Feedback: Bridging the Gap Between Giver and Receiver

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Background
Feedback is perceived by both learners and educators as valuable for learning. However, there is a disparity in learners’ and educators’ perceptions of effective feedback in both academic and clinical settings. End of module evaluations in the distance learning Master of Medical Education programme indicated that students were dissatisfied with the inconsistency in quantity and quality of feedback received on their work.

Aims
To create an acceptable and usable technology-enhanced feedback dialogue framework to encourage student self-evaluation skills (vital for life-long learning), student recognition of and engagement with tutor feedback, and a feedback framework to encourage student self-evaluation skills (vital for life-long learning).

Methods
An extensive review was performed of Dundee’s Postgraduate Masters in Medical Education including external examiner reports, course evaluations, current and alumni student surveys, and staff interviews. This coincided with moving the course online, allowing the curriculum redesign to be informed by the evaluation and technology-enhanced learning strategies.

A feedback dialogue framework interACT (Interactive Assessment and Collaboration Technology) was created using the CampusPack™ wiki on the Blackboard® VLE.

Following a six month introductory phase of the interACT process data was collected from staff and students. An action research approach was taken with evaluation being conducted on a continuous basis throughout the duration of the project.

Results
The curriculum redesign included moving to fewer larger modules, allowing more assignment flexibility, sequencing assignments to encourage feed-forward, introducing an assignment coversheet for student self-review, and student reflection on the usefulness and clarity of the feedback given.

Feedback dialogue engagement increased for the certificate core modules (30-75% for the first 4 months, 56-85% for the second 4 months) after stream-lining the process and developing screencasts. Responses from student interviews were mostly positive, with students valuing the process, the cover-page and the opportunity to reflect on what they had done relative to the assessment criteria. Most felt these were valuable to their learning.

Overall tutors rated the process positively. Initial concerns about the additional time required have not been a barrier to engagement, with tutor satisfaction at seeing their feedback utilised outweighing the time factor, estimated to be between 5-10 minutes extra per assignment. Tutors also reported an improvement in their own feedback processes, partly due to the structure of the coversheet, partly due to themselves receiving feedback on their feedback, allowing quick clarification when needed. They also appreciated being able to quickly access feedback from previous assignments.

Administrative staff found the number of technical queries had sharply declined after developing feedback from previous assignments. Screencasts, streamlining the process and the introduction of the emailing alerting students to their assignment being marked.

Conclusions
It is possible to create a robust technology-enhanced feedback platform for dialogue, benefiting students and tutors. The questions seeding the dialogue should be co-constructed by tutors and students and assignments sequenced to allow timely feedback and feed-forward opportunities. Students must be educated on how to engage with the dialogue, and faculty training is needed on supporting students’ self-evaluation skills.

Next steps include development of resources introducing students to interACT principles, supporting and evaluating other courses introducing feedback dialogue into their own courses, including undergraduate health education, and introducing a patchwork assessment on their own course for students to recognise and evidence their engagement with and benefit from the feedback dialogue.

References

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