Beyond "great job": Feedback among students on interprofessional teams

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ABSTRACT

Background: Interprofessional competencies state that health professional students should be prepared to provide and receive interprofessional feedback.
Purpose: To examine the content of interprofessional feedback among health professional students and their perceptions of giving and receiving such feedback.
Methods: We conducted a mixed methods prospective study among health professional students who gave each other feedback after an interprofessional exercise. We rated this feedback for content and specificity and clarified findings with 5 focus groups.
Results: Most of the 1520 feedback comments examined contained confirming statements; constructive and corrective statements were uncommon. Feedback on interviewing skills was more specific and constructive than feedback on teamwork skills ($P < .0001$). Qualitative analysis uncovered a variety of barriers students experience in feedback delivery.
Conclusions: Students in our study tended to avoid constructive and corrective comments when delivering interprofessional feedback, especially when addressing teamwork skills. Understanding the multifactorial causes for this can guide educational strategies.

Introduction

Effective interprofessional teamwork is widely recognized as a key component of high quality patient care and increasingly, interprofessional education (IPE) is integrated in health professions education.[1–4] A recent review pointed out that interprofessional education programs are quite variable, and often are not guided by predefined learning outcomes.[4] With the formulation of core competencies in interprofessional collaboration, educators now have defined outcomes to use as a focus for IPE.[5] One of these core competencies is "giving timely, sensitive, instructive feedback to others about their performance on the team [and] responding respectfully as a team member to feedback from others." To our knowledge, few interprofessional education programs explicitly teach students about interprofessional feedback delivery and receipt. Prior work at our institution has shown that students rated

the interprofessional feedback they received from other students as useful and positive regardless of the professional school of the feedback provider.[6] Yet, these same students found providing feedback across professional boundaries to be challenging. In our prior study, we did not explore why students found providing interprofessional feedback challenging, nor did we examine whether their perceptions of usefulness and positivity correlated with the actual content of the feedback. Feedback is essential for performance improvement[7,8] and data suggest that intra-team feedback improves team performance.[9–11] Thus, preparing students for the delivery and receipt of interprofessional feedback, in particular as it pertains to their performance on interprofessional teams, should be addressed during health professions education.

We conducted the current study to examine the content of interprofessional feedback provided by health professional students participating in an interprofessional team exercise and their perceptions of giving and receiving such feedback. As part of this educational activity, students are asked to provide each other with anonymous, written feedback on each other's interviewing skills and teamwork skills. We postulated that students are able to give more detailed and useful feedback on interviewing skills, a

Table 1
Scoring rubric with examples.

Description	Examples
Keep statements	
Statements about effective behaviors that should be continued	"I like how you asked the patient to repeat the plan in her own words."
Start statements	
Suggestions about effective behaviors that the student should start doing	"You could try to set the agenda in the beginning of the encounter."
Stop statements	
Suggestions about ineffective behaviors that the student should stop doing	"Avoid using medical jargon like 'hyperlipidemia' with the patient."
Global usefulness score (1–4 scale)	
Overall usefulness of the feedback comment	
1. Not useful at all	"Great job."
2. Somewhat useful but not much detail/depth	"Empathetic to patient and good job thinking fast on your feet."
3. Useful, with reasonable detail	"Great balance educating other members of the group about dental concerns and being open to thoughts and feedback from the other group members at the same time."
4. Extremely useful with specific, detailed examples	"You did a great job summarizing what medications were dangerous together and coming up with a plan on the spot, I loved the pill box idea to increase medications. Try to keep in mind that the patient may be confused about medications and might not have clear mentation as ours did."

common domain of skills explicitly taught in each profession, than on teamwork skills, in which students receive limited explicit instruction. As a secondary outcome, we analyzed whether the quality of feedback varied according the professional school the students attended. In addition, we conducted focus groups among students participating in the exercise to gain an understanding of their perceptions regarding interprofessional feedback.

Methods

Design

This was a mixed-method prospective cohort study with a sequential explanatory design[12] using quantitative methods followed by qualitative methods to study a cross section of students participating in interprofessional education at our institution. The University of California, San Francisco Committee for Human Research deemed the study to be exempt from full review.

Participants and settings

Students from seven health professional education programs at two institutions in San Francisco participated in an Interprofessional Standardized Patient Exercise (ISPE) early during the clinical training component of their health professions education. These include students from six professional programs at the University of California, San Francisco (Dentistry, Dietetics, Medicine, Nursing, Pharmacy, and Physical Therapy), and from the San Francisco State University Social Work program. All 355 students who participated in the ISPE during the fall/winter of 2012 were eligible to participate in the first phase of this study, during which we collected quantitative data to study the content of feedback comments. In the second phase of the study, during which we collected qualitative data via focus groups, all University of California, San Francisco students who participated in the ISPE in the fall/winter of 2014 were eligible.

In the ISPE, detailed previously elsewhere,[13] students work in small teams to plan, execute and summarize an encounter with a standardized patient actor who has a complex medical history. The half-day session starts with a team discussion in which the students review presenting information about the patient and create a plan for each team member's responsibilities in the patient encounter. Team members subsequently take turns conducting their part of the interview, examination, and information sharing with the patient while the rest of the team observes. After all members have interacted with the patient, the team works together to generate and communicate a written assessment/plan for the patient. At the start of the exercise, all students are told they will be expected to provide anonymous feedback to all team members about their skills in two domains − 1) interviewing the patient and 2) teamwork. They receive explicit instructions that the feedback should be specific, balanced (should include both reinforcing and constructive elements) and should be targeted at behaviors. Immediately after the exercise, students complete a brief, online survey (deployed via the Qualtrics™ client) in which they provide separate feedback comments on each team member's interviewing skills and teamwork skills.

Instruments

Feedback rating grid

After careful review of the literature and consultation with a UCSF feedback expert with national standing (Dr. Calvin Chou), we were not able to identify a suitable validated instrument to rate the quality of feedback comments in a quantifiable manner. We did, however, identify a framework for evaluation of feedback that has received extensive use in various fields outside medicine, in particular the business world, and more recently also in higher education.[14–16] This framework divides feedback into three categories, "Keep" (positive/reinforcing comment), "Start" (suggestion to start a certain behavior), or "Stop" (suggestion to stop a certain behavior). These three elements resonate with how students are encouraged to provide feedback (provide both reinforcing and constructive comments), and builds on how Chou and colleagues in a prior study categorized feedback comments.[17] We adapted this framework to develop our own feedback rating instrument. To this end, we created a scoring grid to indicate whether the category of feedback was present and a global rating score to assess the overall usefulness of the feedback, based on the overall specificity and level of detail contained in the feedback (Table 1). Two study investigators (SV and MW) developed and tested the scoring grid on 60 randomly selected feedback comments (30 in each skill domain) and made adjustments until reasonable interrater agreement was achieved (>75% agreement).

Focus group guide

After reviewing the data obtained from the feedback ratings, we developed a focus group facilitator guide, comprised of open-ended questions designed to elicit discussion on topics including: participants' prior experiences working in interprofessional teams