

Advocating a bottom-up approach in the teaching of feedback skills to medical students [Response to Letter]

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Dear editor

At first, we would like to thank the dear critics, Allikmets and Schwarz,¹ for their precision in reading our article about feedback to medical teachers. We really appreciate their useful suggestions.

We agree with them on teaching feedback techniques to medical students early in education. This is a skill that they need not only for providing feedback to their teachers, but also for giving feedback in many life situations in the future. We seriously consider their suggestion about bottom-up approach in our future studies.

They pointed to the incongruence between two categories of results we reported. It should be noticed that we distinguished between “feedback provider” and “sources of feedback”, both of them are included in “feedback human elements”. According to the majority of our clinical teachers, students were the best “source of feedback data” because they directly observe the teachers’ performance, which means the students can assess the teachers’ performance very well; but the teachers did not prefer them as feedback providers. They want an expert to provide feedback to them. They mentioned that it is important to receive feedback from a competent and authorized person. We think in Iranian culture, credibility of feedback provider is very important for feedback recipients. In addition, although teachers believed students could be the best source of feedback, their main concern was students’ opinion being influenced by some factors like their attitudes and commitments. One interesting point, which is in the next part of our study, and has not been reported yet, is that we provided feedback to teachers based on their own preferences. Among 23 clinical teachers, only one preferred to receive feedback directly from the students. Others liked an expert to provide a feedback based on the information gathered from different levels of their students or based on direct observation of their performance.

Using emotional intelligence in teaching is a really useful suggestion. Since 2010, Medical Education department in Isfahan University of Medical Sciences has held many workshops to improve medical teachers’ emotional intelligence skills that were really effective.

At last, we agree with them on tailoring and personalization of the feedback; as mentioned above, in the next part of our study, we focused on teachers’ preferences about assessment method, the feedback provider and the situation of feedback

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communication. Our results revealed that consideration of feedback recipients' preferences could improve their feedback acceptance.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Allikmets S, Schwarz MC. Advocating a bottom-up approach in the teaching of feedback skills to medical students [Letter]. *Adv Med Educ Pract.* 2019;10:371-372.

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