

Feedback as a pedagogical tool in the case-based learning curriculum at UBC: Is it working?

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Abstract

Tutor feedback is a critical component in the case-based learning (CBL) curriculum within the Medical Undergraduate Program (MDUP) in the University of British Columbia (UBC). Receiving effective preceptor feedback is also consistently ranked highly by medical trainees as a desirable, but largely missing component of their education (McGaghie et al 2010; van de Ridder et al., 2015). Furthermore, medical teachers have long claimed that quality feedback is indispensable to the improvement of clinical acumen of medical students (Rogers et al., 2012). While there is anecdotal evidence of a wide variation in the quality and effectiveness of feedback that our students receive, to our knowledge, these aspects of tutor feedback have not been systematically studied within the CBL curriculum of the MDUP. This project seeks to study feedback practices and its effectiveness, in the perception of medical students and tutors during CBL. It is an inquiry about the learners' and tutors' experiences and expectations regarding the feedback they receive and provide, respectively, during CBL. It also seeks to understand the alignment that exists between the institutional goals of CBL tutor feedback and its implementation. The long-term aspiration of this project is to inform a more effective feedback practice in the MDUP CBL program.

Research Questions

1. In the perception of medical students, how effective to their learning is the tutor feedback that they receive during CBL?
2. In the perception of tutors, how effective to students' learning is the feedback that they give during CBL?
3. What alignment exists between the stated goals of CBL tutor feedback and its implementation, in the perception of medical students and tutors?

Research Context

This research will take place at the Southern Medical Program (SMP), UBC Okanagan campus (Figure 1). Thirty-two first-year, and thirty-two second-year medical students (64 students in total) will be invited to participate in the research. Each class of students is divided into four CBL groups of 8 students each group having one tutor (Figure 2). All eight (8) CBL tutors will also be invited to participate in the study.



Figure 1. UBC Faculty of Medicine Southern Medical Program (SMP), Kelowna, BC, Canada



Figure 2. UBC MD students undergo case based learning (CBL) tutorial at the SMP on the UBC Okanagan campus.

Research Design

This research is based on Constructivist and Adult Learning Theories and follows a Grounded Theory approach, using mixed methodology.

It consists of a survey and focus groups with the students and in-depth interviews with CBL tutors

For Students

- All invited students requested to complete 13 item questionnaire survey with closed- and open-ended questions
- 8 randomly selected 1st Year and 8 randomly selected 2nd Year students requested to participate in approximately one hour focus group discussion regarding feedback in CBL.

For CBL tutors

- All 8 tutors will be invited to participate in an in-depth interview each, for approximately one hour.

SPSS™ Software (IBM Corp. NY) will be used to analyze quantitative data, while NVivo™ software (QSR International Corp.) will be used to analyze qualitative data.

Research Timeline

Action item	Timeframe
Apply for and obtain ethics approval	September – November 2021
Recruit student and tutor participants	January – February 2022
Conduct surveys and focus groups with participants	February – March 2022
Analyze data	March - April 2022
Write up project report	April 2022
Disseminate results (UBCO Interdisciplinary Health Conference)	April 2022

Some Anticipated Findings

We anticipate to find that majority of students will agree that overall, the feedback that they receive from their tutors is effective for their learning.

Among students who disagree with this view, the reasons that they find tutor feedback ineffective will prove to be pivotal to understanding the dynamics of CBL tutor feedback at UBC.

We anticipate a divergence between curricular goals of CBL and student and tutor goals. Reasons for this divergence, if elucidated may prove to be very rewarding for future changes to implementing feedback in the CBL curriculum at UBC.

Significance of Study

It is hoped that the results from this study will inform decisions about pedagogy, practice, implementation and evaluation of the CBL curriculum at UBC.

Participating in this study might offer the participants the opportunity to benefit from reflection on their academic experiences, as well as on their teaching and learning, for tutors and students, respectively.

Furthermore, as very little information exists in the literature about the practice of case-based learning in medical curricula worldwide, the results of this study will contribute to the literature around CBL research and practice, specifically pertaining to feedback.

References

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