Role of feedback in the feed-forward of undergraduate medical students

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Dear Editor,

Feedback refers to the information regarding an individual's performance, and is essential for the growth of an individual or an organization.1 In an educational setup, feedback is information shared with an individual or a group about their prior actions or behavior so that the concerned person or group can modify their existing or future actions to eventually achieve the desired outcomes.1

In medical education, feedback is a process in which students acquire information about their performance with the intent to match their performance to the desired standards.1

It is important to realize that feedback does not limit itself to inputs but includes consequences which may occur because of the given inputs and the subsequent completion of the cycle of feedback.2 Medical students can receive feedback from different stakeholders, such as instructors, patients, standardized patients, peers, nursing staff, and other paramedical staff.2,3 In medical education, feedback, regardless of whether it is formal or informal, should adhere to the basic principles: good or effective feedback has to be precise, relevant to the current settings, tangible, attainable, timely, constructive, encouraging, non-judgmental, based on direct observations and outcome-based with clear aims.1,3 Moreover, feedback should target performance and not the student personally, and should highlight positive aspects of performance.1

Technically feedback supports students in moving from the stage of unconscious incompetent (feedback aids students in identifying their weaknesses) to conscious competent (assists students to define and refine their skills) to consciously competent (through further refinement of the skills with the help of constructive feedback) and, finally, to unconsciously competent, in which students further strengthen their positive aspects.1 Instructors can give feedback formally through filling out some structured forms after the completion of formative or summative exams.2 At the same time, even informal feedback can be given, such as whether a given assignment went well or as planned, and, if not, what the reasons were.2,3 In addition, questions such as “Given another chance, will you perform the task in a similar way or a different way, and what did you learn from the entire assignment?” are useful for eliciting and framing feedback.2,3 Further, every opportunity should be utilized to give feedback to students, such as at the end of each teaching-learning session (theory/practical/clinical class), after formative (internal assessment, end-posting exam, models exam, practical exams) or summative university exams, during mentor-mentee meetings, etc.1,3

Even in competency-based medical education, feedback plays an important role in the transformation of a student from the novice stage to the expert stage, and various workplace-based assessment tools have been employed in the same manner.4

To conclude, feedback in medical education is a vital element of feed-forward and the professional growth of the students to accomplish desired standards.

Ethical approval
Not applicable.

Competing interests
The authors declare that there is no conflict of interest.

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SRS contributed in the conception or design of the work, drafting of the work, approval of the final version of the manuscript, and agreed for all aspects of the work. PSS contributed in the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work.

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