Dear editor

Effective feedback is widely recognized as one of the main catalysts for learners to achieve their educational goals and fulfill their potential. Its crucial role in medical education has been well established over many years. However, previous studies of medical student perceptions show that they are dissatisfied with the feedback received from tutors. The key findings were the lack of feedback on medical students’ performances or inadequate feedback when provided.

In the UK, provisionally registered doctors (foundation doctors in their first year of training following graduation) are expected by the General Medical Council to teach medical students. In addition, they should also “contribute to the appraisal, assessment or review of students and colleagues”. One of the main issues expressed by medical students is the lack of feedback as mentioned. Foundation doctors often ask for formal feedback from the medical students they teach in order to collect evidence to fulfill teaching requirements of the training program. However, in many cases, feedback to medical students is not always forthcoming and this can potentially hinder their educational development. In addition, literature on the quality of feedback provided by junior doctors is scarce. This raises an important question: are junior doctors competent in giving effective feedback?

As junior doctors with an interest in medical education, we believe that there is a lack of formal training on how to provide effective feedback, within the UK undergraduate curriculum. Junior doctor-led teaching of medical students has become omnipresent at medical schools worldwide. Moreover, many formal teaching programs have recently been set up by junior doctors across the UK. In fact, it was noted in a recent study by Rashid et al that medical students highly value junior doctor-led teaching and found the latter comparable to consultant-led teaching, hence highlighting the importance of feedback provided by junior doctors. Junior doctors are the most approachable members of medical staff for medical students, as they were themselves in the position of medical students on a similar journey of learning not so long ago. As recent medical graduates, junior doctors can offer a unique perspective to medical school exam preparation or life after medical school, hence emphasizing the importance of the symbiosis between medical students and junior doctors.

Several faculty development programs including workshops, have been implemented to encourage faculty members to give feedback to medical students and to improve their skills in doing so effectively. However, such interventions are very
limited on an undergraduate level in the UK. This forms a basis for future studies on the quality of feedback delivered by junior doctors and efficacy of implementing future interventions.

In conclusion, all the issues regarding feedback given to medical students on their clinical rotations need to be addressed by the medical education departments so that the latter can come away with a valuable learning experience. Furthermore, we believe that incorporating this aspect of medical education into the undergraduate curriculum will acquaint new medical graduates with the necessary tools to provide feedback to medical students in a way that is effective and constructive. In doing so, both safety of patient care and medical education will benefit.

Disclosure
The authors declare no conflict of interest.

References
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