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A video ethnographic study of feedback in undergraduate clinical teaching settings in Sri Lanka

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Sub theme - Professionalised teaching workforce

Introduction

Constructive feedback plays a major role in learning. Cultural factors may affect the provision and reception of feedback. This study aims to explore the impact of contextual and socio-cultural factors on the western model of feedback provision in undergraduate clinical teaching in Sri Lanka.

Methods

In a qualitative study, we followed-up and video-recorded bed-side teaching of six clinicians (each over two weeks) for final-year students of three medical schools. The audio-visual data of feedback dialogues were subjected to conversational analysis. A preliminary findings reported here include 17 teaching instances (327 recorded-minutes) of four clinicians with elements of feedback.

Results

During the encounters, the propensity among students and encouragement from clinicians for self-assessment and self-reflection was poor. The conversations were mostly clinician-led and the main mode of feedback was through clinicians' questions directed to one student at a time. Student answers were usually short-single phrases. Clinicians' questioning was hierarchical and the feedback was more advocative than negotiative. Gaps in knowledge were bridged by further direct-questioning but infrequently supported by self-correction strategies such as rephrasing the questions, providing hints towards the correct answer, or extra linguistic tokens. Preserving the dignity of students was secondary in bridging knowledge gaps. Although the feedback conversations were complying poorly with Western model both teachers and students appeared to be accustomed to the model of learning.

Conclusion

Cultural elements, e.g. power-difference, hierarchy, advocacy and collective tolerance, which appeared to be accepted norms, are ingrained in the feedback models practiced in clinical teaching in Sri Lanka.