Moving Forward with Feedback
Elizabeth Koltz, Ed.M.

Forward with Feedback (FwF) is the SOM’s undergraduate feedback model. This model allows faculty and students to offer constructive feedback in order to improve performance. It was designed by a core group of administrators and faculty as a common approach that is easy to get started using and with the intention to build a culture of feedback and continuous improvement. The foundational elements of the model are based on the evidence-based and well studied feedback and coaching model, R2C2. (Sargeant, J., et. al, 2018, 2020)

To review the program and provide feedback for improvement, two rounds of surveys were distributed: one to clerkship faculty and one to students. The student survey with 17 primarily multiple choice questions was developed by an M4 (2018 cohort) at the time, now, Dr. Kevin Brandercker for the medical education research elective.

The student survey was distributed to all 4 cohorts: 2018, 2019, 2020 and 2021. In total, 119 students responded with the smallest response 21% (7/34) from the 2018 cohort and the largest response 35% (55/159) from the 2021 cohort. Results were compiled and analyzed, and feedback was shared with the Phase 2 Curriculum Subcommittee.

The first question asked students if they had any experience with feedback as part of their educational experiences prior to medical school. The 2021 cohort had the most experience with feedback with 70% responding yes, while the 2020 cohort had the least amount with only 55% responding yes.

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HMSOM is Fully Accredited
Tamiera Whitten, MPA & Miriam Hoffman, M.D.

We’re Accredited!

The Hackensack Meridian School of Medicine’s accreditation submission was reviewed by the Liaison Committee On Medical Education (LCME) during their February 2023 meeting. In March, Dean Boscamp received notice that we have been granted full accreditation 🎉!

Obtaining full accreditation was a 7-year peer reviewed quality assurance process which determined that HMSOM met or exceeded specific standards set by the LCME. Going through the LCME and Middle States adventures allows the HMSOM to confer medical degrees (MD), and makes us eligible for federal grants and programs that will greatly benefit our medical education program and students.

Next up: We now transition fully into our ongoing Continuous Quality Improvement process to ensure that we are both meeting/exceeding accreditation standards and are always working to improve the school.

Our next site visit is scheduled for 2028.

Click here to read the HMH press release.
Click here to read more about the LCME accreditation process.
Moving Forward with Feedback (continued)

Some questions focused on how much students recognized the feedback model and felt there was a culture of feedback at the school. Other questions addressed the use of a feedback model.

Areas of strength in using the Forward with Feedback program: (students selected somewhat agree or strongly):

- 87.3% of students believe there is a culture of feedback at the SOM
- 86.3% of students experienced receiving longitudinal feedback
- 85.6% of students stated they received a balance of positive and constructive feedback
- 84.8% of students expressed that they were comfortable asking for feedback in the learning environment

Areas of potential improvement:

- 66.1% of students on average were satisfied with feedback received on performance in clerkships
- 59.2% of students think they have opportunities to apply their feedback to actionable strategies in their Phase 3 independent learning
- 51.6% of students reported that feedback is given in a consistent manner among clerkships

When asked about the steps in the model and which step was the most difficult, over 40% of students indicated that they were least comfortable with the ‘coaching step’.

The step I am least comfortable using is:

<table>
<thead>
<tr>
<th>Step</th>
<th>2018 Cohort</th>
<th>2019 Cohort</th>
<th>2020 Cohort</th>
<th>2021 Cohort</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching</td>
<td>1%</td>
<td>5%</td>
<td>8%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Gaps &amp; Strengths</td>
<td>54%</td>
<td>46%</td>
<td>41%</td>
<td>32%</td>
<td>42%</td>
</tr>
<tr>
<td>Identifying Goals</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Self Assessment</td>
<td>74%</td>
<td>46%</td>
<td>42%</td>
<td>37%</td>
<td>42%</td>
</tr>
</tbody>
</table>

There are many ways we can continue to improve the use of the feedback model by both faculty and students.

- Faculty development can focus on areas that need more work, potentially in clerkships.
- Students can practice the coaching step more in one of the learning sessions.

Regardless, it appears we are beginning to gain strength in creating a culture of feedback and growth in the SOM, and we will continue to practice giving and receiving feedback in a safe learning space.

Diversity of Languages Spoken

Marycarmen Kunicki, M.A.

According to the U.S. Census Bureau, over 66 million people report speaking a language other than English in their home and more than 350 different languages are spoken throughout the U.S..

Students here at the School of Medicine are no different, speaking 39 different languages with the top 5 languages (other than English) being Spanish, Chinese, French, Hindi, and Arabic. The variety of languages not only help to show the diversity of the student population here at the medical school but can be valuable when working with the local patient population. Spanish, Chinese, and Hindi are also reported among the top 5 languages (other than English) spoken at home throughout the state of New Jersey.*

Language can be a barrier to patients receiving proper medical care, can limit access to important health information, and can have negative impacts on other social determinants of health.

Physician preceptors for the Longitudinal Clinical Placement (LCP) program have found a way to utilize our student diversity, by requesting students who speak a language other than English to better serve their patient population. Research has shown that speaking the same language as a patient can improve communication, increase patients’ understanding of illnesses and treatments, can help to establish trust, and can make patients feel more comfortable. The diversity of languages spoken by students here at the medical school can lead to other opportunities for our medical students, the HMSOM program and the various communities we serve.

*State of New Jersey Department of Health
https://www.nj.gov/health/ommh/resources/language-access/

*The word cloud above shows languages spoken by students (excluding English). The larger the language the greater the number of students identified that language.