**Supplemental Digital Appendix 1**  
**Summary of 51 Articles Included in an Integrative Review of the Literature on the Content of Feedback to Learners in Medical Education, 1980-2015**

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| Ferguson, 2010<sup>21</sup>       | Audiotapes                           | Speech-pathology students | None                      | • Faculty did most of the talking, focused on behaviors.  
• Positive appraisals were explicit and negative appraisals implicit. |
| Hasley, 2009<sup>22</sup>         | Audiotapes                           | Internal medicine residents and students | American Board of Internal Medicine evaluation form | • 86% of feedback sessions included general, positive statements, with a mean of 7 statements per session.  
• 41% of the time the learner was given improvement action plan.  
• Medical students received more positive statements than residents about their performance.  
• Faculty often did not engage learners in an interactive manner, and did not ask learners to discuss the learners’ self-assessment. |
| Spanager, 2015<sup>23</sup>       | Audiotapes                           | Surgery 1st-3rd year residents | NOTSSdk (Non-Technical Skills for Surgeons in Denmark) | • Conversations lasted a median of 8 mins (2-15).  
• In few conversations (1 out of 8) were learning goals set (usually done by surgeon and not resident).  
• Conversations often ended by surgeon checking if resident understood feedback or reinforcing positive performance.  
• 47% of comments based on surgeons’ "frames" (i.e., how they view the world) vs. 20% from residents' frames. |
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| Wen, 2015<sup>24</sup> | Audiotapes | 5<sup>th</sup>-year medical students | Two-hour group discussion with tutor and peers | • 6 types of feedback from tutors, with exploring new knowledge about psychosocial issues most common (25.2%).  
• 8 types of feedback from peers, mostly focused on discussing psychosocial issues and action plans.  
• Tutor feedback focused on varied feedback types, whereas peer feedback was more limited.  
• Peers engaged in few confrontations or debates with each other. |
| Bok, 2016<sup>25</sup> | Clinical examination (CEX) | Veterinary students | Narrative feedback from mini-CEX form documented in digital portfolio | • 3 interrelated factors influenced teachers’ use of the mini-CEX  
  o personal teacher  
  o context  
  o teacher-student  
• Teachers reluctant to document negative feedback in the mini-CEX. |
| Fernando, 2008<sup>26</sup> | CEX | Year 5 (final year) medical students | Mini-CEX form | • 5% of students failed to have any CEX encounters; 16% had only 1 encounter. Only 41% completed the required 3 evaluative encounters.  
• 21.2% had identical scores [i.e., no range]; only 1.3% had a range of 3 [out of 6]. On a 7-point scale, almost all rankings were 5,6,7 (and so 1-4 were merged).  
• 22.7% - no positive aspects were noted; 28.2% no suggestions for improvement; 49.7% no action plan.  
• Residents more likely than faculty to identify positive aspects, offer suggestions for improvement, and record action plans. |
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| Gauthier, 2015\(^{27}\) | CEX | Endocrinology fellows | CEX form | • In 70% of 255 CEX evaluations, only a single element of deliberate practice noted (i.e., Task, Gap, or Action)  
• 56% -specific Task score; 3.9% specific Gap score; 13.7% specific Action score |
| Harvey, 2013\(^{28}\) | CEX | 2nd-year medical students | "Modified mini-CEX" | • Clinical supervisors underwent training on feedback strategies and use of the mini-CEX assessment tool  
• 60% of 1,000 records had no written feedback comments.  
• Structural analysis: significant variation; poor flow of info.  
• Content: 20% of statements did not even relate to student performance; for the remaining 80% of comments, 84% affirmed student competence, only 16% had goals for improvement. |
| Holmboe, 2004\(^{29}\) | CEX | Internal medicine interns | Mini-CEX form | • Faculty received training in use of the Mini-CEX form  
• 0 to 9 recommendations per feedback session (mean 1.9). 20% had no recommendations. Only 1-2% of recommendations for medical knowledge or professionalism  
• 61% of session’s faculty asked for intern reactions; 34% involved self-assessments; 11% involved an action plan. |
| Kroboth, 1996\(^{30}\) | CEX | Interns | CEX form | • 984 teaching points, 13.5/session. 48% of these were noted on Evaluator (EV)-Postfeedback Form (PFF); interns recalled hearing 46% of points on EV-PFF.  
• Interns recalled 75 points not on CEX form of EV-PFF.  
• 9.4% of CEX comments positive. 12.5% EV-PFF positive comments; Interns recalled only 30 positive comments [8.7%].  
• Only ~75% of forms were completed. Interns only heard 25% of feedback on physical exam. |
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| Pelgrim, 2012<sup>31</sup>         | CEX                                 | 1st- and 3rd-year postgraduate trainees | Mini-CEX form           | • More comments for feedback [87-92%], less comments for trainee self-reflection [53%], and few action plan comments [3-34%].  
• 57% of all comments were specific, <10% not specific.  
• Large variability between faculty-trainee pairs in specific comments.  
• 32% of evaluations showed specific reflection and specific feedback; the same percentage of evaluations showed no specific reflection and no specific feedback. |
| Playford, 2013<sup>32</sup>         | CEX                                 | Medical students in longitudinal integrated clerkship | Mini-CEX form           | • More senior faculty gave lower ratings.  
• Monthly analysis showed progressive improvement. |
| Bandiera, 2008<sup>33</sup>         | Feedback cards                      | PGY-1 residents in all specialties | Daily Encounter Cards (DECs) | • Only 1.3% of DECs said "needs attention."  
• 33/43 [73%] of faculty did not choose needs attention.  
• No feedback on Communicator, Collaborator, Professional roles. |
| Donata, 2015<sup>34</sup>           | Feedback cards                      | Internal medicine residents | Minicard: 4 sections [history, physical exam, presentation, counseling]; 3 domains [knowledge, communication, professionalism]; 4 scoring levels | • 56% PGY1s were rated Good, 8% Marginal; 67% PGY3s Excellent, 2% Marginal.  
• Action plans: 50% action-oriented, 11% observational FB, 9% minimal feedback.  
• 30% of cards had no Action Plan.  
• 74% of encounters indicated verbal feedback given. |
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| Johnston, 2008<sup>35</sup>     | Feedback cards                      | Internal medicine clerkship students | Structured Observation of Clinical Skills [SOCS] pocket card. History and physical exam focus. Observed behaviors on one side; 2 behaviors done well and 2 needing improvement on other side | - 10% cards were illegible.  
- 56% had documentation every rating field; 44% were incomplete.  
- 46% included the 4 requested comments; 54% were incomplete.  
- 92% of SOCS had general comments, 62% had specific behavioral comments.  
- 97% had praise.  
- 78% had advice for improvement, 44% of which had specific behaviors.  
- Students thought feedback sometimes was too general or brief, but feedback was timely and appreciated. |
| Johnston, 2008<sup>36</sup>     | Feedback cards                      | Internal medicine clerkship students | Structured Observation of Clinical Skills [SOCS] pocket card. History and physical exam focus. Observed behaviors on one side; 2 behaviors done well and 2 needing improvement on other side | - No differences by gender of feedback provider  
- Female students received less advice with action plans for improvements [75 vs 90%].  
- Fewer recommendations for improvement with gender concordant pairs.  
- 23% of cards not completed. |
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| Schum, 2003<sup>37</sup>          | Feedback cards                      | Internal medicine and pediatrics residents, 3rd- and 4th-year medical students | Feedback "note" had 2 preprinted sections—"well done" and "needs improvement" | • 770 notes with 1,607 comments, but 2 faculty provided 73% of the comments.  
• There were more resident comments [75%] than student comments.  
• "Well done" noted 69%.  
• Based on their specificity coding, high degree of specificity for both Well done and Needs Improvement comments.  
• Specificity frequency increased going from PGY1 to PGY3 years.  
• The most commonly used content areas for the "needs improvement" comments were documentation (n=161, 33%) and didactic information (n =102, 21%). The content areas also were specific with 96% and 92%, respectively. Comments receiving the fewest feedback comments were communication and 'patient relations' |
| Sokol-Hessner, 2010<sup>38</sup>   | Feedback cards                      | Clerkship students, all disciplines. | Cards had competency checklists, and a space for comments labeled "Action plan" | • 19% did not have a Comment; 3% were unintelligible.  
• Comments were brief [mean 10 words]; 1.2 action plans per card.  
• Feedback was positive 96%. |
| Bullock, 2009<sup>39</sup>        | Multisource feedback (MSF)         | Senior house officers and family practice physicians | Team Assessment of Behavior form (TAB) | • Only 6% of forms had "concerns."  
• Consultants expressed more concerns than peers, administrators or managers (i.e., "hawkish" behavior 3-4x more likely by consultants). |
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| Canavan, 2010<sup>40</sup>        | MSF                                | Residents and fellows (6 disciplines) | Assessment of Professional Behaviors (APB) as part of National Board of Medical Examiners. Free text possible | • 74.5% non-behavioral/global comments.  
• 90.1% positive, 10.3% negative.  
• 41.1% general behavior of learner; 24.8% specific behavior.  
• 7.4% offered specific strategy for improvement.  
• 7.8% remarked inability to rate learner.  
• More comments were given to PGY1s than more senior year trainees. |
| Hayward, 2014<sup>41</sup>        | MSF                                | Residents (Internal Medicine, OB/GYN, Neurology, Orthopedics) | ICAR (Interprofessional Collaborator Assessment Rubric [17 items with 9-point scale]) | • Missing data decreased from 13.1% to 8.8% using daily assessments.  
• High internal consistency [Cronbach alpha 0.981].  
• No significant differences between 3 rater groups (physicians, nurses, allied health).  
• Female raters scored residents lower than male raters. |
| Lockyer, 2002<sup>42</sup>        | MSF                                | Practicing surgeons and Family Medicine physicians | Based on CanMEDS | • Surgeons more likely to over-rate themselves.  
• More than 70% contemplated change with feedback, but only 68% FM physicians and 27% surgeons initiated change. |
| Ogunyemi, 2009<sup>43</sup>       | MSF                                | OB/GYN residents | Internally "validated" multisource feedback survey (4-point scale on 3 measures [interpersonal communication with patients; interactions with peers and staff; professionalism]) | • Ratings on 3 measures ranged from 3.19 to 3.5.  
• As residents progressed, there were more negative evaluations.  
• Male residents had more negative evaluations by nurses (who were more likely female) than did female residents; for faculty, variable gender differences depending on which measure.  
• Residents on OB service had more negative evaluations than GYN service. |
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| Qu, 2012⁴⁴                      | MSF                                | Residents | 15-26 items depending on respondent, 5-point scale, no text | - Cronbach alpha >0.9; factor analysis accounted for 70-74% of total variance.  
- Most items rated >4.0 |
| Sargeant, 2003⁴⁵                 | MSF                                | Rural Family Medicine physicians | Physician Achievement Review (PAR) | - High mean PAR scores [>4.0 for 85 of 88 items].  
- Physicians thought the review process was helpful, and thought the patient feedback was most appropriate.  
- Peers and coworkers who knew the physicians well, tended to rate them higher.  
- Most (89%) of physicians reported that feedback was useful and 61% planned to make a change based on the feedback.  
- Communication was the most common area for feedback. |
| Whitehouse, 2007⁴⁶               | MSF                                | Senior House Officers (SHOs) | Team Assessment of Behavior form (TAB) | - Only 94 of 171 learners [60%] received feedback; mainly by nurses [42.4%].  
- 82-95% of the open comments in the 4 domains were positive; highest # [71] of negative comments was in verbal communications skills.  
- Though assessors thought process was positive, 53% worried negative assessment would damage working relationship, and 92% said they’d complete the TAB honestly if they liked the learner.  
- Only 64% of SHOs received "no concern."  
- Comments were included 623/1378 assessments, mostly positive comments.  
- The SHOs found the process practical and fair, but only 65% found it helpful.  
- Most faculty (77%) learned nothing about their SHOs. |
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| Wood, 2006⁴⁷                      | MSF                                  | OB/GYN trainees | Team Observation tool (4 domains, 4-point scale) | • Ratings: 0.7% Needs serious attention, 5.2% Progress needed, 53% Fine, 38% Outstanding [15x more likely to be told they're good vs they're not].
• 11% negative comments, 13% mixed, 40% positive. |
| Blatt, 2008⁴⁸                     | Videotape                            | 2nd-year medical students | Setting: communications skill exam, feedback by 4th-year students as SPs | • 59% were neutral comments; 25% were positive; 16% corrective; no negative comments.
• Factual information mainly, no high-level cognitive information in feedback. |
| Fyre, 1996⁴⁹                     | Videotape                            | Internal medicine interns | Setting: feedback from faculty during CEX CEX observation guide sheet | • 3 organization structures: checklist-driven pattern; topical pattern (reflected nature of physician's task interacting with patient)-most common; Learner-centered pattern (2, 10, 6 of 24 feedback sessions, respectively). Remaining 6 had topical and 1 of the other 2 patterns.
• 19 of 25 videos had two-way communication. 5 had one-way communication, driven by faculty.
• 6 of 24 videos noted equal psychological size, one clearly unequal, 16 in between.
• 3 of 24 videos noted feedback only, but 20 went beyond feedback and did teaching. |
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<td>Ghaderi, 2015&lt;sup&gt;50&lt;/sup&gt;</td>
<td>Videotape</td>
<td>A single minimally invasive surgery fellow</td>
<td>Setting: fellow reviewed his videos daily. GOALS [Global Operative Assessment of Laparoscopic Skills] OSATS [Objectively Structured Assessment of Technical Skills] &quot;HM (Heller myotomy)&quot; assessment tool</td>
<td>• Significant differences between attending and fellow ratings except for GOALS. • Attending ratings higher. • Ratings got better over the year. • Text feedback had 672 segments [64% fellow, 36% attending]- attending more focused on efficiency and safety, fellow more focused on technical issues.</td>
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<td>Govaerts, 2013&lt;sup&gt;51&lt;/sup&gt;</td>
<td>Videotape</td>
<td>General Practice residents</td>
<td>Setting: faculty viewed 2 videos of GP residents, wrote down feedback, and verbalized what their feedback would be</td>
<td>• 4-5 feedback statements in writing per resident. • Verbal feedback mimicked what was written, with 2-4 additional feedback comments. • Mostly general feedback, minimal specific feedback. • Most of feedback aimed at level of the task, and less attention to transfer of knowledge to other tasks, or fostering self-regulated learning. • More negative than positive valence to statements. • Only 28-31% of feedback was specific. Verbal feedback has more instances of specific feedback compared to written. • Both experienced and non-experienced evaluators gave some negative-toned feedback (88%, 86%, respectively).</td>
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| Hollingsworth, 1994 | Videotape | Preclinical medical students | Setting: feedback during an OSCE (objective structured clinical examination) | • 87.8% had at least 1 summative positive statement, only 11.1% had a summative negative statement.  
• 26.7% specific statements were positive, 85.6% specific statements were negative.  
• 87% of 125 students liked getting feedback. |
• Peer: more positive [1.4 comments] than negative [0.68 comments].  
• Most comments focused on topic of structuring the conversation, less so on suggestions.  
• Annotations with a negative valence were more specific. |
| Rizan, 2014 | Videotape | Year 5 medical students | Setting: bedside teaching encounters (BTE) | • Correction strategies that were at the extreme poles of explicitness [high or low] tended to be brief interactions.  
• Implicit feedback strategies are akin to "all might be revealed" to student eventually, keeping student in state of unknowing suspense.  
• Embedded correction strategies seemed to be more effective (e.g., extended Q/A sequence; faculty treating answer as possible but needing revision). |
| Ball, 2009 | Written feedback | Nursing students | Annotations of written scripts | • Students and staff found annotations useful as feedback.  
• Negative tone though undermined confidence.  
• 24% of students thought the hand written annotations were difficult to read |
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| Byrd, 2015                       | Written feedback                    | Medical students | Ratings and comments for peers and self at end of semester | • Students rated themselves lower than peers.  
  • Over the year, self-ratings improved in communication and self-awareness, while peer ratings improved in participating, preparedness and self-awareness.  
  • Narrative comments more on strengths than weaknesses, mainly focused on professionalism 59% vs 19% knowledge; negative comments more evenly spread around areas like professionalism and knowledge. |
| Cook, 2014                       | Written feedback                    | Surgery residents: PGY1-2s compared to PGY3-5s | Procedure Feedback Form | • Technical feedback to senior residents more specific and nuanced; included more feedback re: team leadership and teaching.  
  • Residents improved over time.  
  • Few comments on case outcome. |
| Dannefer, 2013                   | Written feedback                    | First year medical students | Problem-based learning (PBL) assessment form for each PBL block; and portfolios (2-page essay) | • Targeted Areas for Improvement [TAFIs] focused on interpersonal skills related to participation or not.  
  • Peers more likely than tutors to give feedback on TAFIs; tutor feedback less detailed and only 28% of 288 tutor assessments had TAFI feedback.  
  • More mid-PBL block than end of PBL block TAFIs; TAFIs also decreased over year.  
  • 95% of students self-identified an area not identified by their peers or tutors. |
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| Dekker, 2013<sup>59</sup>        | Written feedback                    | Preclinical medical students completing problem-based learning (PBL) Professional Development module over 1 year | Rating tool with 10 point scale, and qualitative narrative | • 3 dimensions of written feedback comments: format (question vs statement), focus (related to the levels of students' reflections), and tone (positive vs negative).  
• 11 of 43 feedback comments classified as stimulating reflection, mainly focused on format of the feedback and tone. |
| Evans, 2005<sup>60</sup>         | Written feedback                    | Senior physiotherapy students doing internship | Web-based diaries        | • Students perceived need for clear and explicit feedback delivery process.  
• "Conflict of openness"- students reluctant to disclose their knowledge deficits; "danger" in admitting or denying errors or deficiencies.  
• Relationship to instructor powerful factor whether internship positive or negative. |
| Fitzgerald, 2010<sup>61</sup>   | Written feedback                    | 2nd-year nursing students | Continuous Assessment of Practice (CAP) documents | • 7 of 17 (41%) had formative feedback inconsistent with scores at midway and final interview (e.g., deficiencies in comments were related to passing scores and vice versa).  
• Overall feedback documentation was brief, non-specific, and did not include references for improvements.  
• Action plans if completed were done on ad hoc basis, and did not relate to issues identified. |
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| Haffling, 2011<sup>62</sup>      | Written feedback                    | Final-year medical students | Leicester Assessment Package- modified. 5 competency domains, 7 point scale | • Highest ratings were in Relationships With Patients and Medical Interview; lowest ratings in Working Diagnoses and Investigations and Treatment.  
• Supervisor mean scores 5.3 (3-7) and students self-assess 4.5 (2.4-6.8).  
• Male students rated themselves significantly higher than female students in 3 competency domains (Working Diagnoses, Problem Solving, Investigations and Treatment).  
• Of all supervisor and student narrative comments about agreed upon goals, 88% were specific, 6% general, and 6% included no goals.  
• Female students with female supervisors were provided with significantly more specific goals (95% vs 85% with male supervisor).  
• Increased stringency noted with longer supervisor experience using the tool. |
| Hughes, 2008<sup>63</sup>        | Written feedback                    | Medical students (during first phase of 3 two-year phases) | eMed-Teamwork computer-based system to capture peer and self-feedback about teamwork on group projects | • After 2.5 years, system had 5,237 feedback comments, mainly from peers (4,798). Facilitators had 130 feedback comments.  
• Average word length of feedback comments: self-assessment 98 words, peer 95 words, Facilitator 52 words.  
• Only 9% of peer feedback identified the author. |
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| Jackson, 2015<sup>64</sup>                   | Written feedback                    | Internal medicine residents | Monthly evaluation form: 6 domains, 1-9 scale | • 21% of 6,603 evaluations had no written feedback.  
• Of 2,056 unique utterances, most (29%) were non-specific, 20% were about the resident personally, 16% about patient care, and 14% about interpersonal communication.  
• 88% of written comments were positive. Negative comments focused on 3 ACGME competencies (medical knowledge, practice-based learning and improvement [PBLI], systems-based practice [SBP]).  
• Based on criteria developed in 10 small groups, 65% of written feedback moderate quality, 22% high quality and 13% low.  
• Attendings with higher quality feedback rated residents lower and had higher spread of ratings on all 6 ACGME competencies.  
• No relationship of In-training exams and quality or polarity of feedback. |
| Lindon-Morris, 2014<sup>65</sup>               | Written feedback                    | 3rd-year medical students | Reflections on feedback from videotaped group discussion | • All students expressed apprehension about video peer review and feedback.  
• Many comments about feeling publicly self-aware, almost to the point of being detrimental.  
• Very self-critical about their own performance.  
• Peer feedback viewed as positive experience, but negative feedback not thought to add anything to their own assessment. |
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| Melton, 2015^66                  | Written feedback                    | 1st-year medical students completing small group clinical case presentations | "Evaluation rubric" with descriptive statements, rating scales, and a comment section | • Most peer feedback (76%) was positive, while faculty provided more constructive narrative feedback (74%).  
• Numeric peer ratings higher than faculty ratings for all 6 domains.  
• No differences in themes or ratings between male and female students. Though females more likely to leave comments, and males more likely to leave constructively critical comments. |
| Nesbitt, 2014^67                 | Written feedback                    | Year 4 (of 6) medical students. | Formative feedback on Supervised Learning Event | • 63.1% of feedback comments were Weak. Reasons included: non-specific, unclear, illegible, left blank.  
• Large % of forms had "keep practising" as a comment. |
| Pelgrim, 2013^68                 | Written feedback                    | GP (General practice) trainees, 1st and 3rd years of training | Formative assessment forms-trainee enters reflection on performance, trainer enters narrative feedback, then both agree on joint action plan | • 66% and 34% of forms contained specific feedback and specific reflections, respectively.  
• 0.53 specific comments related to an action plan.  
• Trainer-trainee pairs with the best Guttman pattern (specific feedback and specific reflections) had 1.02 comments per effect (i.e., large effect). |
| Renting, 2016^69 (published online ahead of print 2015) | Written feedback | Internal Medicine residents in first 3 years of postgraduate training | Five situation-specific forms developed space for strengths and suggestions | • Written feedback was provided on all CanMEDS roles; most frequently within the situations of Patient Encounters and Oral Presentations.  
• Strengths (78%) provided more frequently than suggestions for improvement (52%).  
• Feedback was scored as specific (n=1024), moderately specific (n=77), or non-specific (n=543). |
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| Sherbino, 2006<sup>70</sup>      | Written feedback                      | Emergency Medicine residents, all PGY levels | Form used global assessment with 150 mm visual analog scale; raters asked to write down 3 things to improve on | • Mean global rating score 104.3 mm (slightly below the above average anchor).  
• Seven general categories emerged.  
• Frequency of feedback on themes differed between faculty and peers. |
| Sinclair, 2007<sup>71</sup>      | Written feedback                      | Year 3 medical students | Common Assessment Scale (CAS) grade | • Less than half (46.4%) collected their feedback sheets.  
• Female students were more likely than males to seek feedback.  
• Those students with higher CAS marks more likely to seek feedback. |