MAKING YOUR FEEDBACK WORK IN PRACTICE PLACEMENT EDUCATION

Lucy Alpine, Practice Education Co-ordinator, Discipline of Physiotherapy, TCD 2014

Contents

- Learning Outcomes
- Questionnaire to evaluate your feedback practices with students?
- The value of feedback in the learning process.
- Factors that influence feedback - what should be considered?
- Targeting different levels of feedback with the student.
- Collaborative feedback models and self assessment.
- The importance of setting incremental learning objectives.

Learning Outcomes

- Demonstrate a deeper understanding of the feedback in practice education and how feedback can be directed to engage and encourage students.

- Gain new ideas on how to enhance your current practice and/or reinforce and develop known feedback strategies.

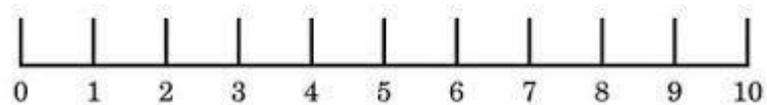# Assessment **for** Learning and Assessment **of** Learning

- Assessment **for** learning (**descriptive feedback**) information gathered is used for the specific purpose of helping students improve *while they are gaining knowledge and practicing skills.*

- Assessment **of** learning (**evaluative feedback**) provides a grade/mark on a performance relating to success criteria.
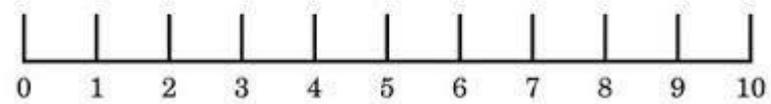
Evaluate Your Feedback Practices

- Questionnaire from 'Assessment for learning: video series *Descriptive feedback Viewer's Guide*'.
- *(http://www.edugains.ca/resourcesAER/VideoLibrary/Feedback/ViewingGuideFeedbackAfLVideoSeries.pdf)*

How important is giving regular feedback to students on their performance?

□ Importance

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0  1  2  3  4  5  6  7  8  9  10
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□ Confidence

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0  1  2  3  4  5  6  7  8  9  10
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Feedback is most helpful when.....

- Clear language
- Accurate
- Specific
- Relevant
- Use examples
- Current/timely
- Fair/balanced/honest
- Appropriate environment
- Focused on behaviour, not personality traits
- Checked for clarity of communication

- Prioritised/amount
- Expectations are clear i.e. ground rules in terms of overall placement and each patient episode
- Based on firsthand information
- Consequences of behaviour outlined and implications if not changed
- Time to reflect and respond

Feedback is least helpful when...

- Delayed by several days or weeks
- Perceived as an attack
- Vague
- Absent
- Directed as a personal comment
- Given without guided suggestions for improvement

Why is feedback important?

- The **most powerful** single modification that enhances achievement is feedback (Hattie, 1992).
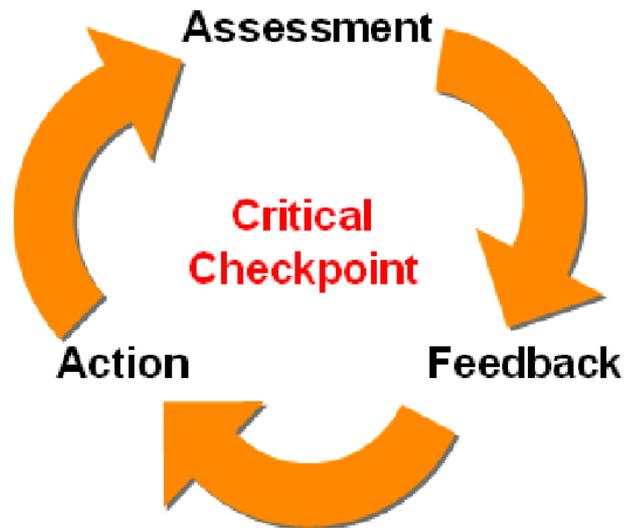
Giving Feedback is a Skill

Implication for Clinical Placement:
Students see educators as role models demonstrating how to give feedback.

Multiple Factors Impact on the Interpretation and Use of Feedback.

- **Internal**
- How does it fit with my understanding*

  → Student interpret feedback through their own filter or lens

- Confidence and experience

  → Experience increases confidence and enables the learner to seek feedback

- Perception of whether feedback is being given from a position of benevolence

  → Students view the educator as having their best interests at heart
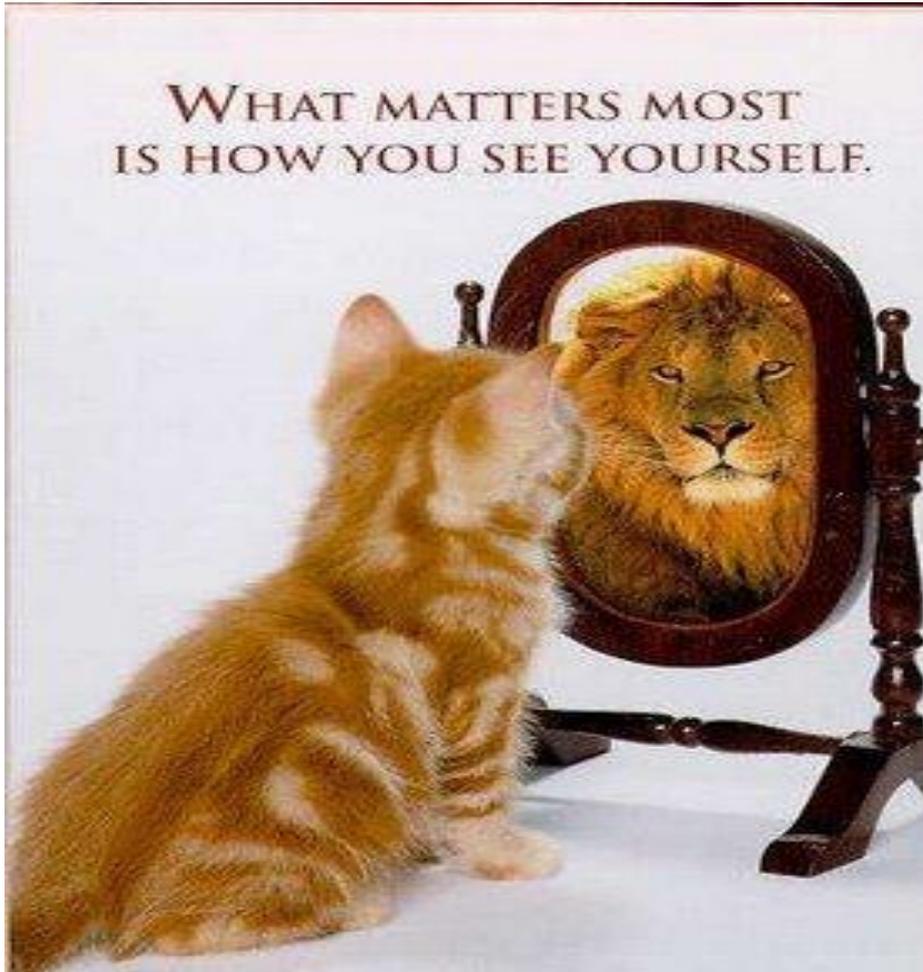
- **External**
- Perceived credibility and accuracy of the source
- What students hear

  → Bias reasoning – trust positive and discount negative feedback

Different Pictures

WHAT MATTERS MOST IS HOW YOU SEE YOURSELF.

- The extent to which feedback is valued depends, in part, on how the student can reconcile feedback provided with their own perception of their abilities.
- Distinguishing between time and effort and quality of work.
- Deflection – reinterpretation of feedback.
- Importance of ability to self monitoring to enable feedback to be used to generate improvement.
- Blaming the teacher.

Feedback Effect Size is Variable

- Feedback targeted at different levels
- Delivered in an environment of trust

Implications for clinical placement: an open, inclusive, positive learning environment builds confidence and enhances learning.

Targeting Different Levels of Feedback

Level of Focus	Clarification	Examples
1. Feedback about the task	• Information about how well a task is accomplished • May focus on building surface knowledge and having correct information	• Identify whether work is correct or incorrect • Providing suggestions for improving
2. Feedback about the process	• Information about the process used to perform the task	• Commenting on students choice of strategies, application of strategies
3. Feedback about self regulation	• Information about the students ability to self monitor	• Feedback on students decision to seek help, quality of their self-assessment, choice of goals and next steps
4. Feedback about the person	• Positive or negative information about the student as a person	• Praise about self ('You're great', 'Good', 'Well done')

Implications for clinical placement:
Feedback can be more effective if targeted at the appropriate level.

Feedback Models and Self Assessment

- **Pendleton**
- Step 1 – The learner states what was good about his her performance.
- Step 2 – The teacher states areas of agreement and elaborates on good performance
- Step 3 – The learner states what was not correct or could have been improved
- Step 4 – The teacher states what he/she thinks could have improved

- **Reflective Feedback Conversation**

Implications for clinical placement: when giving feedback use a collaborative conversation approach which includes self assessment

Self Assessment

- Teachers can help students become increasingly less dependent on external sources of feedback (from teacher or peer) and gradually become more autonomous (self-assessment).

- Through feedback the supervisor can model the skill of self assessment by providing the kind of thinking you want them to do as self-assessors.

Five Minute Feedback Form

Student: What went well this week? 1. 2. 3.	Practice Educators comments:	
Student: What areas need development next week? 1. 2. 3.	Practice Educators comments:	Agreed Plan: Student & PE

Students are requested to arrange a suitable time towards the end of each placement week to clarify areas that need to be focused on the following week. If necessary, placement goals should be reviewed to ensure you are planning for your learning needs.

Peer Observation – Scripting Form

Agreed area of focus: _____

		Checklist:	✓	Comment:
Pre:	**Preparation**	Med. Chart, Obs, Nurse Student Appearance Environment / Equipment Information/HEP		
Communication:	**Patient Welcome Establish a rapport**	Introductions Banter Explanation of Ax, Rx, session plan		
	Subjective Assessment (Questions)	Appropriate Suitably phrased (Tone, Vocabulary, Empathy) Mandatory Open ended Closed Probing Clarity of speech		
	Patient Feedback & Interaction	Check understanding Responding to cues Verbal Non-Verbal (Eye-contact, Body Language)		
Hands – On:	**Objective Assessment & Treatment**	Patient comfort/dignity Safety (Environment) Positioning (Ergonomics) Bed Height Handling (Proximity, Empathetic touch) Accuracy Sequencing Explanation of findings Treatment Selection (Appropriate) Treatment Response Treatment Adaptation Teaching of HEP Patient Feedback (Above)		
Post:	**Conclusion**	Summary of Ax/Rx findings & wrap-up Holistic Overall confidence Time Management		

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Shared Learning Objectives and Success Criteria

- Effective learning should be related to the **learning objectives and success criteria** identified for the task.

- Give a picture of what good work looks like
- *'understanding how the supervisor thinks and what angle they're coming form*

  really helps'

- Check that the student

  understand the objectives

Implications for clinical placement: when providing feedback refer to agreed objective and success criteria.

Setting Objectives and Developing a Plan

Specific target skills or behaviour	Long term goal	Objective	Learning experiences	Available resources
Verbal Communication Skills	By the end of the placement you can verbally communicate in a clear, comprehensive manner with all patients.	By the end of the week- • Increase confidence when talking to patients (rating scale) • Be able to build rapport with all patients in your own caseload • Be able to complete an assessment using appropriate clear instructions with new patients.	1) Practice interviewing /chatting to patient – written reflect on same. Consider what will build a rapport. 2) Observe a role model and write down phrases used, how rapport was built (could be other team member) 3) Practice modelling assessment with peers. 4) Practice with familiar or less complex patients in caseload. 5) Practice assessments with new patients.	Other staff Other students 2:1 supervision model Clinic in motion You-tube examples

Implications for clinical placement: create visible manageable incremental objectives based on assessment of current work.

Effective Feedback

- Written feedback is the most powerful feedback

- Remediation – more, more and more....?

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- Strategies
  - Second opinion
  - Reduce caseload
  - Modulate objectives
  - Shift responsibility
  - Patient vs student centered focus

Implications for clinical placement: ensure there is a clear trail of feedback documentation provided.

Implications for Clinical Education Practice

- Giving feedback is a **skill** which needs to be developed and mastered
- As far as possible ensure the student knows **who will be providing feedback**
- Use a **collaborative conversation** approach which includes self assessment
- Use other **self assessment** tools
- **Regular feedback** sessions and provide **written feedback** on performance
- **Target levels** of feedback for maximum effect.
- Set **incremental goals** and use these when giving feedback information
- Provide **your picture of success criteria** and use these when giving feedback
- Ensure a clear process of **documentation** with struggling students

References

- Bearman, M, Molloy, E, Ajjawi, R, Keating, J (2013), 'Is there a plan B?': clinical educators supporting underperforming students in practice settings, *Teaching in Higher Education*.

- Cantillon, P, Sargeant J (2008), Giving feedback in clinical setting, Britich Medical Journal, vol. 337, pp. 1292-1294.

- Carless D (2006), Differing perceptions in the feedback process, *Studies in Higher Education*, vol. 31, no. 2, pp. 219-233.

- Eva, K, Armson, H, Holmboe, E, Lockyer, J, Loney, Mann, L, Sargeant, J (2012), Factors influencing responsiveness to feedback: on the interplay between fear, confidence and reasoning processes, *Advances in Health Sciences Education*, vol,. 17, no. 15, pp. 15 – 26.

- Hattie, J (1992) Self-concept. Hillsdale, NJ:Lawerence Erlbaum

- Hattie j, Timperley H (2007), The Power of Feedback', *Review of Educational Research*, vol. 77, no. 1, pp. 81-112.

- Juwah, C, McFanlane-Dick D, Matthew, B, Nicol, D, Ross, D, Smith, B (2004, Enhancing student learning through effective formative feedback, *The Higher Education Academy*. Retrieved May 2014 from http://www.jisctechdis.ac.uk/assets/documents/resources/database/id353_senlef_guide.pdf