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SCAN Student Clinician Associates Next

A framework for facilitating clinical feedback

For Clinicians

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AKO AOTEAROA NATIONAL CENTRE FOR TERTIARY TEACHING EXCELLENCE

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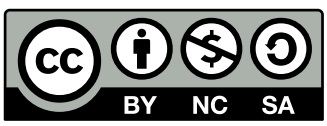


CONTENTS

INTRODUCTION

- Are you ever frustrated with your students' performance?
- Do you feel that despite all the feedback there is little improvement?
- Are you too busy to spend lots of time trying to work out what to say and how to make a difference?

SCAN is a framework designed to help you and your students engage in the feedback process. The aim is to encourage short, regular feedback sessions, which are time efficient for you and create valuable learning opportunities for them.

Best of all, by putting the student at the centre of the process, you highlight that they must do most of the work and take responsibility for their own learning. This not only saves you precious time, but promotes autonomous practice in them.

Rest assured the emphasis on feedback that led to the development of this framework, is well-founded in the literature:

> *"Feedback is a powerful aspect of learning"*
> (Hattie and Timperley, 2007).

However, too often we lose sight of why feedback exists, and so feedback becomes ineffective. Drawing from different definitions of feedback in the literature, van de Ridder et al (2008, p. 193) defined feedback in clinical education as:

> *Specific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance.*

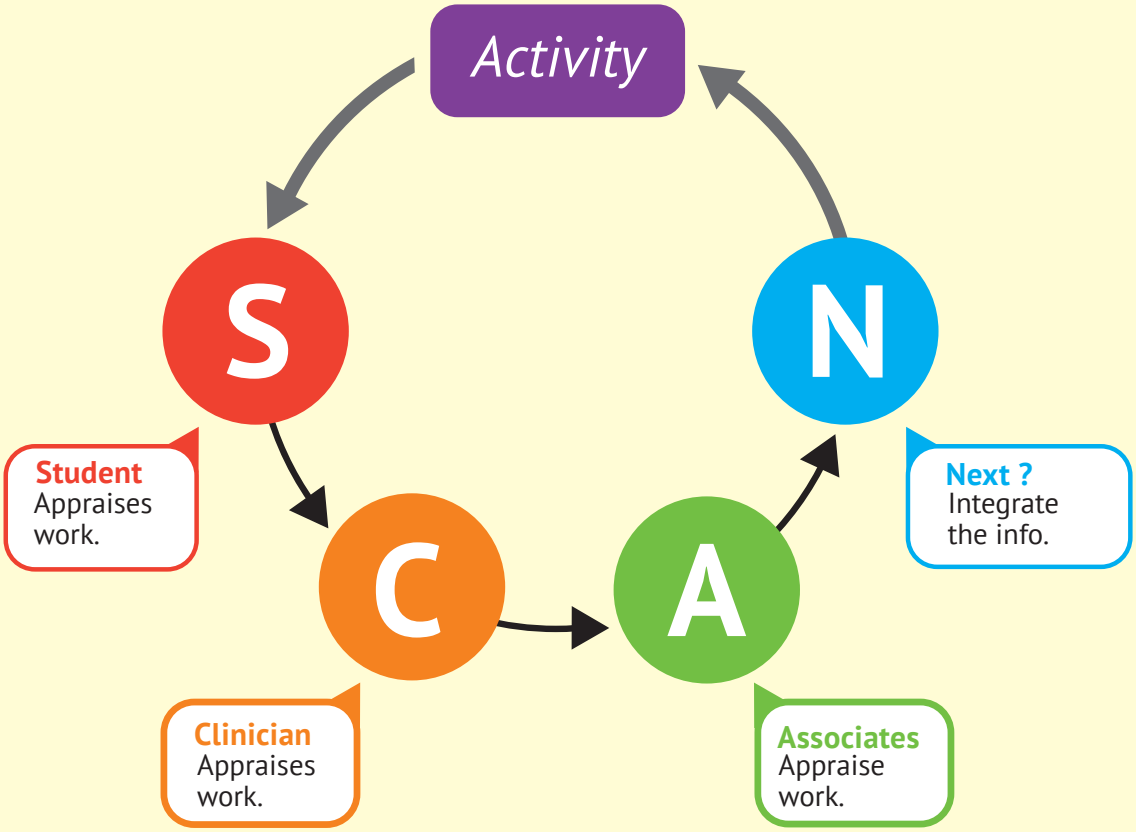
Boud and Molloy (2013, p. 19) suggest that

> *'feedback is part of a system that necessarily involves both input from others and output from the learner'.*

No longer should we be thinking of feedback as 'telling', or as a product that is 'given' and sorted out for another individual; rather, feedback is a process that all parties are involved with.

FRAMEWORK

The graphic below illustrates the process of engaging in feedback using a framework called SCAN.



A FRAMEWORK FOR FACILITATING CLINICAL FEEDBACK

HOW TO USE SCAN

The SCAN framework incorporates a simple mnemonic to remind students and clinical supervisors of their dual contribution to the feedback process, to incorporate other points of view, and to plan for future practice.

Following a clinical encounter, a short conversation about the student's performance can take place using the SCAN structure.

Prompts are provided to assist the **student** with their self-evaluation, and for the clinical supervisor to facilitate this. Further prompts are provided to assist the **clinical** supervisor and **associates** with their contributions.

To consider the **next** steps for future practice, the student may be easily able to identify some actions. Alternatively they can use the strategy action plan provided to guide their reflection. The clinical supervisor can assist them with this step, or the student may be happy to do it independently.

The entire process is designed to take as little as ten minutes and be conducted between patients, or over record-keeping, or breaks; even during a walk down the corridor.

If the student struggles to immediately analyse their clinical performance, the SCAN framework can be employed to facilitate reflective self-evaluation and to work through the feedback process at a later meeting. In addition, the SCAN framework can be used as a structure for longer feedback sessions, where the clinical supervisor and the student have more time for in-depth discussion.

Familiarity with the SCAN framework, and the prompt questions, should speed up the process and make it more effective. The supporting resources are designed to promote the SCAN framework's on-going utilisation.

S Student

When students are asked to perform a specific activity, it's important that they're aware of the expectations placed upon them - including knowing what is required of them in the feedback process.

Getting the students to appraise their own work is key to a successful feedback process.

It's essential that the student engages and takes a role in generating feedback, rather than merely listening to others. However, generating their own feedback can be a challenging task.

Below are some questions that may be useful when a student self-evaluates, or when you help a student to self-evaluate:

Evaluation

- What went well? Why?
- What didn't go so well? Why?

Analysis

- Why did you choose to do what you did?
- What were you trying to achieve?
- What informed your decision?

Conclusion

- What else could you have done?
- How successful were you?

(These are based on Gibbs' Model of Reflection (1988) outlined in The Physiotherapy Board of New Zealand (2012, p. 6).)

Clinician

Once the student has had opportunity to fully reflect (perhaps, with the clinician's— clinical supervisor/educator/coach—facilitation), you can then express your perspective.

Your external input is important, as we all have a tendency to lack objectivity when it comes to looking at our own practice. A student relying solely on self-evaluation can only ever obtain part of the picture. You are the expert in this situation – you have the knowledge and the experience and students can learn a lot from you. You can also model the reflective behavior.

Below are some discussion points that may be useful when you reflect with the student. If no discussion has taken place between you and the student prior to this, it would be appropriate for you to ask the student some of the questions that are highlighted in the 'Student' section, before moving to this 'Clinician' section.

Working with the student through the reflective cycle should help the student improve. If the student's practice doesn't change, think about how you've conveyed the information - perhaps you'll need to modify the way you engage with the student, to ensure that they understand the point(s) you're making.

Evaluation

- This is what you did well, and why I thought you did this well.
- This is what you could improve on, and how you could improve on it.

Analysis

- These are the key things that I would look at, and this is why I would look at them.
- This is what I would be trying to achieve.
- This is what would have informed my decision, and why.

Conclusion

- These are the other areas I would look at.
- How successful were you?

Associates

Associates are key people that can also contribute to the feedback process by providing reflection from a different viewpoint, thus creating a fuller picture for the student.

An 'associate' is anyone who is involved with or observing the event or activity that the student is conducting. They include: the patient, the patient's family member, another student, or other staff members, etc.

Outlined below are some areas of discussion that may be useful when associates reflect on the student's practice.

By including more perspectives in the feedback process, the student has the maximum opportunity to make an informed judgement about their practice (Boud and Molloy, 2013).

Evaluation

- What went well? Why?
- What didn't go so well? Why?

Analysis

- What do you think the student was trying to achieve?

Conclusion

- What else could the student have done?
- How successful was the student at achieving their task?

Next

Where to from here?

After the previous steps in the feedback process have been taken, the student then needs to compare their ***internal*** information (self-reflection) with the ***external*** information available.

Initially the student may require guidance from you to integrate this information. However, as the student becomes more competent with reflective practice and the feedback process, they should be able to do this themselves

An important next step is making use of the information and getting the student to think about how to improve.

Below are some questions that may be useful to help you guide the student in thinking about where they are now and, most importantly, what next:

Analysis

- How did self-reflection compare with feedback from others?
- What are possible reasons for any discrepancies?

Conclusion

- What patterns are there in the comments they're getting?
- How clear are they about what they're trying to achieve?
- What progress have they made?

Action Plan

- What gaps do they have in their knowledge?
- How are they going to up-skill?
- What will they do differently next time?
- What would they do if they were fully-qualified?

STRATEGY ACTION PLAN (OPTIONAL)

After the student has collated all their thoughts, if you think they're not clear about how to use the reflection and feedback process to improve, you might find it useful to work out a 'Strategy Action Plan' with the student. This is an optional step, but the preferred method for ensuring the student incorporates learning from the feedback process into their future practice.

The aim of the plan is for them to work out their own learning needs, and ways to meet those needs, but you may need to help them develop skills in doing this until they become confidant in planning independently.

Here's an example of a 'Strategy Action Plan' (See Appendix 1 for template)

Key Issues "What is the main issue I want to address"	**Learning strategies** "How am I going to do that?"	**Barriers to learning** "What might get in the way?"	**SMART goals to address key issues** "How will I know when I've got it sorted?"	**Date achieved**
Taking too long with subjective assessment (history-taking)	• Revise the components of subjective assessment so I am very familiar with them. • Practice performing an assessment on friends so it becomes a lot more automatic. • Have some "stop" or "pause" phrases I can use to control the patient interview if it starts going off track.	• My anxiety that I might have missed something. • I'm naturally chatty and don't always notice when we are going off topic. • I don't like to interrupt patients.	• I can complete the subjective assessment in 20-25 mins. • I have all the important information and can answer my supervisor's questions. • I have good direction for my objective assessment	
Safe mobilising of patients with shortness of breath (SOB)	• Have a sequence of information gathering, to ensure I don't forget anything, work through logically: include notes, handovers, check charts/monitors, talk to nurse for update, talk to patient, have equipment/assistant ready • Be clear what vital signs I am going to monitor when mobilising • Have a plan/set up route/chair for rest/O_2 cylinder • Communicate plan to patient before we start moving. Get their understanding/agreement • Communicate plan to assistant. Get their understanding/agreement. • Have "safety nets" in place – be prepared to adapt plan	• Unanticipated events e.g. patient doesn't cope with plan – need to change it quickly • Something happens on ward e.g. someone moves the chair	• Achieve treatment goals safely and effectively with every patient in the next two weeks of the placement (final two weeks of placement) • 100% safe practice	
Select most appropriate outcome measures to use with stroke patients	• Revise the outcome measures we learnt in Year 2 and Year 3 • Check the outcome measure resource on the rehabilitation unit • Look up information about those I am unclear on, or where the information I have is incomplete • Make suggestions to my supervisor about the most suitable outcome measure to use for individual patients. Be prepared to discuss and justify my selection • Check the outcome measure evaluates the specific problem identified • Check outcome measure has been developed/tested on a similar patient group. Also that it is valid, reliable and responsive to change • Revise safety procedures around performing the testing • Check equipment/resources required are available	• I could over-estimate or under-estimate the patient's ability to perform the outcome measure • There may not be a well-researched outcome measure that matches my aim, so I may have to adapt one that is similar or has been tested on a similar patient group • If I haven't performed it before I might misunderstand or misinterpret the instructions. I would need to ask my supervisor to watch or help me	• Able to select the best outcome measure for all my patients, (the one which challenges without pushing them too far) • I become familiar with the range of Safe and effective outcome measures for stroke patients. • Supervisor and educator are satisfied with my use of outcome measures	

CURRENT THINKING ON FEEDBACK

There is widespread acceptance that feedback is a contentious area in higher education (Adcroft, 2011; Hounsell et al, 2008). Students often comment that they do not get adequate information in the feedback process (Brown, 2007), or that the information they do receive is not relevant (Boehler et al, 2006). Many supervisors and educators feel that feedback is time-consuming and so is often ignored (Carless, 2006; Orrell, 2006). However, it is recognised by most that effective feedback constitutes an 'integral component of successful teaching, learning and assessment process' (Merry et al, 2013).

Where is it that we are going wrong? Boud and Molloy (2013) suggest that the 'quick tricks' or formulaic approach to feedback that clinicians are often encouraged to practise may do more harm than good. Ideas such as 'all feedback is good feedback', 'the more the merrier', 'feedback is telling' and 'feedback ends in telling' are assumptions that are not based on accepted purposes of feedback.

Merry et al (2013), in their published collection of research papers and case studies, draw attention to several key themes in an effective feedback process—feedback is an opportunity to learn, feedback is frequent and integrated, feedback is interactive and dialogical, feedback is part of development, feedback is self-assessment and integrative learning, feedback is critique, and feedback is an essential part of ethical practice.

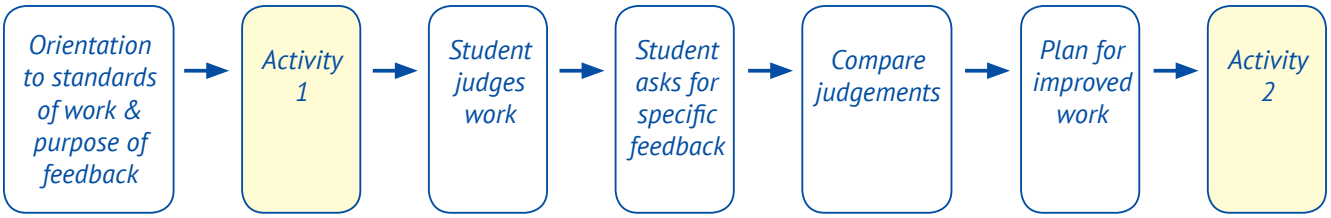
Boud and Molloy (2013) propose two ways of thinking about feedback. Feedback Mark 1 (fig. 1) is based on students receiving information following an activity. The student then uses this information to influence their subsequent performance of the task. The later task is then used to formulate more information that is a central part of the feedback process. The model is shown below:

Figure 1: 'Feedback Mark 1', Boud and Molloy (2013, p. 19)

In this model, it is essential that the provider of information uses subsequent performances of the student to determine whether the input 'given' has had the desirable effect of improving student performance.

However, in Feedback Mark 1 model, the student is still represented as being something like a machine, with the provider of information having full control over the process rather than viewing the student as a responsible person who can contribute to their own learning and make choices about what they can do.

Boud and Molloy's (2013) Feedback Mark 2 model (fig. 2) is shown below:



The Feedback Mark 2 model, a model that SCAN is based upon, requires the student to judge their own performance before asking others around them to contribute to the evaluation of their performance. The student uses both the internal and external information accessible to them, and then makes decisions about their performance. The student then plans for improved performance when they undertake their next activity. This model also acknowledges that 'feedback is seen not only as having an influence on immediate tasks but of building students' capacity for making judgements about their subsequent work' (Boud and Molloy, 2013, p. 22).

The process of feedback therefore needs to involve:

- **Self-assessment**—for development of self-regulation skills and sustainability (Liu and Carless, 2006)
- **Dialogue**—for development of communication skills (Sadler, 2010)
- **Reciprocity**—addressing 'power' and 'expertise' (Nicol and Macfarlane-Dick, 2006)
- **Forward-focus**—so that the process can inform future learning and practice (Duncan, 2007)

> SCAN was developed following a review of the literature, and evaluation of current feedback practice in physiotherapy clinical education in New Zealand (via semi-structured interviews with supervisors/educators and focus groups with current final year students). It aims to provide a framework and resource that facilitates engagement in high-quality feedback practice.

APPENDIX 1

STRATEGY ACTION PLAN

Key Issues "What is the main issue I want to address"	**Learning strategies** "How am I going to do that?"	**Barriers to learning** "What might get in the way?"	**SMART goals to address key issues** "How will I know when I've got it sorted?"	**Date achieved**

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