Peer feedback in formative assessment to aid learning:

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Closing the Gap
Boud D. 2000

Observation

Rehearsal ← Feedback
Medical Student comments (Cook 2005)

Unhelpful:
“You can’t do anything about it if they tell you at the end”
“NOT ‘very good’ – useful feedback please!”

Helpful:
“Being watched doing examinations and getting feedback on the spot”

“History taking & communication skills – being observed by a tutor”

“In 2 weeks before exam or just after when fresh in mind which was done at Whipps X – found it very useful”.

“Weekly/fortnightly – so time to implement and practice changes”
Nursing students comments (Goreham)

“I’m drowning….Just tell me how it went…”

“..its quite generic and could be written probably about most of us in this room.”

“I passed but all the comments were very negative….”

“If somebody you think is good…has good skills…you are more likely to believe what they say”
Feedback

- Timeliness
- Relevance
- Specific – descriptive – behavioural
- Positive
- Realistic
- Written
- Chance to act upon – opportunity to close feedback loop
- Ask student what they have learnt
Feedback

➢ Valued
  – Experienced as ‘enabling’ rather than ‘judgement’ (Weaver 2006)
  – Given in private (Bing-You et al 1997)
  – Given by person who is valued (Bing-You et al 1997)

➢ Discounted (Bing-You et al 1997)
  – From person with low level knowledge
  – When doesn’t coincide with residents’ self-perceived knowledge
  – Unimportant matters
Three inter-related factors for acceptance of negative feedback:

1. Credibility – specificity, personal observation, explicit standards of performance
2. Emotion- when inconsistent with self perceptions of being a ‘good doctor’
3. Reflection – a good mediator of assimilation, acceptance and application
Peer Formative OSCE: Method

GEP Students - medical and nursing (adult, child and mental health) (N=78)

Worked in triads:
- one ‘candidate’
- one assessor (using a structured feedback form),
- one observer.

Students:
- generate components of Mark Sheets
- rotate around 3 stations as ‘candidates’
- then rotate as candidate, examiner, & observer.
Cases

Linked to 3 PEBL cases
1. Home visit to Bernard Marsh 62 – Stroke
2. GP placement – Maureen Marsh – worried about husband’s depression
3. Mother and Baby Clinic – Mrs Tan is upset
5-minute station with 3-min feedback
Actors play patient/carer
Mark Sheet- Bernard Marsh

Introductions
1. Appropriate introduction (full name and role)
2. Explains purpose of interview and checks agreement
3. Uses open question at start of interview and encourages Mr Marsh to tell his story

Rapport
4. Listens attentively without interrupting
5. Appropriate body language (throughout)

Exploring
6. Establishes history of problem
7. Establishes risk factors
8. Establishes how stroke is affecting Mr Marsh
9. Establishes his ideas, concerns and expectations

Responding
10. Empathic response – accurately reflects an understanding of how Mr Marsh is feeling
11. Responds appropriately to his concerns
12. Appropriate questioning style (non interrogative)
13. Avoids leading questions
14. Clarity
15. Summarises information, including concerns
16. Appropriate closure
Q1. Being the examiner was helpful in providing clear instructions on what was expected of me

N = 77
Q5 The feedback was rapid and helpful
N=78

All students (n = 78)
Q12. I did not derive much benefit from feedback from my colleagues and would prefer it from tutors

N=78
Q13. I found it difficult giving feedback to my colleagues. (p < 0.05)
Q20. I felt that I was able to be honest in my feedback

Female students (n = 52)

Male students (n = 26)

Strongly agree

Agree

Disagree

Strongly disagree
Q19. I learnt new things whilst being an examiner

All students (n = 78)

- Strongly disagree
- Disagree
- Agree
- Strongly agree

CETL 2009
Focus Group (7)
Helpful to Learning

• Seeing examples of:
  – both good and bad communications (good and bad content, good and bad delivery) (5 votes)
  – how different people deal with the same situation differently (5 votes)
  – what to look for in others helps you understand what you should do yourself (3 votes)
Unhelpful to Learning

• The checklist is too long (hard to consult it or to keep it in mind while staying focused on observing; it mixes questions of fact and judgement) (7 votes)

• Peers are ‘amateurs’, both at the skills being role-played and at feedback (it is difficult to gauge the value of feedback from people as inexperienced as oneself; one may ignore negative feedback as being ill-informed etc.) (5 votes)

• Some people are not brave enough in giving critical feedback (4 votes)
Anxiety about giving negative feedback

• “There was somebody in our group that said something and I thought, ‘You really should never say that in front of somebody’, and I didn’t, to be honest, have the guts to tell them.”

• “You want to say something positive but also you want to get across what they need to improve. I found it quite difficult to say everything I wanted to say without coming across as being horrible. And I'm sure everyone feels that you don’t want to just knock someone’s confidence right down. But it can be quite difficult, I think, because if you’re peers, it's harder than if you're a tutor.”
Improvements

Everyone wanted more sessions

• Get the observers to do some marking and giving feedback (perhaps one person feeding back could use a checklist while the other could make general comments) (6 votes)
• Allow more time for feedback (both the giving and the digesting of feedback) (5 votes)
• Re-organise the rotation so that individuals don’t have to be in or at the same scenario so many times (4 votes)
• Introduction on how to give constructive feedback and expected to identify areas for improvement
Take Away & Use

• “In terms of actual feedback, I think there were some useful bits … just the tone of the language you came in with, the, Hi and which sort of a hello. Or types of language, just some of the really little bits, either it being fed back to you or using it on someone else. I think they did definitely make me think, and I’d take those away and use them.” (F)
Take Away & Use

• “[When with a patient who wanted a long conversation], I had to draw on the OSCE session: OK, how do I make sure that I'm actually quite interested in what you're saying now? Because I've got three other patients that I really need to deal with.”

(Nurse)
Take Away & Use

• “I thought I'd done something quite well, and someone pointed out that actually I could have done it this way and it might have been better. And then seeing someone else do it, I thought, ‘Oh well, yeah, that’s a much better way of doing it’. But it hadn't even occurred to me that I could improve on the way I was doing it. And I don't think it's until someone points it out to you in quite a specific way that you think, ‘Well actually, yeah, I’ll try that’. And I've done it since, and it is better.”
Features

✓ Atmosphere of support and challenge
X Encourages reflection – self assessment
X Encourages discussion
✓ Links to/clarifies goals
✓ Aims to close gap between current and desired performance
? High quality information
✓ Encourages motivation & self esteem
X Provides info to shape teaching

Nicol & MacFarlane 2004
Features of Feedback

✓ Timeliness
✓ Relevance
✓ Specific – descriptive – behavioural
✓ Positive
✓ Realistic
✓ Written
✓ Chance to act upon – opportunity to close feedback loop

? Given by person who is valued
Changes in May

• Introduction to ‘Giving Feedback’
• Ensure they aim to give both ‘positive’ and ‘negative’ feedback
• 2 ‘Examiners’ to give Feedback
• Actor to write rather than give verbal feedback

  Empathy
  Clarity

• Cases to be circulated in advance
References


Nicol & MacFarlane (2004) Rethinking Formative Assessment in HE: a theoretical model and seven principles of good feedback practice


Thank you

Any Questions?