


Educating Medical Students in Receiving Feedback: The Importance of Self-Reflection [Letter]

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Dear editor

We read, with great interest, the article by Matthew et al, which explores the ability of medical students to receive feedback in a constructive manner, following a one-hour training workshop.¹ As fifth year medical students in the UK, we have found emphasis in our teaching is placed upon giving feedback rather than on how to appropriately receive feedback. Therefore, we commend the authors for bringing this issue to light. We believe the ability to receive feedback in an engaged and constructive manner is vital for learning and the improvement of clinical skills.

The method used by the authors is admirable; however, we feel this approach to training students in receiving feedback could be improved by implementing a self-reflective element. Self-reflection is an essential step in receiving feedback, as it is necessary for students to implement the feedback they receive and improve their clinical practice.² Furthermore, Gibbs highlights the importance of self-reflection upon receiving feedback: without adequate self-reflection following feedback, individuals leap to premature conclusions regarding what happened, rather than achieving a deeper understanding of the feedback given.³ Medical schools utilise various models of self-reflection to equip students with a framework with which to reflect upon feedback. A self-reflective aspect could be incorporated through giving students a self-reflection template in the workshop, followed by a self-reflection task upon receiving their feedback.

Matthew et al correctly identify a key limitation in their work: comparing scores in the objective structured teaching exercise (OSTE) was insufficient to draw valid conclusions regarding the effectiveness of the workshop. The OSTE rubric used offers immediate assessment of the students' ability to receive feedback in a manner in keeping with their workshop training. However, it fails to assess if the students have processed this information and will apply it to their practice. As previously discussed, self-reflection is vital in receiving and acting upon feedback. Criteria exist for objectively assessing the quality of self-reflection, for example, the ICSE criteria from the Royal College of General Practitioners.⁴ We therefore suggest the use of a self-reflection exercise following each OSTE to evaluate the change in students' feedback-receiving ability.

We disagree with the authors' proposal of applying their approach to postgraduate trainees. As students progress through medical school, their engagement with feedback improves due to factors such as their increasing clinical skills and knowledge.⁵ Therefore, training of senior students and postgraduates in receiving

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feedback would produce little improvement upon their ability to receive feedback, when compared to younger students. Hence, the focus of training should not be upon postgraduates, but instead on younger students who are yet to develop the capacity to fully appreciate and assimilate feedback they receive.

Matthew et al highlight a crucial issue which will inevitably impact all medical students during their training: the importance of learning to receive feedback. However, for students to be able to use the feedback they receive effectively and improve their practice, it is necessary to equip them with the ability to reflect upon the feedback they receive.

Disclosure

The authors report no conflicts of interest in this communication.

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