2 | WHAT WAS TRIED?

The course, the Inter-clerkship Intensive (ICI), is a pair of 3-day long blocks of time set aside during the 12-month clinical phase of the medical school curriculum at our institution. These blocks occur after the first quarter and prior to the last quarter of the clinical year. Participation is mandatory, and the same students participate in both parts of the course.

A series of six slides were developed to integrate into the closing workshop of the second section of the course. The slides prompted students to give more specific and actionable feedback, noting that comments like "good workshop" were less helpful than comments that specifically reported what was "good" or how courses could be changed to be improved. Examples of unprofessional and abusive feedback were also shown as something to be avoided. Finally, the intervention focused on how the feedback was anonymous and gave specific examples of how the course director used prior, actionable feedback to make changes in the course to improve quality.

3 | WHAT LESSONS WERE LEARNED?

One hundred twenty-five comments taken from the pre-intervention and post-intervention evaluations were randomised and stripped of identifying information. Ten clinician educators not involved with the ICI flagged comments that they felt were helpful and those that were unprofessional. Helpful comments were defined as comments that provided specific, non-judgmental and actionable feedback. Unprofessional comments were defined as those that the rater deemed unprofessional in that they seemed mean-spirited or abusive. Comments that were unhelpful but were not unprofessional were not flagged. Changes between the number of helpful and unprofessional comments before and after the intervention were compared using a 2×2 chi-square test. We also compared the overall ratings of the two sessions.

The two ICI sessions had no significant difference in overall quality ratings. When compared with the evaluations prior to the intervention, after the intervention of a short slide presentation, there was a significant increase in helpful comments and a significant decrease in comments labelled as unprofessional (chi-sq = 72.89, $p < 0.001$). Thus, this short intervention improved the proportion of student feedback that was actionable and decreased unprofessional comments.

Dennis M. Popeo
Colleen Gillespie

Correspondence
Dennis M. Popeo, 462 First Avenue, Room 12S 23C, New York, NY 10016, USA.
Email: dennis.popeo@nyulangone.org

ORCID
Dennis M. Popeo https://orcid.org/0000-0002-3879-9896

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Biography cards to facilitate student–patient connections in obstetrics/gynaecology clinic

1 | WHAT PROBLEMS WERE ADDRESSED?

In the sensitive context of learning to provide patient care in obstetrics and gynaecology (ObGyn) during clerkships, patients often deny students the opportunity to participate, and this problem is particularly common for male students.[1] Several factors have been identified as contributing to student acceptance in sensitive clinical care, including student age, gender, manner and patients' previous experience with students. Based on this, we proposed that sharing students' biographic information with patients pre-visit may facilitate reactions to the student and patient acceptance.

2 | WHAT WAS TRIED?

To introduce themselves to patients before initial encounters in ObGyn, all our students developed 'biography cards'—sharing their background and interests, a photo and their statement of thanks. Cards were laminated and made available in six languages in each ObGyn clinic. At registration, front desk staff gave each patient the biography card of the student working with the physician the patient

This research was conducted at Harvard Medical School and Cambridge Health Alliance, Cambridge, MA, USA.

was to see that day. Consistent with our practice during intake, medical assistants asked whether patients were willing to see a student whose card they had read.

Patients who accepted/declined student participation, received questionnaires after their visit that collected demographic information and asked patients about the biography card. We sought patients' perceptions of seeing a student's biography card before meeting the student. We also determined whether patient demographic features associated with patients' perception of the card's value or with their acceptance of student participation.

3 | WHAT LESSONS WERE LEARNED?

We learned that presenting patients with student biographic information was positively associated with their accepting students as part of their care, and that those who did accept student participation found that participation valuable. Of 178 patients seen in the ObGyn clinics over 2 months, 148 (83.1%) patients agreed to see a student after seeing the student's biography card, over half (53.4%) of whom had not been seen by a student before. Of the patients who accepted students in their care, 90.5% reported valuing the student's participation, and 77.0% agreed that students enhanced their experience. Most patients reported that they would like to include a student in their care again in the future.

Surprisingly, linear regression analysis showed that having seen a student before did not predict acceptance when patients were afforded the opportunity. In addition, 'knowing more about student made me want to see student' did not predict patient acceptance, a finding that differs from our expectations as well as other studies of patients reviewing doctor biographies.

While seeing the biographic card predicted acceptance, we do not know which specific features of our biography cards supported or deterred patient acceptance. We also do not know if a cofactor may explain the result: Perhaps it is not the content of the card at all but merely that providing a card is a sign of respect to patients? Unlike signs in the waiting room, the cards could personalize and incorporate patients in the teaching environment. Each of these issues provide us with issues for further study in order to determine the essential ingredient(s) of increasing patient acceptance of students in the context of sensitive care.

Tara A. Singh
Allison E. Seitchik
Kathleen F. Harney
Honghe Li
John L. Dalrymple
David A. Hirsh

Correspondence
Tara A. Singh, Third Floor, 1493 Cambridge St., Cambridge, MA 02139, USA.
Email: tsingh@cha.harvard.edu

ORCID
Tara A. Singh https://orcid.org/0000-0003-3210-4800

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A clinical skills dashboard for medical student assessment

1 | WHAT PROBLEMS WERE ADDRESSED?

Programmatic assessment is emerging as an approach in which information about a learner's competence and progress is continually collected and analysed, to provide continuous feedback to the learner and to allow for high-stakes decision making at the end of a training phase.[1] This is part of a broader move in medical education towards a competency-based framework, focusing on the progression of competence over time. This model is also based on self-directed learning and may fail without clear and accessible data on the learner's performance and growth. For the purposes of programmatic assessment, our team sought to create a learner performance dashboard as a promising approach to display learner competency to both students and faculty members tasked with assessment.

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