better students could have selected to use the EHR. However, it seems unlikely that self-selection could account for a difference of almost 2 points between groups.

**Conclusions**

Students who chose the EHR to record a patient’s history documented more pain characteristics than those who did not. In this study, using the EHR was associated with improved performance on a clinical assignment. Further studies should confirm whether and how using the EHR contributes to students’ learning and clinical performance.

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**References**


**Feedback on Medical Students’ Performance Valued**

**To the Editor:**

Medical students want and value feedback on their clinical performance, yet they report the quality and quantity of feedback they receive as low.1,2 Our clerkship director historically solicited faculty feedback on students’ performance by a mid-rotation mass e-mail. However, comments generated in this manner were sparse and nonspecific, and students on our family medicine clerkship rated our feedback as poor.

On reviewing the literature, we noted that in one study of pediatric clerkship students, written feedback cards or notes improved learner perceptions of feedback timeliness and constructiveness.3 To increase the quantity of mid-clerkship feedback for our learners, we used similar methods and introduced feedback cards in our family medicine clerkship.

**Methods**

**Setting and Subjects**

The University of Texas Southwestern Medical Center at Dallas is a 4-year state institution with 240 students per year. We use eight clerkship sites for 12 student rotations per year in our 4-week required third-year clerkship. Our study subjects were 44 third-year students in 12 clerkship rotations at our home clinic site during academic year 2007–2008.

**The Educational Intervention**

We used a historical control group design to compare the quantity of feedback obtained by e-mail solicitation versus student-distributed feedback cards. For rotations 1–3 (10 students), we solicited faculty feedback by mass e-mail. For rotations 4–12 (34 students), we solicited faculty feedback via the feedback cards. We then compared the number of feedback comments by both methods.

Feedback cards recorded the student and faculty members’ names and the encounter date. The card prompted the faculty member to list one or two areas where the student performed well and one or two areas for improvement. At the start of rotations 4–12 (our intervention group), we gave 10 feedback cards to each student. Students were encouraged to hand a feedback card to their faculty member after every clinical session. We asked faculty members to complete the cards in a timely manner, share their comments with students, then deposit the cards in a designated locked box in the clinic. Participation by students and faculty was encouraged but not required. There was no penalty for nonparticipation.

Before the mid-clerkship feedback session, the site director collected all feedback cards from the locked box. He collated and summarized the comments, then relayed them to students during their mid-clerkship feedback session. We compared the number of feedback comments obtained by the two collection methods (e-mail solicitation versus student-distributed cards).

**Results**

A total of 365 comments were generated over 12 rotations. The historical control group (three rotations, 10 students) received 41 comments (13.6 per rotation), with a mean of 4.1 comments per student (range 1–8). The feedback note group (nine rotations, 34 students) received 324 comments (36 per rotation), with a mean of 9.5 comments per student (range 1–19).

**Discussion**

In our setting, this simple intervention of student-distributed feedback cards more than doubled the number of feedback comments delivered to students during their mid-clerkship evaluation. The system was well received by students and faculty, and students’ informal comments regarding the feedback notes were uniformly positive.
Our study is limited by small numbers of subjects at a single institution. In addition, we examined feedback quantity but not quality, and we did not investigate whether the increased feedback impacted student learning.

Despite these limitations, we demonstrated that feedback cards can more than double the number of comments per student, and we recommend their use to other clerkship faculty. The method is simple, inexpensive, not labor intensive, and highly acceptable to students and faculty. Future studies should investigate whether feedback cards improve the quality as well as quantity of comments.

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