Start. Stop. Continue.

A quality feedback for my teaching.

Ib Jammer, PhD, DESA Department of Clinical Medicine, University of Bergen, Norway Department of Anaesthesia and Intensive Care Haukeland University Hospital, Bergen, Norway

I normally teach medical students in anaesthesiology where I have an introductory lecture about Anaesthesiology and General Anaesthesia. The class has 150-200 students, the lecture hall is huge and normally the students sit in the rear seats, avoiding the three front rows. Getting in contact with the class is therefore challenging. I wanted a feedback from the students how they perceived the lecture, if the lecture helped them to learn the topic and how I could improve the lecture. However, I was struggling to get a feedback that was useful for me in this setting. The University normally asks the students at the end of the semester about the overall teaching experience. But this feedback was useless for my particular lecture since the university asked generic questions that were not pointed to certain lectures or classes. In addition these feedback was predominately a quantitative feedback so that the faculty could easily compare different years with each other.

Getting feedback to improve my own lecturing would help in two ways:

- Firstly, I would become more confident in which methods I can use during lecturing that have a positive impact on students learning.
- Secondly, the students would benefit of an improved learning experience because I continuously improve and modify my lecture according to the students' feedback

Several methods are described to archive this aim[1]. To gather feedback from my students, I introduced a quality feedback method at the end of my first lecture that in other places has been described as a midterm student feedback method[2]. It is simple and contains only three items:

- Start
- Stop
- Continue

For that, I asked the students to take a piece of paper and a pen and write down these three words. In addition, I used the chalkboard to write these three items down and explained each of it while I explained:

"In order to **improve your learning**, please give a feedback for the following items:

- 1) Start: What should I do next time during the lecture that help you learn?
- 2) Stop: What have I done that did not help you learn and you would like me to stop doing?

3) Continue: What have I done that helped you to learn and you would like me to continue?

It is important to emphasize that the students should give a feedback about their own learning experience, and not about how they liked or not liked the lecture. This method is easy to understand and easy to implement. There is no need of an electronically system to implement it. No quantitative evaluation of the results. It can be easily modified and it can be done several times during the semester or even after each lecture. It also takes short time to fill out and give the students a guideline what kind of feedback they should give.

Optional the students can add other information or comments so that they get the opportunity to tell me things that do not fit into the above categories. This method has been associated with feedback of greater depth and preferred by the students[3].

Examples of the feedback I got after one of my lectures:

- Start:
 - Define what is relevant for the exam.
 - o Give us an Agenda for the lecture
 - o Tell us what is relevant, and why.
 - o Involving students in discussions
 - o More questions into the auditorium
- Stop:
 - Use too much time on definitions
 - o Powerpoint
 - o Pointing on individual students, rather ask the auditorium
 - o Give out printed papers, rather upload it on the students server
- Continue:
 - Chalk board teaching.
 - o Define what is important and what is just interesting.
 - o More Kahoot
 - Talking slow and precice
 - o Clinical cases mixed with theory

The first overall impression I mostly get from the class when I introduce this method the first time is a loud exhale and frustration. Later some students told me that they are tired of being asked for feedback all the time from different employees of the university: The lecturer, the administration, the semester coordinator and the medical faculty. My request for feedback was just one in a long row of other feedbacks that the students were supposed to give. Most frustrating they found that they never got a feedback themselves about their feedback and that they found all this evaluating mostly useless. After hearing that they actually can improve my teaching and therefore improve their own experience in the next lecture next week, they got more eager to give me a formative feedback.

It was crucial for the students to get a feedback on their feedback. This showed the students that I was interested in their opinion and their concerns. The opportunity on giving feedback on the feedback gave me also the opportunity to explain why some of the students'

suggestions were not incorporated in the lecture. As an example: do I often ask direct questions to students during my lecture to keep them engaged in the topic and force them to think by themselves. This was commented under the STOP item because some felt uncomfortable speaking up. I did then explain that this of course does feel uncomfortable and that I am aware of that. However, by just talking to students who volunteer to talk, one may not be forced to develop their own opinion in public, a skill that later is important when working as a doctor and treating patients. I then explain that I encourage them to make mistakes because this will generate another learning experience. In addition it does motivate them to avoid learning factual recall but to generate deeper thinking[4].

Qualitative questions may be better than quantitative survey questions for formative feedback in a teaching setting. However, presenting the data in a structured way is more difficult. When collecting quantitative data, student satisfaction can be presented as an average and numbers between lecturers can be compared. This is mostly the method the medical faculty and the administration of the medical faculty is gathering feedback from the students. I am less interested in the numbers since they give me no indication how I can improve teaching in my own lecture and how I can help the students to learn better. Qualitative feedbacks from the Start/Stop/Continue method needs to be analysed before they can be put into use. Since the method is so easy to put in place, I get a written anonymous feedback right after my lecture. This motivates also me to improve my lecture right away: I get on one had a positive feedback about the things that were good, and I can change the things that did not work out right away while my memory is still fresh. I now use this method regularly, also after small group teaching or after going rounds with students. It has improved my teaching as well my self-confidence about different teaching methods.

- 1. Cowan, J. and J. George, A Handbook of Techniques for Formative Evaluation: Mapping the Students' Learning Experience. 2013: Routledge.
- 2. Snooks, M.K., S.E. Neeley, and L.J.J.o.E.i.C.T. Revere, *Midterm Student Feedback: Results of a Pilot Study.* 2007. **18**(3): p. 55-73.
- 3. Hoon, A., et al., *Use of the 'Stop, Start, Continue' method is associated with the production of constructive qualitative feedback by students in higher education.* Assessment & Evaluation in Higher Education, 2014. **40**(5): p. 755-767.
- 4. Spencer, J., *Learning and teaching in the clinical environment*. 2003. **326**(7389): p. 591-594.