

## Guide to Providing Effective Feedback on End of Rotation Evaluations (EoRs) UBC MD Undergraduate Program

Summative Feedback	Formative Feedback
<p><b>“Assessment <u>of</u> Learning”</b></p> <ul style="list-style-type: none"> <li>• Aims to give a summary of student performance</li> <li>• Appears on the Medical Student Performance Record (MSPR)</li> <li>• Supports their Canadian Residency Matching service (CaRMs) application</li> <li>• Seen by residency programs and used to rate or compare students</li> </ul> <p><b>In this section:</b></p> <ul style="list-style-type: none"> <li>✓ Considers honest, thoughtful comments that accurately reflect student performance</li> <li>✓ Do mention if student would be an asset to any residency program in general</li> <li>✓ Do mention specific examples where a student excelled, that may allow them to stand out</li> <li>☒ Do not mention a student’s specialty preference or interest</li> <li>☒ Do not include your name or any evaluating preceptor’s names</li> <li>☒ Do not include a student’s personal health information/reason for missing clinical time etc.</li> </ul> <p><b>Example:</b></p> <p>(Student’s name) was performing above the level expected for a Year 3 student, often independently and would be as asset to any residency program of their choice.</p> <p>(Student’s name) was a hard-working student, completed their work in a timely manner, and was professional with patients and allied health care staff.</p> <p>(Student’s name) met all the requirements of this rotation. They took feedback well and followed up on suggestions for improvement.</p>	<p><b>“Assessment <u>for</u> Learning”</b></p> <ul style="list-style-type: none"> <li>• Aims to provide guiding feedback for a student’s own academic development</li> <li>• Helps identify areas for student improvement (i.e. history taking, formulating a different diagnosis etc.)</li> <li>• Can be used in the planning of providing academic support if needed</li> </ul> <p><b>In this section:</b></p> <ul style="list-style-type: none"> <li>✓ Consider highlighting strengths (e.g. great patient rapport, skilled at creating patient plans etc.)</li> <li>✓ Consider suggestions for improvement that are specific and actionable (e.g. work on expanding the differential diagnosis etc.)</li> <li>✓ Mention professionalism concerns if relevant</li> <li>✓ Mention limitations in assessment if student missed time in the rotation</li> <li>☒ Do not write “see above” or “see below” as each comment box is its own entity</li> </ul> <p><b>Example:</b></p> <p>We were very impressed with (Student’s name)’s participation and thoughtful questions while on our service; their knowledge base was above what was expected and as a next step we would suggest working on formulating a more detailed care plan.</p> <p>(Student’s name) was collegial and, as commented by allied health staff, contributed to the workplace culture nicely while on our service. They should continue to consider the pathophysiology and epidemiology of presentations as this will support richer history taking around cases.</p> <p>(Student’s name) has consistently collected thorough histories but required unusually long time blocks with patients to collect the history at the beginning of the rotation. They responded well during mid-rotation feedback and became more hypothesis driven and thus efficient.</p> <p>(Student’s name) should continue to work on communicating to the preceptor that they have developed and explored the differential diagnosis as they present the physical exam. With ongoing experience, they will be on track for Year 3.</p>

**Note:** If major concerns of a student’s academic or professional performance arise – please notify the Clerkship Director or Year 3 Site Director, and assistance with completing the Summative comment section will be sought in conjunction with the RSPS (Regional Student Promotion Subcommittee).

## Readings for Interest

1. Archer JC. State of the science in health professional education: effective feedback. *Medical Education*. 2010;44:101-108.
2. Shute VJ. Focus on Formative Feedback. *Review of Educational Research*. 2008;78(1):153-189.
3. Lefroy J, Watling C, Teunissen PW, Brand P. Guidelines: the do's, don'ts and don't knows of feedback for clinical education. *Perspect Med Educ*. 2015;4:284-299.
4. Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H et al. Facilitated Reflective Performance Feedback: Developing an Evidence and Theory Based Model That Builds Relationship, Explores Reactions and Content, and Coaches for Performance Change (R2C2). *Acad Med*. 2015;90(12):1698-1706.
5. Voyer S, Cuncic C, Butler DL, MacNeil K, Watling C, Hatala R. Investigating conditions for meaningful feedback in the context of an evidence-based feedback programme. *Medical Education*. 2016;50(9):943-954.
6. Winstone NE, Nash RA, Rowntree J, Menezes R. What do students want most from written feedback information? Distinguishing necessities from luxuries using a budgeting methodology. *Assessment and Evaluation in Higher Education*. 2016;41(8):1237-1253.
7. Weaver MR. Do students value feedback? Student perceptions of tutors' written responses. *Assessment and Evaluation in Higher Education*. 2006;31(3):379-394.
8. Burke D. Strategies for using feedback students bring to higher education. *Assessment and Evaluation in Higher Education*. 2009;34(1):41-50.