

Anita's Story – Improving quality of feedback to students

Giving feedback is an emotional activity for both the instructor and the student

I am a lecturer and course manager with a Polytechnic in Singapore. I am responsible for the three-year Diploma of Nursing, managing staffing, assessment, curriculum design and review. My original *action research plan* was to explore how to build greater critical thinking into the learning programme.

The students spend 50 percent of their time learning theory and 50 percent in clinical practice in a hospital. Our intent is developing an independent learning environment to groom thinking nurses, especially critical thinking nurses. However, this new generation says, “just tell me what I am supposed to study, and I will study and tell you the answers you want”. Some lecturers give the answers; others try to encourage independent thinking.

Critical thinking does not come automatically. It needs to be developed, and requires effort on the part of teachers to help their learners think critically. Teachers must also learn to think critically. I was keen to work with a small group of teachers to trial a programme of developing critical thinking using specific learning tools, such as the insight/dialogue inquiry model from the Tools for Learning Design (TLD) workshop. Key questions: What is my perception of critical thinking? What is the perception of critical thinking among nursing lecturers? How is critical thinking facilitated to their teaching of nursing students?

But due to the semester schedule, students were on clinical practice for the duration of the TLD project. So I did some rethinking about what was needed there. What could consolidate their learning while they were on clinical practice?

- *How can clinical practitioners provide effective feedback for students?*
- *How can feedback encourage student self-reflection, raise self-awareness and help students plan for future learning and practice?*
- *How is feedback currently provided to nursing students during clinical practice?*

- *What are the underpinning ideas that guide lecturers in providing feedback?*

Background

Clinical practice is an essential component of the nursing curriculum. In order for the student to benefit fully from the experience, regular performance feedback is required. Feedback should provide the student with information on current practice and offer practical advice for improved performance. The importance of feedback is widely acknowledged. However, there is inconsistency in its provision to students.

The benefits of feedback include increased student confidence, motivation and self-esteem as well as improved clinical practice. Benefits such as enhanced interpersonal skills and a sense of personal satisfaction also accrue to the supervisor.

Barriers to the feedback process are identified as inadequate supervisor training and education, unfavourable ward learning environment and insufficient time spent with students. In addition to the appropriate preparation of the supervisor, effective feedback includes appreciating the steps in the feedback process, an understanding of the student response to the feedback and effective communication skills.

Nursing is a practice-oriented profession. The teacher practitioner model is one in which students learn best from individuals who have dual roles as lecturers and as clinical facilitators. The clinical facilitators who are faculty members of the teaching institution teach the students in the polytechnic and also direct the clinical interaction with clients in the healthcare area through modelling and guided practice.

Many nurses and nursing lecturers become clinical facilitators without realising that time is required for the transition to this role. Part of the transition is learning the duties and values of the role which helps new clinical facilitators teach students effectively, thus providing quality care to patients.

Studies show a number of barriers to giving effective feedback in nursing education, such as

- fear of upsetting the trainee or damaging the trainee-lecturer relationship
- fear of doing more harm than good
- trainee being resistant or defensive when receiving criticism
- feedback being too generalised and unrelated to specific facts or observations
- feedback not giving guidance as to how to rectify behaviour
- inconsistent feedback from multiple sources
- lack of respect for the source of feedback

Currently, the academic school suggests that lecturers providing feedback should:

- ensure feedback is delivered during or as soon as possible after the event
- make time, give full attention and ensure privacy
- support the student to self-assess
- written feedback is useful
- be constructive, negative comments should be learning points
- be objective and specific
- use open-ended questions and give reasons for your comments
- clarify any problems
- ensure the student understands what is expected of her
- inform the student that other staff may need to be involved
- develop an agreed action plan if necessary

There are many explanations for the paucity of feedback in clinical nursing education. The first and most obvious explanation is the failure to obtain data, for example, to make first-hand observations of a trainee's performance. Observations are the currency of feedback, and without them, the process becomes feedback in name only.

Why this is important to me personally

As part of the first workshop in the TLD research project, I did a short reflection about an incident that has stuck with me. Although at the time I was thinking my project would be around critical thinking, it is interesting that the incident that most struck me was one about feedback:

A student whom I was facilitating during her clinical learning made a complaint about me – that I was “physically” harsh on her for not keeping up with her objectives for clinical learning. Though my approach with her was basically an intellectual discussion and not a “physically” harsh approach, I was asked to apologise to the student.

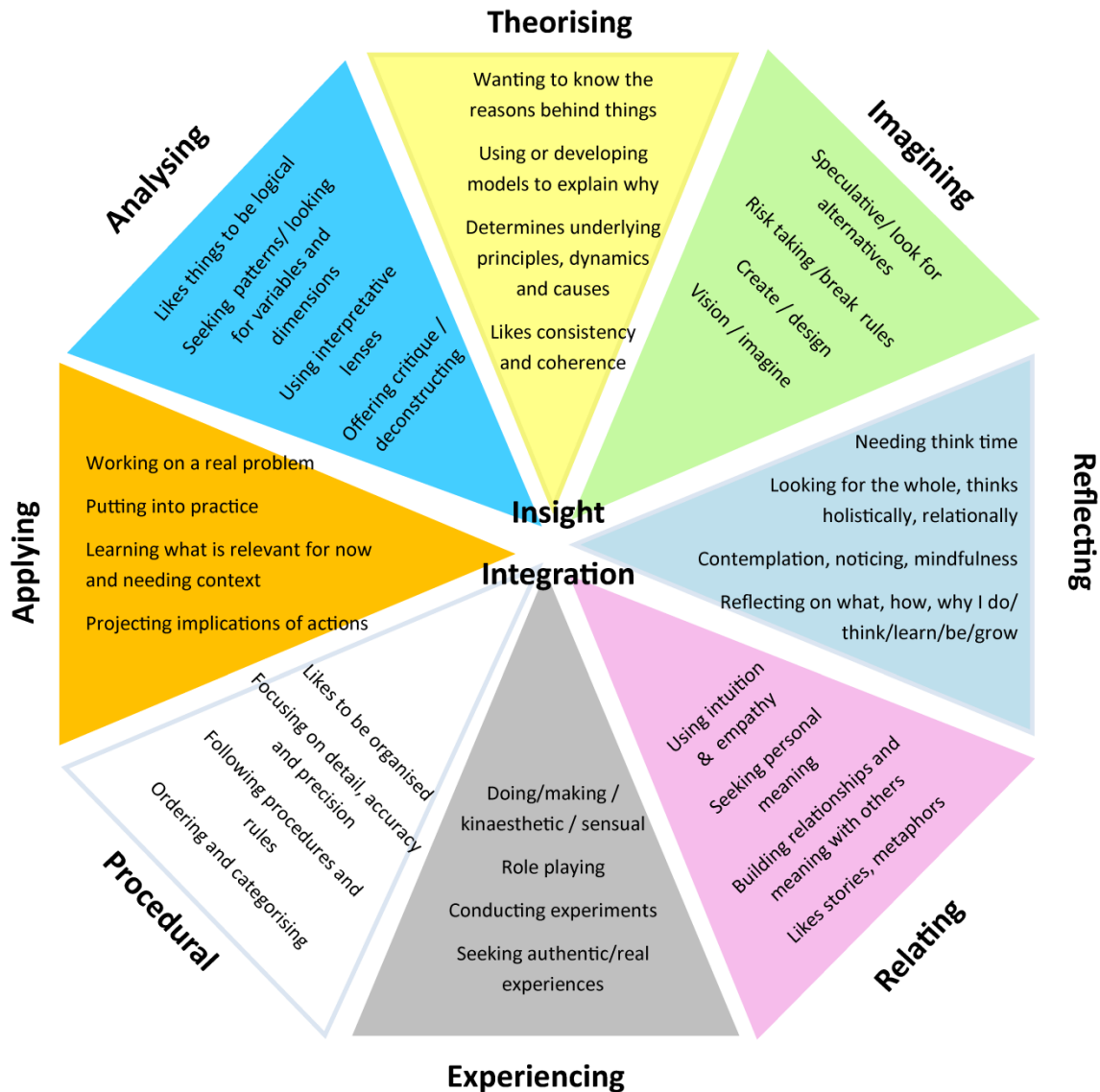
On reflection, the student could have done this to hide her incompetence or she might have perceived me to be too demanding. I am more cautious now of students’ feelings and doing my best to understand them better.

My research project

Because I wanted to work with practitioners new to the system, I identified five clinical practitioners, who had only been three months in the clinical supervision role. I asked them to keep a daily reflective journal for three weeks on their feedback to students. However, without guidance, journals often become diaries that simply contain facts rather than analytic tools for learning. After sleeping on it, I realised that the insight/dialogical inquiry model I had intended to use as a tool to encourage critical thinking might be a useful framework for them to structure their reflections and construct deeper meanings.

I provided a short briefing for the team on the integrated insight/dialogical inquiry model (below), but I realised that I myself didn’t understand it fully. And when some of them looked puzzled, I said to use any reflective questions that would help them. Time was of the essence. With more time, I would have been better prepared and could have developed their understanding further.

Figure 1. Dialogical Inquiry Model



I organised a reflection sharing session for the team at the end of the three weeks. Written forms of reflection are performed most often in isolation. This can be problematic because the writer processes the experience strictly from her own perspective. Although a more experienced reflector will consider multiple perspectives in the analytic process, it is often difficult to question one's own thought processes, recognise one's own assumptions or pose alternative solutions without prompting. It is therefore important to engage in dialogue with each other. Thus, I will take up the role as a "critical friend". My role is not to give

advice, but rather to pose questions to extend the writer's thought processes, encouraging broader and higher-order critical thinking. By posing questions (using the theories of insight/dialogue inquiry model) I will build on the reflection noted in the journals.

I was wondering how to facilitate this session when Sue, my critical friend, rang and we had a conversation about possibilities.

- Share a surprise moment
- Compare similarities and differences between different stories
- Compare to the insight/dialogue inquiry model – what sort of feedback are you most providing? What are other possibilities?
- Pull out common themes
- Pause, stand back, what assumptions are we making?
- Which lenses are they/myself using? Instructor/student paradigms?
- To what extent does the feedback give a greater insight for both the lecturers and students?

Unfortunately competing time commitments meant it was difficult for us to meet as a group. So I organised two sessions where we met in pairs. The discussions went well. Most of them shared how they gave feedback, describing particular incidents. For example, on an occasion where the student left a station untidy after a wound dressing, the facilitator took the student aside and scolded her. There were a lot of emotional feelings around giving the feedback. There was a lot of informal as well as formal feedback. In matching to the insight/dialogical inquiry model, quite a number were giving feedback in the reflecting, procedural, analysing and applying areas.

In the discussions, we didn't get to explore the different paradigms we might be coming from when giving feedback, for example:

- *Teacher-centred* – teacher perceives the weakness of student
- *Student-centred* – teacher perceives the strengths, movements, challenges and aspirations of the student
- *Subject-centred* – teacher perceives the student as a co-inquirer into better practices, more insightful knowledge and broader perspectives

However, I later saw that most of them were coming from the teacher-centred paradigm of pointing out weaknesses to students. This is something I wanted to encourage the clinical practitioners to question and see if they could explore other ways.

What have I learnt from this:

- Plan and execute project effectively and in a timely manner – don't leave things to the last minute.
- Teamwork with others – this was a good opportunity for me to get to know my new colleagues better, and we learnt more about each other.
- Collegial dialogue – we have very rare opportunities to do this, usually it is very casual. This provides a focus for dialogue and we are developing better skills in dialoguing.
- Sharing session for team members and for me – this helped our learning about effective feedback.
- Broaden my perspectives.
- Improved my facilitation skills, though I still need to extend these skills. I was aware of needing to keep drawing back the discussion to our focus.
- The tool used was an effective guide – it helped us inquire into the type of feedback we were giving. It will be a good basis for future inquiry.
- The seed has been planted for effective feedback, hope it will ripple and spread out to other staff.
- Form another team to work on similar projects in a more organised manner.

Responses:

Anita presented to an audience with each person representing different perspectives in different levels of individual, team, organisation, system, nation, world, and cosmos. The following captures the dialogue that ensued.



System perspective: It was useful to hear about what you felt you didn't or couldn't do well in the project – being transparent about that. Lack of time is a reality. Getting by on what you could do and still learning and still wanting to proceed is a very good message. We usually hear about the outcomes and results and not about the struggle of the processes. It helps us see the issues in bringing about change and to be more realistic.

Research perspective: I think it doesn't matter what question you start with, whether it is effective feedback or critical thinking. By approaching it through dialogue, the deeper issues and conflicting values will become more transparent. It is worthwhile doing another cycle of action research on this.

Authentic perspective: Nursing is a highly complicated vocation. It is supposed to be a life giving vocation. I was a bit perturbed that the way they learn how to nurse is the opposite of life giving. The very way of delivering a message across, for example, how to take care of hygiene is important as it can be misconstrued by the student: "You are scolding me; you are finding my weaknesses out."

System – heart perspective: Does teaching enable an embodied understanding for the students? Or is it just technical? How can there be a building in of ethical know-how, not just practical know-how? If the teachers are feeling emotional in giving feedback, how might the students as well as the patients feel? What might it mean to admit these emotions, to have a more holistic approach to learning at all the levels?

Authentic perspective: In the teaching profession we come across students with problems. We find ways to cope. I always used to maintain a distance to protect myself. I carried that throughout my entire working life, aloofness. I am there to help, but I will distance myself. Now the detachment has come back to haunt me. That is what is stopping me from being who I am.

Anita: Many of the students who do nursing don't want to be there. Nursing is not their first choice but because of the ministry need for nurses, they are put in the course. Our challenge is then how to help them, how to guide them when they don't want to be there.

World – heart perspective: Is this then about passion and lack of passion for one's vocation? Should we be encouraging a world where people can live their passion in their vocation? What is the impact of people being disconnected from the vocation they want to pursue?

The individual perspective: Because the student doesn't have a choice, the scolding doesn't help. It doesn't help the student find a passion for this work.

Anita: It is important for clinical practitioners to understand who their students are. What are the reasons when students can't perform a procedure well? Do they know the subject enough, are they afraid to touch the patient, or do they just not want to be here? The way the nurses behave and guide them puts the students off. The students have a uniform on and are expected to perform, whether they are Year 1, 2, or 3 students. No consideration is given to their level of capability. The project has helped make these issues more transparent for the clinical practitioners.

Team/organisation perspective: From a group of people who hadn't done feedback before, it was canny of you to choose new people, rather than those entrenched in the current system, who may have distanced themselves too much to care or are too weary to try. The seed has been planted. This is the most powerful thing. You have set up some structure for collegial dialogue. Get these five to pollinate the practice and become the change agents. Then expand into organisational practice.

Industry perspective: What is the purpose of giving feedback to students? If you don't have the passion for the industry, then you are going to be a questionable practitioner. The project built relations between you and the participants. This is a strong beginning. How is this purpose of feedback currently shared with the

participants? How does it develop a deeper understanding and a shared passion about the learner in the nursing industry? You have highlighted the purpose of feedback and the way it was given. So how do you lift this into practice? How can you structure time so that more staff can be brought together for dialogue around this?

Anita: Thanks for all the comments. I am not very satisfied with the outcome but want to continue. I think I will need a critical friend to help me with the facilitation processes.

Example: Clinical facilitator gives feedback to a student.

Feedback 1:

Facilitator to nursing student: “You have left your clinical preparation area in a mess. This is not on. Do not do it again.”

Student: “Yes, sir.” Thinks – why are you scolding me? I am feeling so stressed.

Feedback 2:

Facilitator to nursing student: I notice you weren’t able to clean up your work area. Are you aware that it is important to do so? Was there a particular reason?

Student: Yes, I understand that it is necessary for safety reasons, and I was horrified to leave sharps lying out there, but another doctor pulled me away before I could finish, it was all very fast.

Facilitator: Yes, I can understand that happening, I imagine it would be difficult to tell him no.

Student: That’s right. I wasn’t sure whether I could tell him no, I have to finish here.

Facilitator: Well, it would depend on a number of factors, and we can look at how you can develop some criteria to be more discerning about whether to go with a doctor straight away, perhaps understanding the assertive politeness protocol. But I am wondering also, whether you were cleaning as you were going?

Student: Yes, I can see that would be a good option, I wasn’t fast enough, didn’t know where everything was, so I found it difficult to clean as well as be as quick as I needed to be with the patient. I guess I need to better familiarise myself with where everything is kept, and what the different bins are for. But I would like to know what to say to doctors.

Facilitator: I think now that you are alert to these issues, it would be a good idea to notice how experienced nurses manage the cleaning and the doctors. Consider it as collecting data. Meanwhile, you have given me a few things to think about also.

Acknowledgements & Background



This story was constructed by Dr Sue Stack (pictured, top) from a participant's presentation and artefacts in the Tools for Learning Design project. This is part of the Tools for Learning Design project led by Dr Helen Bound (bottom) and Dr Stack. We would like to thank the participant for allowing her story in all its vulnerabilities to be shared.



This story and the four others that are found in the Tools for Re-imagining Learning website convey the participants' questions, issues, processes and journeys. These stories have been slightly fictionalised with changed names to provide anonymity. They aim to express the authentic voice of the participants through using a conversational writing style.

The Tools for Re-imagining Learning website is a resource for trainers, curriculum and learning designers, and training leaders in the Singapore Continuing Education and Training sector interested in deepening understanding of their practice to create innovative and enlivening possibilities for their adult learners.

The Tools for Re-imagining Learning website and the Tools for Learning Design project overview can be found at www.ial.edu.sg.

For more information on the Tools for Learning Design project or the Tools for Re-imagining Learning website (content), please email Dr Stack at susan.stack@utas.edu.au or Dr Bound at helen_bound@ial.edu.sg.

We welcome questions or feedback on this publication, the Tools for Learning Design research report or the Tools for Re-imagining Learning website (layout or technical issues). Please email research@ial.edu.sg.

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