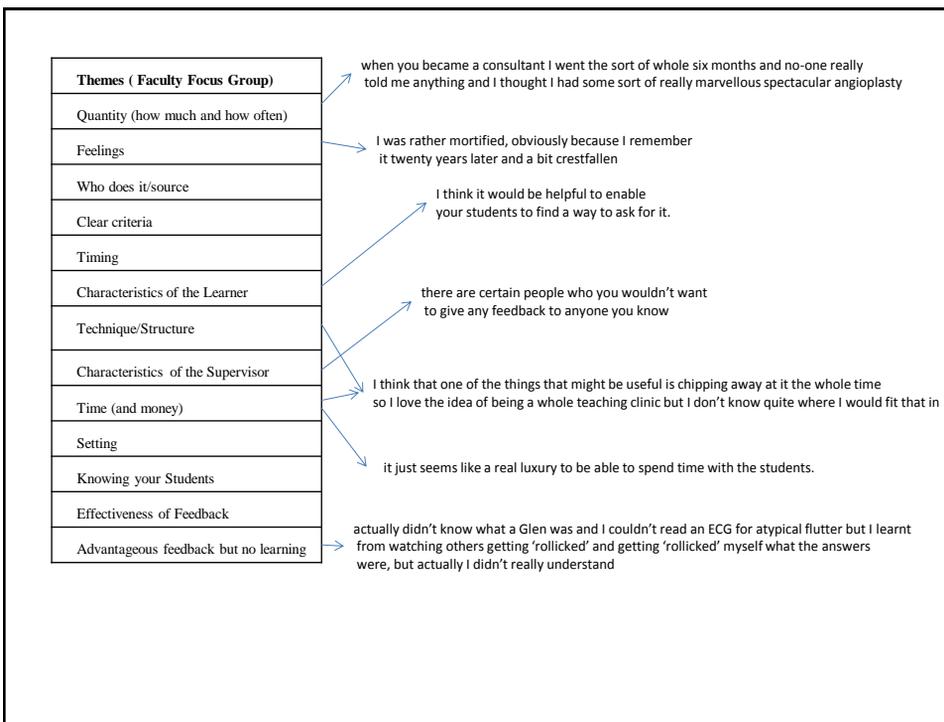








Themes	% Student comments (n=169)	% Faculty comments (written, n=48)
Quantity (how much and how often)	18.9	0
Content	2.4	4.2
Feelings	2.4	0
Who does it/source	4.1	4.2
Clear criteria	11.2	14.6
Timing	3.0	2.1
Characteristics of the Learner	0.6	4.2
Technique/Structure	17.2	20.8
Characteristics of the Supervisor	4.7	4.2
Time (and money)	7.1	22.9
Training of Faculty	5.3	2.1
Compliance	11.2	0
Documentation	4.1	0
Setting	5.9	12.5
Real Patients	1.8	0
Knowing your student	0	6.3



Lessons from this study already acted upon.

- Student Concerns
 - Quantity of feedback: Minimum 2 OSLEERS per block
 - Compliance: OSLEERS mandatory
- Faculty Concerns
 - Time and Money: Job Plans and the SLA
 - Knowing the student: Ten week blocks will form part of the revised curriculum plan which should allow more time for the development of a good student/staff relationship.
- Joint concerns
 - Clear and explicit Criteria for Assessment: A simplified version of the Leicester Assessment Package (LAP) criteria have been circulated
 - Structure: Consultants have been given a précis of Pendleton's Rules.

Lessons newly learnt

- Consultants also see low levels of feedback in their professional lives
- Feedback is a highly emotive issue
- Staff acknowledge the maturity of our students and suggest working to empower them to be better seekers of feedback.
- Our staff have expertise and some are asking help to incorporate novel techniques for feedback into brief encounter/busy clinical learning environments.
- The need for a change in culture from one where having time to give feedback is seen as a "luxury" to one where it is seen as an already resourced, mandatory part of clinical student supervision.

Using the new lessons

- There is so much common ground between students and staff in this area that the two groups will be brought together to discuss improving the current system.
- Exploratory discussions are underway with patient group leaders about novel ways of obtaining patient feedback on our students in hospital and primary care settings. The students will thus be introduced to the use of multisource feedback which they will need for progression through training and revalidation.
- There is a need to rapidly pilot methods of obtaining real time feedback on short clinical encounters in busy clinical settings. Methods previously described include the use of feedback cards (Paukert, 2002).
- Capitalising on the maturity of our students to develop their feedback seeking behaviour.

References (selected)

- Archer, J. C. (2010). State of the science in health professional education: effective feedback. *Medical Education* 44(1): 101-108.
- Macfarlane-Dick, D., Matthew, B., Nicol, D., Ross, D., and Smith, B. (2004). *Enhancing student learning through effective formative feedback*. Higher Education Academy: (Generic Centre).
- Paukert, J. L., Richards, M. L., and Olney, C. (2002). An encounter card system for increasing feedback to students. *The American journal of surgery* 183(3): 300-304.

Anon, General Surgeon (2013)

Medicine is like archery, you know; you only hit the target when you do it in the light and not the dark. You give them a bit of lighting {points} That's the way to shoot, that's the way to aim". You can see their eyes. "Thank You". That is great, you know little things, obviously there is a lot more that I need to show but that little bit of light brightens up their day.