

ORIGINAL ARTICLE

Exploring the Challenges and Barrier of Delivering and Receiving Effective Feedback in Clinical Environment: A Qualitative Inquiry

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ABSTRACT

Objective: To explore the teachers and undergraduate medical students' perceptions regarding the challenges of feedback in their educational process during clinical rotation.

Study Design: It was an institution based exploratory qualitative study.

Place and Duration of Study: The study was conducted at Islamic international medical college Islamabad from 1st January to 30th June 2016.

Materials and Methods: Purposive sampling technique with maximum variation was adopted to select a total of six assistant professors from six different clinical specialties and six final year MBBS students on clinical rotations. The data was collected through structured interviews. The written consent was taken from all the respondents before conducting the interviews. Themes and sub themes were emerged through the combination of open and axial nodes. Thematic analysis of the transcribed data was done using Nvivo software.

Results: A number of challenges to effective feedback were perceived by the teachers and also by the medical students during clinical clerkship in institution. The emergent themes were: time pressure, discouraging attitude of the teachers, defensive attitude of students, the inappropriate process and contents of feedback. These challenges of feedback should be addressed in order to improve the learning of the students as the ultimate beneficiaries are our patients.

Conclusion: The study concluded that there were several barriers to effective feedback that were hampering the development of competent clinician. Effective constructive feedback will enhance the learning of students during their clinical rotations. It is only promising when it is specific, in time, constructive, follow appropriate structured process and encourage student involvement. Constructive feedback helps in motivating but does not dampen their learning.

Key Words: Barriers, Clinical Clerkship, Feedback, Perception, Students, Teachers

Introduction

Constructive feedback is an essential feature of effective teaching that facilitates the learning of medical students.¹ In medical education, feedback is provided by clinical supervisors who have direct interaction and closely observe the student's clinical activities.²

It is evident the feedback which has been provided by an experienced clinical instructor who directly

observes the learner's attitude have a greater impact on student learning.^{3,4} Most of the students feel that both positive and corrective feedback is essential for gaining competence in clinical practice.⁵

In clinical setting, feedback provides information about the performance of the learners in a given clinical activity that helps them to improve their future performance in the same activity. If not provided effectively during clinical training, it produces detrimental results.^{6,7}

Increasingly in medical education, a large number of health professionals are providing feedback especially at the end of formal assessments, either in the workplace or in clinical settings.⁸

Several barriers have been identified by the teachers while giving feedback; and by the students while receiving the feedback.⁹ It is emphasized that feedback is useless if it does not bring a positive change in students' behavior.^{10,11} Feedback was considered to be unhelpful and unfair, when it is

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judgmental.^{12,13} Respondents also disliked receiving feedback in front of others. These are some of the issues which need to be addressed for making feedback effective.¹⁴

The challenges reported by Bing and others i.e. insufficient training of supervisors, negative reaction to feedback, unfamiliarity of the faculty with the process of feedback; time and place constraints and the lack of favorable educational environment.^{15,17}

The critical point, is no formal training of clinician who provides feedback in clinical setting. There is need to develop feedback structure before its process of application.¹⁸

It is important to identify the challenges faced by Pakistani medical teachers and students during their feedback process. There is need to overcome the existing barriers that will help to produce the competent medical graduate. This study was intended to explore the views of teachers and undergraduate medical students regarding the challenges while giving and receiving feedback in the clinical settings.

Materials and Methods

This was a simple qualitative, exploratory study. The duration of study was six months that was conducted at Islamic International Medical College from 1st January to 30th June 2016. A total of 12 participants who fulfilled the selection criteria were interviewed. Purposive sampling technique with maximum variation was used to select the sample. The study was started after obtaining the ethical approval from ethical committee of Riphah International University Islamabad. The six experts who participated were assistant professors from six different clinical specialties, and were providing regular feedback at the end of each clinical task. The Six were MBBS final year students interviewed who were high achievers, average and at borderline. They had a better understanding of the feedback process and receiving feedback in their clinical clerkship. The medical experts and students who were not involved in feedback process were excluded. Anonymity of all the participants was ensured throughout the study. The interviews were audio recorded. After thorough interview content review it was manually transcribed. The transcript data was triangulated with the available literature for accuracy and validity. The software Nvivo version 11 was used for

qualitative data analysis. Themes were selected and subthemes were identified. Six steps were followed for data analysis and interpretation. Transcripts were coded and themes confirmed. After identifying open codes, axial coding performed to find out subthemes. Selective codes were identified, and interpretation of results was done.

Results

Ten key categories were elicited from the transcripts of twelve participants i.e. Time constraint, Departmental policy, spoon feeding, student disinterest, Teacher student relationship, Generalized and non-specific feedback, insulting attitude, proper and constructive feedback each are described with quotes and codes in the following (Table I). Five Themes with 18 sub –themes were emerged i.e. related to feedback: teacher factors, learner factors, feedback process, feedback content, and educational context shown in (Table II).

Teacher factors

Major issue reported by students that were about the clinical faculty's insulting attitude during clinical task that damage student's self-esteem and hinders their learning. Clinical faculty reported that they had a feeling of uneasiness when they provided negative feedback to students. It damages the student teacher positive relationship during teaching and learning process.

"The students appreciate positive feedback more and it is conceived to be as praise, on another hand they take negative feedback as criticism." [Participant Table I]

Learner factors

Teachers highlighted that students had a defensive attitude while receiving corrective feedback. They showed disinterest, disrespect to the teachers. Sometime the students show poor reaction to negative feedback as result of which feedback being disregarded subsequently.

"While receiving negative feedback, some of the students defend themselves immediately during criticism "no this is not true "No that is because". [Participant Table IV]

Feedback Process & Feedback Content

One another barrier related to the feedback is its delivery and inappropriate content that influence its affectivity. Student faced difficulty in their clinical learning due to the delayed feedback on observed

performance and lack of departmental policy existence for feedback process.

“Some department does not give feedback frequently and immediately after performance even the content of the feedback is not specific; some teachers give general feedback in form of comments.”[Participant S#10]

Educational Context

Inconsistent feedback from multiple sources and time pressures due to clinical and teaching work are also a marked barrier to effective feedback.

“There are lot of tasks, running around in all directions, we're surrounded by patients in clinical setting at one time and deal with number of the students, at the same time and we have not ample of time and proper place to give individual feedback.”[Participant Table IV]

Two perception models were developed one was related to the teachers' perceptions about the challenges of feedback in clinical rotation. According to teachers major barriers they faced while giving feedback in clinical clerkship i.e. Disinterest of the students, Time constraints, Inadequate training of supervisors and Dissatisfaction with the process of feedback that is shown in (Fig.1).The second developed model related to the students' perceptions about the challenges of feedback in clinical rotations. According to students major barriers they faced while receiving feedback in clinical clerkship were Inappropriate content of the feedback, Insulting attitude of the teachers and Lack of continuity with the teaching that is shown in (Fig.2).

Table I: Representative Quotes from the Participants, Categories Identified, and Codes Given to them in Descending Order of Frequency

S.No	Quotes from interviews	Categories	Coding
1.	<i>“It is a work load and the time constraint that they do not give feedback on direct observation.”(Participant 4)</i>	Time constraint	TC
2.	<i>“There is no well -defined departmental protocol and guidelines to provide feedback.” (Participant 3)</i>	Departmental policy	DP
3.	<i>“Medical students are mature and independent, feedback is spoon feeding for them instead of change in their behavior”(Participants 6)</i>	Spoon feeding	SF

4.	<i>“Student’s disinterest hinders the effectiveness of the process of feedback” (Participant 5).</i>	Student disinterest	SD
5.	<i>“Negative and corrective feedback harm the teacher - students relationship”. (Participant 2)</i>	Teacher - student relationship	TSR
6.	<i>“Mostly the teachers give generalized feedback in written form like satisfactory or non - satisfactory.” (Participant 8)</i>	Generalized feedback	GF
7	<i>“Some of the teachers give non relevant and non - specific feedback not related to direct observation.”(Participant 11)</i>	Nonspecific feed back	NSF
8	<i>“Insulting attitude of the some of the teachers reduce our self -esteem instead of foster of learning behavior.” (Participant 9)</i>	Insulting attitude	IA
9	<i>“I think feedback definitely can change the behavior of the students if given properly “ (Participant 6)</i>	Proper feed back	PF
10	<i>“I think feedback should be constructive as it is helpful in giving information to a trainee about strengths and weakness of their performance.”(Participant 5)</i>	Constructive feed back	CF

Table II: Themes and Sub Themes

Themes	Sub themes
Teacher factors	<ul style="list-style-type: none"> • A fear of losing the student teacher relationship • lack of attention • in humiliating attitude of the teachers • Lack of training • Insensitive
Learner factors	<ul style="list-style-type: none"> • disrespect to the teachers • Disinterest • Defensive reaction of the students
Feedback process	<ul style="list-style-type: none"> • Lack of timely feed back • Lack of individual feed back • Feedback through other individual • No specific departmental policy of giving feedback
Feed content	<ul style="list-style-type: none"> • Generalized content of feed back • Written feed back • Verbal feedback not binding • Discouraging feed back
Educational context	<ul style="list-style-type: none"> • Limited time for feedback • Feedback from multiple teachers

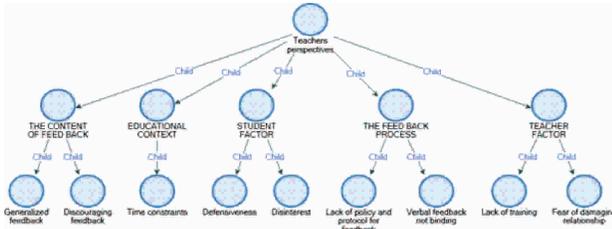


Figure 1: Teachers' Perceptions Model about the Challenges of Feedback in Clinical Rotation

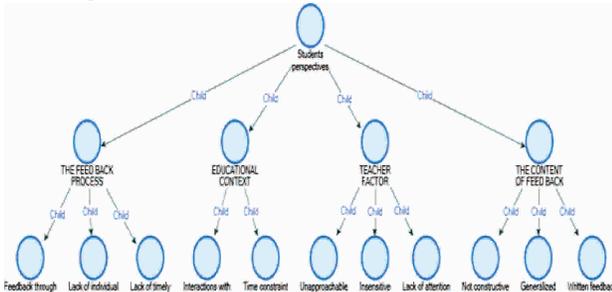


Figure 2: Students' Perceptions Model about the Challenges of Feedback in Clinical Rotations

Discussion

The result of this study showed that the effective utility of feedback is highly dependent on its process of delivery acknowledgeable differences have been seen in the teachers' and under graduate medical students' perception on the feedback provided or received during clinical clerkship.

In our study, the barrier highlighted by teachers were their unwillingness to provide a feedback to students who have negative attitude, don't pay attention and reluctant to receive feedback. According to them such disrespectful attitude cannot rectify their learning behavior.^{19,20} Some time student become unreceptive to negative feedback due to feel of embarrassment.²¹ According to Rahimi M, feedback with generalized approach doesn't matter for students even they didn't remember what they pointed out for improvement that is similar to current study results.²² According to Duckworth A, lack of acceptance of feedback by the student and unwillingness from teachers hinders learning process during clinical clerkship that is similar to the results of current study that's why need to build self-control and grit in both teachers and students that is key to success of learning.²³ Al-Haqwi reported student poorly perceives teacher's intentions at the time of feedback upon that they build argument.^{9,24} .Gonzalo JD in (2014) emphasised that it is

necessary for a good teacher to be courageous and give good feedback to a student and continue it especially to those who expressed a negative attitude. It is needed to rectify their learning behaviour and be able to objectively improve their performance.²⁵

Brief interaction of the teachers with learners due to busy schedules, time constraint and workload results in less opportunity for direct observation of learners. In addition to these issues, clinicians sometimes may not be able to find the opportunities for feedback in clinical settings, and feedback as a teaching tool is neglected.^{24,26}

During clinical clerkship period direct observation is necessary of the student's patient encounters by clinical supervisor for good clinical teaching.^{17,18,24,27}

Our study observed that there were variations within the departments because there is no clear departmental policy about the process of providing the feedback. It is clearly defined that the medical teachers who are dedicated for feedback are untrained and didn't know about the process of feedback that's why feedback not effective as we consider.²⁸

One another barrier related to the affectivity of feedback that was highlighted in our study is about its inappropriate content and multiple sources that is also highlighted in Hesketh E,work as Inconsistent feedback from multiple sources²⁹ and by Chaou CH in (2017) the variety and complexity of feedback content and its source is a big challenge.³⁰

Conclusion

In conclusion, identified barriers in perception of teachers and students about the feedback were following i.e. inappropriate feedback & content, teacher's insulting attitude, negative feedback, unreceptive attitude towards receiving the feedback etc. There is need to deal with all these existing barriers by the joint collaboration of clinical departments and medical education department so the feedback can be utilized effectively in the learning process of medical students during clinical clerkship.

REFERENCES

1. Duffy K. Providing constructive feedback to students during mentoring. *Nursing Standard* (through 2013). 2013;27(31):50.

2. Bok HG, Teunissen PW, Spruijt A, Fokkema JP, van Beukelen P, Jaarsma DA, et al. Clarifying students' feedback-seeking behaviour in clinical clerkships. *Medical education*. 2013;47(3):282-91.
3. Ramani S, Krackov SK. Twelve tips for giving feedback effectively in the clinical environment. *Medical teacher*. 2012;34(10):787-91.
4. Holmboe ES. Realizing the promise of competency-based medical education. *Academic Medicine*. 2015;90(4):411-3.
5. Burr S, Brodier E. Integrating feedback into medical education. *British Journal of Hospital Medicine* (2005). 2010;71(11):646-9.
6. Bowen L, Marshall M, Murdoch-Eaton D. Medical student perceptions of feedback and feedback behaviors within the context of the "educational Alliance". *Academic Medicine*. 2017;92(9):1303-12.
7. Carr S. The Foundation Programme assessment tools: an opportunity to enhance feedback to trainees? *Postgraduate medical journal*. 2006;82(971):576-9.
8. Lewis KD, Patel A, Lopreiato JO. A Focus on Feedback: Improving Learner Engagement and Faculty Delivery of Feedback in Hospital Medicine. *Pediatric Clinics*. 2019.
9. Reddy ST, Zegarek MH, Fromme HB, Ryan MS, Schumann S-A, Harris IB. Barriers and facilitators to effective feedback: a qualitative analysis of data from multispecialty resident focus groups. *Journal of graduate medical education*. 2015;7(2):214-9.
10. Lefroy J, Watling C, Teunissen PW, Brand P. Guidelines: the do's, don'ts and don't knows of feedback for clinical education. *Perspectives on medical education*. 2015;4(6):284-99.
11. Hanson JL, Bannister SL, Clark A, Raszka WV. Oh, what you can see: the role of observation in medical student education. *Pediatrics*. 2010;126(5):843-5.
12. Zolaly MA. Are we giving proper feedback to medical students? Experience from a Saudi Medical College. *Journal of Taibah University Medical Sciences*. 2019;14(2):110.
13. Hattie J, Timperley H. The power of feedback. *Review of educational research*. 2007;77(1):81-112.
14. McIlwrick J, Nair B, Montgomery G. "How am I doing?": many problems but few solutions related to feedback delivery in undergraduate psychiatry education. *Academic Psychiatry*. 2006;30(2):130-5.
15. Bing-You R, Varaklis K, Hayes V, Trowbridge R, Kemp H, McKelvy D. The feedback tango: An integrative review and analysis of the content of the teacher-learner feedback exchange. *Academic Medicine*. 2018;93(4):657-63.
16. Hamid Y, Mahmood S. Understanding constructive feedback: A commitment between teachers and students for academic and professional development. *J Pak Med Assoc*. 2010;60(3):224-7.
17. Kogan JR, Conforti LN, Bernabeo EC, Durning SJ, Hauer KE, Holmboe ES. Faculty staff perceptions of feedback to residents after direct observation of clinical skills. *Medical education*. 2012;46(2):201-15.
18. Tekian A, Watling CJ, Roberts TE, Steinert Y, Norcini J. Qualitative and quantitative feedback in the context of competency-based education. *Medical teacher*. 2017;39(12):1245-9.
19. Bates J, Konkin J, Suddards C, Dobson S, Pratt D. Student perceptions of assessment and feedback in longitudinal integrated clerkships. *Medical education*. 2013;47(4):362-74.
20. Kusrkar R. *Motivation in medical students: a PhD thesis report*: Springer; 2012.
21. Algiraigri AH. Ten tips for receiving feedback effectively in clinical practice. *Medical education online*. 2014;19(1):25141.
22. Rahimi M, Haghani F. Reflection in Medical Education: a Review of Concepts, Models, Principles and Methods of Teaching Reflection in Medical Education. *Research in Medical Education*. 2017;9(2):24-13.
23. Duckworth A, Gross JJ. Self-control and grit: Related but separable determinants of success. *Current directions in psychological science*. 2014;23(5):319-25.
24. AlHaqwi AI, Al-Wahbi AM, Abdulghani HM, Van der Molen HT. Barriers to feedback in undergraduate medical education. *Saudi Med J*. 2012;33(5):557-61.
25. Milan FB, Parish SJ, Reichgott MJ. A model for educational feedback based on clinical communication skills strategies: beyond the "feedback sandwich". *Teaching and learning in medicine*. 2006;18(1):42-7.
26. Gran SF, Brænd AM, Lindbæk M, Frich JC. General practitioners' and students' experiences with feedback during a six-week clerkship in general practice: a qualitative study. *Scandinavian journal of primary health care*. 2016;34(2):172-9.
27. Kianmehr N, Mofidi M, Yazdanpanah R, Ahmadi MA. Medical student and patient perspectives on bedside teaching. *Saudi medical journal*. 2010;31(5):565-8.
28. O'Horo JC, Omballi M, Tran TK, Jordan JP, Baumgardner DJ, Gennis MA. Effect of audit and feedback on improving handovers: a nonrandomized comparative study. *Journal of graduate medical education*. 2012;4(1):42-6.
29. Hesketh E, Laidlaw J. Developing the teaching instinct, 1: feedback. *Medical teacher*. 2002;24(3):245-8.
30. Chaou C-H, Monrouxe LV, Chang L-C, Yu S-R, Ng C-J, Lee C-H, et al. Challenges of feedback provision in the workplace: a qualitative study of emergency medicine residents and teachers. *Medical teacher*. 2017;39(11):1145-53.