Giving Constructive Feedback to students on clinical placements

Bev Kokkinn & Kirstin Marks
Learning & Teaching Unit
UniSA
Overview

- Importance and purpose of feedback in clinical settings
- Feedback as an individual experience
- Effective feedback - the theory
- Cultural considerations
- Complexity of language to consider
- Language and patterns of feedback
- Strategies
Importance to HE?

In HSC large portion of learning occurs on placement

- for Nursing and Midwifery students, about 35% of their credit points are earned on placement
Research findings about problems students face in clinical practice

- Systems, roles and practices of health care – new ‘culture’ for all*
- Perceptions of patient-centred care*
- Importance of family relationships over others*
- Importance of ‘face’ (Korea – Kibun/Nunchi)*
- Ways of interacting with patients & family*
- Way of interacting with peers and other health professionals*
- Expectations of placement*

* Exacerbated by cultural and language backgrounds
ACTIVITY 1

Personal experiences of feedback

- What is the main purpose of the oral feedback you give?
- What have your own personal experiences of feedback been?
- What are the key factors affecting success of feedback?
- What are the issues around giving oral feedback (‘hot feedback’) for facilitators?
ACTIVITY 2

Watch the video and make brief notes of any issue or concern needing feedback.
Feedback identified

What to prioritise?
Effective feedback is:

- Timely
- Constructive, well-intentioned
- In enough detail to enable students’ learning and sense of progress
- Focused on students’ performance, learning and actions, and descriptive
- Appropriate to the particular purpose with explicit criteria
- Allows for repeated practice and rehearsal of skills
- Received, attended to and acted on by the student
Research findings related to feedback

- Central to student learning (Kurtz, Silverman & Draper 2009; Hattie & Timperley 2007; Hounsell 2003)

- A problematic aspect of student experience in HE (Krause et al. 2005)

- A principle of good practice (Nicol & Macfarlane-Dick 2006)

- Difficult to provide effective feedback (Gibbs 2006; Hounsell et al. 2008)
Research findings: Patterns of delivering difficult feedback

- Use of indirectness
- Directness and humour
- Use of ‘repair’
- Reframing as group discussion
- Reframing as teaching
- Asking student for self-feedback

(Kokkinn, Rao & Stevens 2011)
Communication research findings

**Communication achieved collaboratively (turn-taking)**
- Culturally determined patterns
- Influenced by proficiency and pragmatic competence
- Conversation strategies needed for social interaction and ‘teaching’
- Need to balance information exchange with harmonious interaction
  (90% of all conflict is caused by how something is spoken about vs what is actually said)

**Desire for politeness impacts on communication**
- people in conversation co-operate within universal politeness imperatives linked to saving face
- strategies used include **indirectness**, hedging and apology that mitigate threats to face

Brown & Levinson’s seminal work on politeness (1987)
ACTIVITY 3

Consider the discussion so far and ACTIVITIES 1 & 2

- What ‘hot’ feedback will you give?
- How will you phrase it?
What is culture?

“A culture is a shared system of behaviour, values, beliefs, attitudes, manners, symbols” (Windschuttle & Elliott 1999, p. 481)

- Food
- Dress
- Language
- Ceremonies...
- Values
- Beliefs, Attitudes
- Non-verbal comm’n
**Scenario 1**

Student states on day 1 of clinical placement that he wants to learn something new every day. RN smiles, but is a bit alarmed. After 4 sessions, the student complains that all he has done is undertake health assessment and vital signs and he has already told RNs that he wants to learn new things every session. The RN explains expectations and negotiates politely. Student responds with sulky, abrupt, sour-faced behaviour and complains to academic staff. Situation reaches impossible state and student has feedback about his communication problems which he interprets as his level of English proficiency and is angry because he has an IELTS score of 6.5 across all 4 bands. **What problem lies at the heart of this case? What strategies could have been adopted from the start?**
Scenario 2

*Student approaches RN who is busy with paperwork.*

Student: Excuse me but Mrs S needs her insulin  
RN: Can you give it?  
Student: Yes  
RN: OK (and returns to complete paperwork)

*A few minutes later RN finds student walking towards Mrs S unsupervised with insulin injection.*

What does the student think “OK” meant?  
What did the RN think “OK” meant?  
What strategies for clinical educators can be drawn from this example?
Scenario 3

Student hands over patient notes to Health Practitioner

Health Practitioner says:

“Tomorrow when you hand over your patient, you’re going to have to give me the reasons why you did that care. You need to work on your communication.”

What does the Health Practitioner mean?
What did the Health Practitioner actually mean?

“Tomorrow when you hand over your patient, you’re going to have to give me the reasons why you did that care”.

-----

What you have given me here is not really sufficient. Go home, do some research and find out why these treatments are used instead of other treatments and how the treatment is linked to your understanding of the pathophysiology so you can demonstrate your competence in practice.
How useful is this feedback?

- You need to work on your language
- Your English expression needs work
- Your communication needs improvement
- The patients can’t understand you
- Your expression is poor

Discussion:

Given your understandings of indirectness & politeness and the need for effective feedback, how could these comments be made more useful?
ACTIVITY

Reflect on the feedback you gave for the IV scenario. If the student has English as additional language, how would you phrase the feedback?
Strategies for staff

- Get to know student’s cultural background, experience, dreams – to develop an idea of their needs
- Focus on the main issue or skills set needing improvement
- Demonstrate using ‘think aloud’ protocol or simulation with parents
- Reflect on your response to their action/language (Knowledge? Culture? Language?)
- Give feedback early
- Consider effect of ‘public’ space for feedback
- Consider issue of confidentiality of ‘public space’
Advice for students

- Rehearse explanations for patients, family, colleagues
- Actively seek to build relationships with local students – to move outside comfort zone; to sustain a conversation beyond the ‘academic’ (staff can facilitate this in class)
- Read magazines and watch popular TV shows – Australian culture and expand vocab and accents
- Seek clarification rather than repetition:
  - Ask patients to rephrase
  - Explain that they are in the process of learning ‘Aussie English’

| 5 | Oral communication skills: Client interviews  
Need practice maintaining conversations with clients while on clinical placement? This workshop will cover some useful language & strategies for client interviews and provide guided practice to improve your communication skills. | Fri 30 Aug 12pm - 2pm | P2-26 |
|---|---|---|---|
| 6 | Oral communication skills: Talking with clients & family members  
Would you like to improve your ability to speak with clients & family members while on clinical placement? The focus of this session will be to practise strategies for interacting with clients & family members. | Fri 6 Sept 12pm - 2pm | P2-26 |
| 7 | Oral communication skills: Talking with colleagues. Not sure how to interact with colleagues in the workplace? This workshop will focus on the language and strategies for both the formal & informal interactions in the workplace. | Fri 13 Sept 12pm - 2pm | P2-26 |
| 8 | Oral communication skills: Further practice for clinical placement. This session aims to review communication strategies and to practise your oral communication skills | Fri 20 Sept 12pm - 2pm | P2-26 |
Selected references