

Objectives

- Describe the importance of providing students with specific formative feedback.
- Describe challenges encountered when attempting to implement a formative feedback process.
- Discuss strategies to incorporate formative feedback sessions into the didactic curriculum.
- Identify ways in which to enhance faculty comfort-level in providing feedback to students.



Formative Feedback

- An instructional intervention
 - » Evaluates performance and identifies strengths & weaknesses
 - » Intention is to reveal performance gaps
- Literature indicates students do not benefit from feedback in the form of numeric marks
 - » Should be narrative and specific
 - » Clearly describe where more work needs to be done
 - » Provide concrete steps to improve performance



Formative Feedback

- Most powerful after high-stakes assessments
- Should occur sequentially rather than a series of unrelated events
- Feedback (ideally) perceived as an integral element of curriculum delivery
- Interpretation by students may be variable
 - » Emotional response before moving forward to improve performance
- Specific feedback may improve outcomes



How do we provide feedback?

- Historically - a classic system of numeric marks
- Student focus groups/Faculty retreat
 - » Students want more feedback
 - Specific
 - Related to performance
 - Ways to improve
 - » Faculty want to see a picture of student development



The “old” system

- Formative clinical examination at the end of year 2
 - » Historically only feedback to students who performed poorly (less than 70%)
 - » Feedback consisted of:
 - Allowing students to review their videotaped performance with his/her checklist
 - Optional: Student met with faculty member to provide self-reflection of performance and discuss ways to improve



Our first attempt

- Most recent end-of-year 2 exam - spring 2014
 - » Created a “formative feedback sheet” based upon competencies assessed in clinical examination
 - » Each student received a sheet with overall score and scores in each competency
 - Included additional information about where exam content was taught in the curriculum
 - Included suggestions for how to improve performance in each area assessed



Sample Feedback Sheet

Comprehensive Clinical Examination - Year 2 - Student Formative Feedback			
<p>Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice. These competencies are defined by four national PA organizations (NCCPA, AAPA, PAEA and ARC-PA) and have been adopted by PA programs across the country. Some of the competencies will be acquired during formal PA training, while others will be developed and mastered after graduating, as PAs progress through their careers.</p> <p>Components of each of the six professional competencies are assessed in the CHA/PA Program's Clinical Comprehensive Examination (CCE). In addition to identifying competencies measured in the CCE, the Program utilized the NCCPA Blueprint to identify both tasks and systems assessed in the exam. The rationale for this level of detail is to improve student understanding of areas assessed, more clearly delineate individual student performance, and offer suggestions to improve skills in each of the areas assessed.</p>		<p>The assessment consisted of 21 objective structured clinical examinations (OSCEs). Each student must receive an <u>overall</u> score of $\geq 70\%$ to pass the exam. Your overall score is in red below. If you received less than a 70% you will be asked to meet to discuss remediation and schedule a retake of all or part of the examination.</p> <p>This document provides the student with an overall score on the CCE, along with details of performance in each competency, task and system assessed. The information provided below is designed to help you identify areas of strength and challenge. The suggestions for improvement serve as a guide during Year 3.</p>	
<p>Congratulations on successfully passing the Year 2 Comprehensive Clinical Examination.</p>			
COMPETENCIES	CASES SCORE	SUGGESTIONS FOR IMPROVEMENT	
<p>Medical Knowledge – There are 10 areas of medical knowledge, eight (8) of which were assessed in this examination:</p>			
MK-1	1	<p>Review topics in Adult and Pediatric Clinical medicine (ACM and PCM) courses, in which pathophysiologic processes, and risk factors for each topic are discussed.</p> <p>In addition to reviewing topics in ACM and PCM, a review of pharmacology specific to system areas identified as challenging to the student may be useful.</p> <p>Review topics in ACM, PCM and Emergency Medicine (EMED) to glean a better understanding of situations that may be considered urgent or emergent.</p> <p>Review topics in ACM, PCM and Professional & Clinical Practice (PACPP III) for a better understanding of laboratory and diagnostic tools and findings related to medical conditions.</p> <p>Development of critical thinking and formulating differential diagnosis is addressed in the Problem-based Critical Reasoning curriculum as well as ACM, PCM, Clinical Cornerstones, and EMED courses.</p> <p>Care of chronic illness is addressed throughout the psychosocial, ACM, PCM and EMED curricula. In addition, the palliative care (LQI) experience in hospice includes curriculum related to chronic illness, death, and dying.</p>	
MK-2	5		
MK-3	4		
MK-4	1		
MK-5	2		
MK-8	3		
MK-9	6		
MK-10	1		
<p>Interprofessional & Communication Skills – there are seven (7) areas of ICS, three (3) of which were assessed in this examination:</p>			
ICS-2	5		<p>Communication is addressed throughout the psychosocial curriculum. Review the key elements of listening, questioning, and identifying important components of a patient exchange. Role play communication scenarios with a peer, or seek more opportunities in clinical rotations to perform: history-taking, communicating education or treatment plans to patients, communicating anticipatory guidance to families.</p> <p>Documentation practices are introduced in Intro to Clinical Reasoning, and documentation exercises continue in Clinical Cornerstones and throughout all three years of the curriculum. Review comments from faculty regarding previous SOAP note exercises, ask to hand-write notes while in clinic (if EMR is not accessible to students) for your preceptor to review. Financial aspects of documentation are discussed in PACP IV – review aspects of billing and coding and discuss billing practices with preceptors during clinical rotations; in addition, practice accurate coding and billing in Typhon. Review PACP prescription writing exercises and practice writing prescriptions.</p>
ICS-3	4		
ICS-7	4		



Challenges

- Issues related to “newness”
- Students did not understand the format or the scoring system
- Faculty did not understand the format or the scoring system



What We Learned and Are Hoping to Learn

- Feedback was non-specific
- Not all faculty were comfortable providing feedback
 - » Lack of understanding of new form
 - » Less experience in providing specific feedback
- How do other programs provide feedback to students?



Small Group Discussion – Discussion by tables (30 minutes)

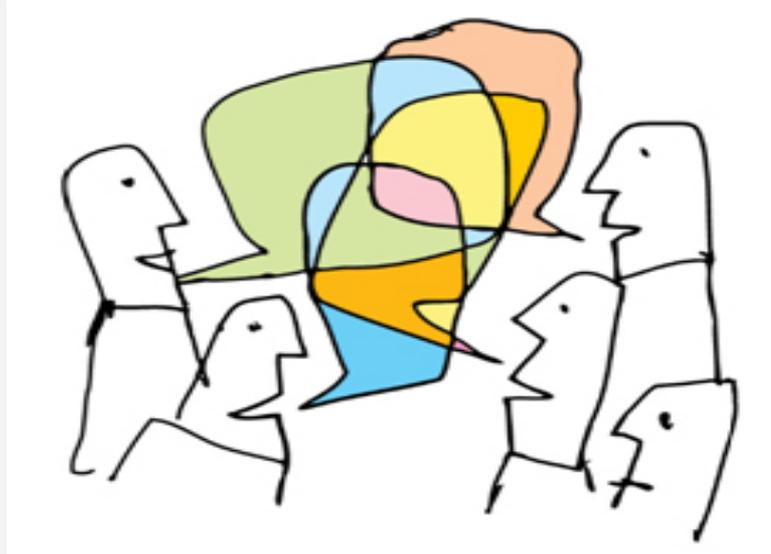
- Consider ways you currently provide feedback to students (numeric or other)
 - » Discuss ways in which to incorporate feedback into the curriculum
- Brainstorm ways in which to enhance faculty comfort with providing feedback to students



» http://www.uta.edu/publications/utamagazine/winter_2007/stories.php?id=452



Debrief – Groups Share Key Elements of their Discussion (10 minutes)



- [http://curzonpr.com/effective-brainstorming/#lightbox\[3368\]/0/](http://curzonpr.com/effective-brainstorming/#lightbox[3368]/0/)



Resources

- Pelgrim E, Kramer A, Mookink H, Van der Vlieten C. Quality of written narrative feedback and reflection in a modified mini-clinical evaluation exercise: an observational study. *BMC Medical Education* 2012; 12: 97.
- Archer J. State of the science in health professional education: effective feedback. *Medical Education* 2010; 44: 01-108.
- Eva K, et al. Factors influencing responsiveness to feedback: on the interplay between fear, confidence and reasoning processes. *Adv in Health Sci Educ* 2012; 17: 15-26.

