

29TH AUSTRALIAN & NEW ZEALAND

PREVOCATIONAL MEDICAL EDUCATION FORUM 2025

NAVIGATING TRANSITIONS

FEEDFORWARD AND FEEDBACK

HILTON,
SYDNEY
9-12
NOVEMBER

Does Supervisor Training Enhance Feedback to Trainees?

A Modified Systematic Review

Emily Rowe MBBS FRACP MHPE

Acknowledgment of Country

I acknowledge the
Traditional Custodians of this Land.

I pay my respect to Elders
both past and present,

And extend that respect to Aboriginal
people and colleagues present today.

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Disclosures: course work higher degree

Conflicts: nil

Effective Supervision across Medical Training



Cornerstone of
professional practice

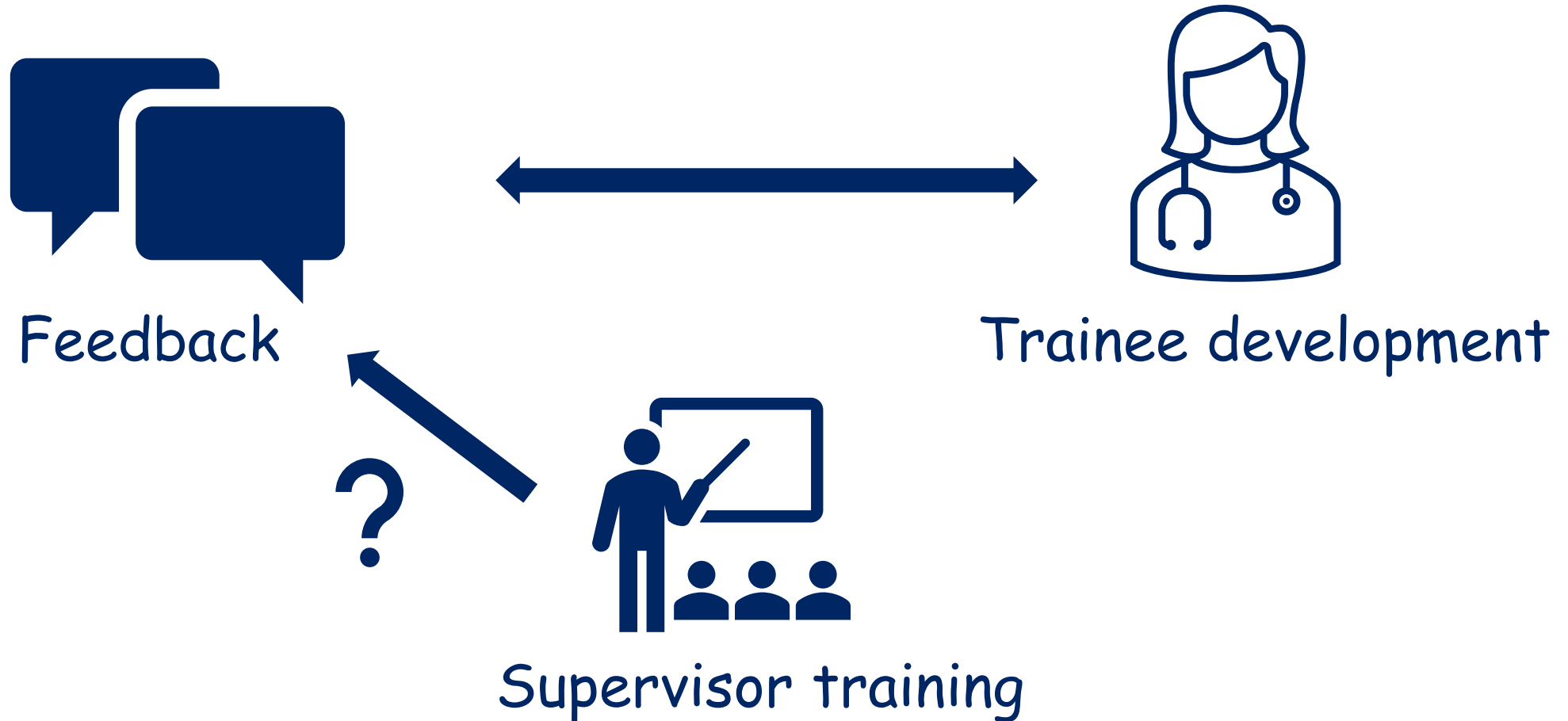


Healthcare delivery



High quality
feedback

Supervisor Training



Study Design



Does supervisor training enhance trainee medical officer feedback?



Population: medical supervisors of trainee medical officers

Intervention: organised supervisor training

Control: not required



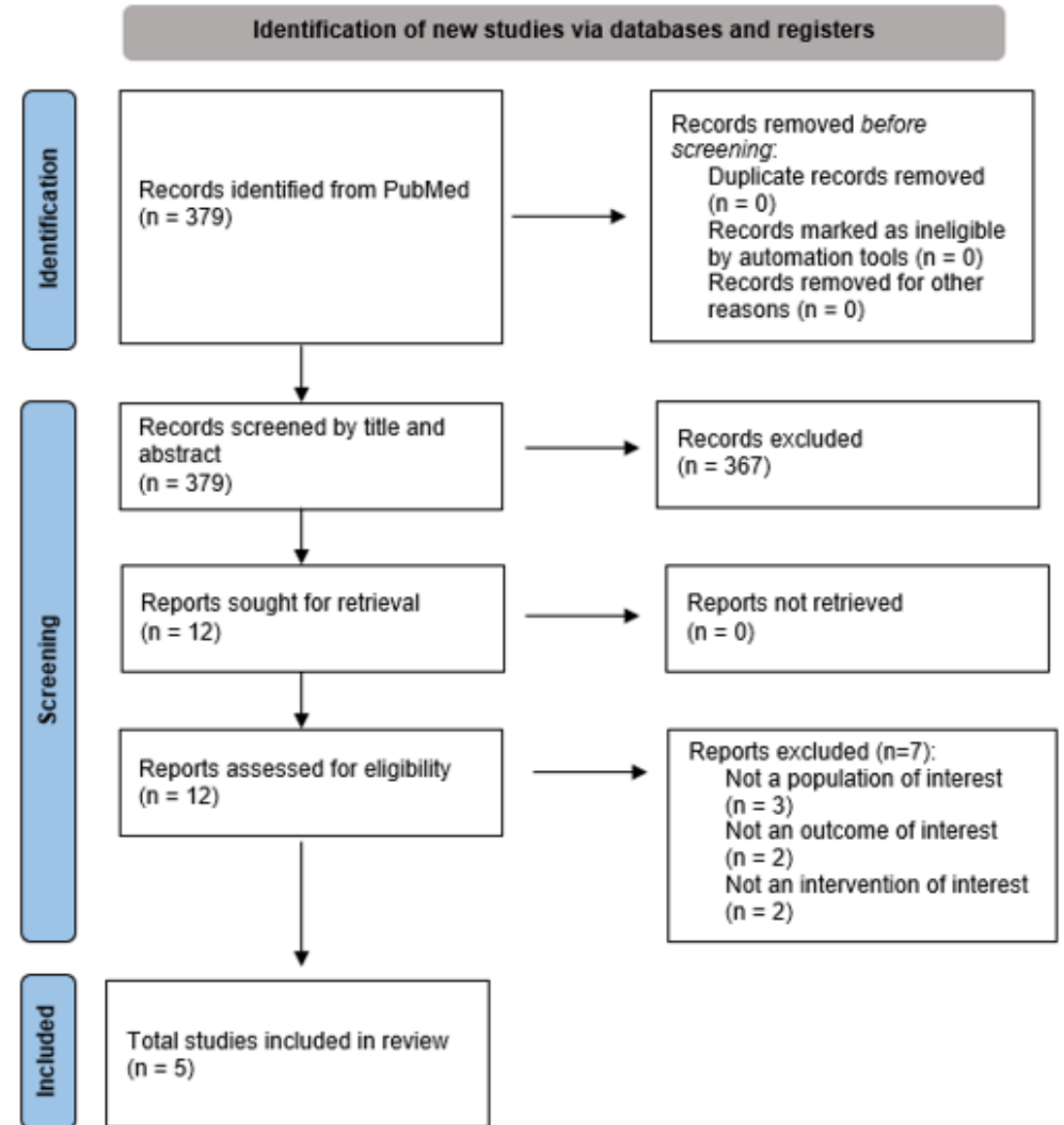
Outcomes: feedback



Limits: English language, Humans and publication within the last 12 years

Results

Figure 2: Study flow diagram, flowchart adapted from the PRISMA 2020 flow diagram⁷



Results

Reference	Population	Design	Outcome	Evaluation* (maximum score 18)
Renting 2023	Netherlands 7 sites, n=373 181 supervisors 192 residents	Intervention: single 2.5-hour workshop Non-equivalent control group Pre-test, post-test, delayed post test	Significant improvement in quality of verbal feedback (p=0.04)	17
Bajwa 2020	Switzerland 5 sites, n=137	Interventions: workshops (multiple 6-9 months) Randomised control trial Group 1: workshop on reflective practice Group 2: individual coaching Pre-test, post-test	Significant improvement in feedback in both groups (p<0.01) Coaching > self-reflection (p=0.05)	16.5
Junnod Peron 2014	Switzerland 2 sites, n=48	Intervention: small group training, individual coaching (multiple 6-9 months) Non-equivalent control group Pre-test, post-test	Significant improvement in quality of feedback (p<0.05)	11
Junnod Peron 2013	Switzerland 2 sites, n=51	Intervention: small group training, individual coaching (multiple 6 months) Non-equivalent control group Pre-test, post-test	Significant improvement in all global dimensions of feedback (p<0.001)	13
Junnod Peron 2014	Switzerland 1 site, n=28	Intervention: small group sessions and coaching (multiple 6-9 months) Pre-test, post-test	Improvement in structured feedback, learner centric	10.5

*MERSQI: Medical Education Research Quality Instrument
Reed JAMA 2007

BMJ Open Effectiveness of a supervisor training on quality of feedback to internal medicine residents: a controlled longitudinal multicentre study

Nienke Renting ¹, Debbie Jaarsma ², Jan CC Borleffs,³ Joris P J Slaets,⁴ Janke Cohen-Schotanus,³ Rob O B Gans⁵

N=181 supervisors (50% intervention)
N=192 residents

Table 2 Quality of feedback in the control and trained group over time with the supervisor as the unit of analysis

Quality of feedback (range: 11–77)	Control group	Trained group	ANOVA*
T ₀ Mean (SD)	61.62 (0.59)	61.68 (0.78)	F (1,164) = 0.02, p=0.89
T _{1,2,3} Mean (SD)	62.72 (7.52)	66.14 (4.64)	F (1,87) = 6.76, p=0.04

*Controlled for hospital.
ANOVA, Analysis of Variance.

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Table 3 Completeness of feedback in the control and trained group over time					
Completeness of feedback		Limited	Conform instruction	Extensive	
Control group	T ₀ % (n)	23% (23)	68% (234)	25% (85)	
	T _{1, 2, 3} % (n)	8% (7)	67% (60)	26% (23)	
Trained group	T ₀ % (n)	4% (20)	80% (382)	16% (77)	
	T _{1, 2, 3} % (n)	5% (7)	57% (78)	38% (51)	

Discussion



Supervisor training may positively enhance feedback



Limitations

Limited data

Bias

Mixed quality

Future Opportunities

Research

- Supervisor training outcomes
- Pedagogical approaches
- Context and diversity

Health policy

- Supervision resources
- Protected training time





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Thank you

Emily.Rowe@sa.gov.au