

SESSION9 SIMULTANEOUS SESSIONS
0830-1000 hrs

9B Oral Presentations: Feedback 1

9B1

Simple provision of feedback is no guarantee that it is being used

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Background: There is little research into how to deliver summative assessment student feedback effectively so it is used constructively to improve performance.

Summary of work: Students completed a validated questionnaire about goal orientation, motivation and attitudes to feedback. Detailed breakdowns of OSCE scores were delivered via a website to clinical students. Information was offered in various ways. Individual website usage was related to performance.

Summary of results: 132 students (95.7%) viewed the website. The number of pages viewed ranged from 2 to 377 (median 102). Higher-performing students viewed significantly more webpages than weaker students, focussing on examiner global judgements and detailed comparisons with other students. Use of webpages breaking down skills within stations did not relate significantly with performance. Students with performance avoidance goal orientation or more positive attitudes to feedback viewed more pages.

Conclusions: Higher performing students appeared to use the feedback more for positive affirmation than for diagnostic information. Poorer performing students appeared less likely to engage. Students' goal orientation appears to influence their use of feedback.

Take-home messages: We need to better understand how different types of students receive feedback after summative assessment so that students who need the most help will engage more effectively.

9B2

The development of an instrument to measure students' non-verbal behaviour in feedback situations

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Background: Not all feedback is effective, for example because the message is not 'received' by a learner. We

hypothesise that non-verbal behaviour of the feedback recipient gives an indication whether or not a feedback message comes across. Instruments to measure non-verbal behaviour in feedback dialogues are lacking.

Summary of work: Based on 68 video recordings of feedback dialogues between supervisors and medical students' non-verbal behaviour was identified. An observation list was constructed.

A second study investigated the content validity of the instrument. A systematic literature review on non-verbal behaviour was performed. The instrument was adjusted based on the review outcomes, and used to analyze 77 video recordings. Two raters independently rated a sample of respectively 10 and 4 feedback dialogues.

Summary of results: The initial instrument consists of eleven categories of movements and positions: head, lips, mouth, eyes, arms, upper body, hands, fingers, body position, upper body position, and head position. The literature revealed no new categories, but behavioural descriptions within categories were slightly changed. The inter-rater reliability in the first and second version of the instrument was respectively $r=1.0$ and $r=0.97$.

Conclusions: This instrument has good content validity and high inter-rater reliability. Expert validation will be the next step in the developmental process.

9B3

Combining assessment for learning and assessment of learning in one Assessment Program: is it possible?

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Background: Assessment at the clinical workplace is challenging. Both feedback and high stake decisions are needed for students to develop their performance and to ensure they are ready for 'practice'.

Summary of work: An assessment program was developed combining high quality feedback and robust and defensible decision making on students' performance by use of a new generation web-based e-portfolio. This type of portfolio facilitates the active collection of feedback using digital versions of the developed instruments. Meaningful aggregation of all single instruments takes place at the competency level and high stake decisions are made by a judging committee. The longitudinal performance growth per competency domain is measured.

Summary of results: Positive evaluation is on the quality of feedback students receive and the feasibility of the e-portfolio. Screening of the portfolio at the competency level demonstrated that it is possible to make robust judgments of the individual student. Observation still remains difficult for all competency domains in the clinics.

Conclusions: Combining assessment for learning and assessment of learning is possible within one assessment program, however, still more information/research is needed on how to optimize it.

Take-home messages: Paying attention to assessment for learning (e.g. feedback, students' development) at the clinical workplace is crucial to students' learning and development.

9B4

Helping students help themselves using an SMS (student-initiated moderated self-reflection) system

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Background: A surge in popularity of self-reflection practices in medical education notwithstanding, encouraging learners to delve into unadulterated reflections without proper feedback can lead to potentially misguided ones.

Summary of work: On our 8-week core surgical clerkship, we initiated the SMS (student-initiated moderated self-reflection) system, aiming to help inform students' clinical perceptions with faculty guidance. Two to 3 times weekly, students select a supervised clinical encounter and send the faculty a summarized narrative of learning points via mobile phone on the same day, excluding patient identifiers. They incorporate any identified gaps, emphasizing history taking and physical examination skills. Faculty either validates the observations or asks for revisions until a satisfactorily accurate snapshot is captured.

Summary of results: Use of this learner-driven approach has promoted exchange of nonjudgmental and transparent feedback on specific behaviors and skills, in a timely, albeit not "real-time", manner. Incorrect learner perceptions are uncovered that may otherwise have gone undetected. The exchanges have armed the clerkship director with a repository of collated data for discussion during formative feedback sessions with students.

Conclusions: The SMS system employs a learner-initiated, formative feedback format applicable to any educational endeavor.

Take-home messages: Self-reflection without feedback can be dangerous. Longitudinal faculty development on acknowledging feedback as an indispensable learning tool remains a chief concern.

9B5

Students' feedback-seeking behaviour in a competency-based clinical clerkship

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Background: Internationally, there is a shift towards designing curricula which incorporate several instruments in a body of programmatic assessment. In these curricula, students are responsible for collecting sufficient evidence of their competency development. Therefore, they have to collect and document feedback from a variety of feedback providers. In order to gain insight in this feedback-seeking behaviour of students in the clinical environment we conducted this study.

Summary of work: We conducted an explorative qualitative study using semi-structured interviews. The interview structure covered students' goals and motives to seek feedback, the characteristics of the feedback-seeking behaviour and the factors influencing this behaviour.

Summary of results: We found that students' feedback-seeking behaviour is founded on a set of predictors which results in specific behaviour mediated through a cost/value-analysis.

Conclusions: While students are seeking feedback regarding their performance on a specific task in the clinical learning environment, there is a constant interaction between personal and contextual factors that influence students' feedback-seeking behaviour.

Take-home messages: Competency-based assessment programmes rely on students' ability to find proof of their ongoing performance. Enabling students to seek feedback requires a student-oriented learning environment and the availability of supervisors with expertise.

9B6

Web-based video and feedback in the teaching of cardio-pulmonary resuscitation

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Background: Knowledge and skills relating to cardiopulmonary resuscitation tend to be lost over time. It is therefore important to find teaching methods that encourage the retention of knowledge and skills.

Summary of work: The project used a patient simulator and METIVision™, a digital video and audio management system. Students were able to access, via the web, video records of the simulation session together with physiological data, events and pharmacology logs and patient monitoring data. Tutors were able to insert written feedback alongside the video record. Learners were able to view all data for debriefing, assessment and evaluation.

Summary of results: Students used the online material in a variety of ways and found that the addition to their learning