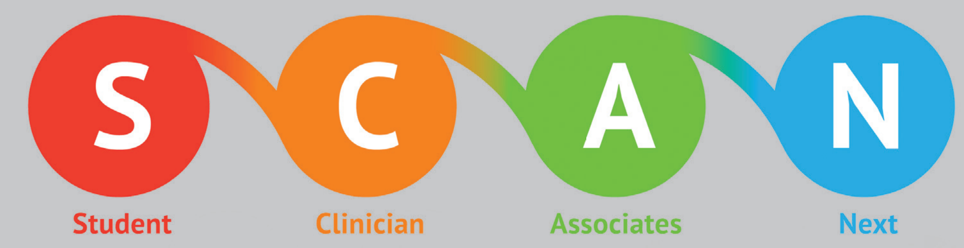

A framework for facilitating clinical feedback

For Students

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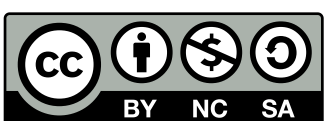

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INTRODUCTION

Feedback is a really important component of learning.

Both students and supervisors have recognised the role it plays in improving performance, and contributing to success in clinical placements.

But how do you do it? What is your contribution to the process? How do you ensure feedback will make a difference to your learning and improve patient care?

SCAN is a tool to help you engage successfully in the feedback process. It gives you and your supervisors a framework to do this. It outlines who does what, with some prompts (tips) to get you thinking and talking about your developing clinical skills and performance in clinical practice.

S The **S**tudent comes first to highlight the active role you have to take in the feedback process. You must learn to evaluate your own practice, and become your own best critic.

C Input from your **C**linical supervisor is essential to your learning: to give you guidance, share expertise and provide support

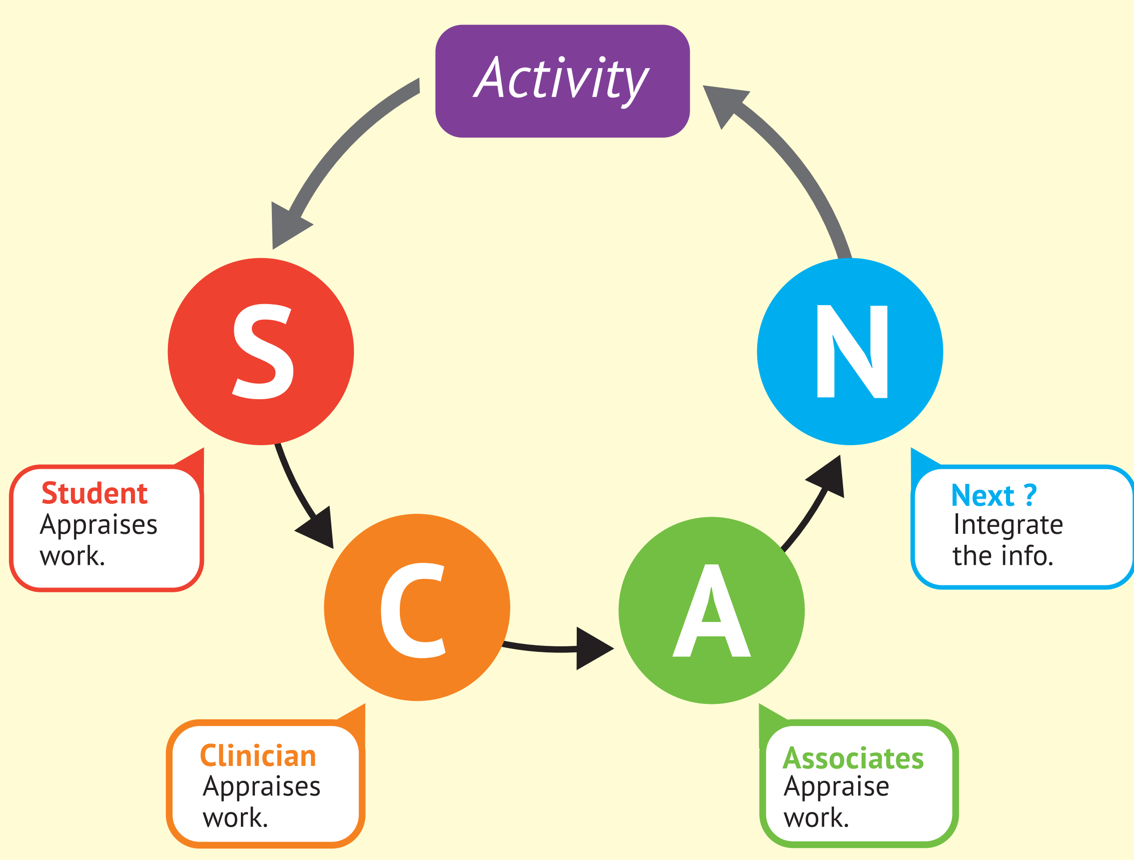
A **A**ssociates – including your peers, your patients and other staff you work with, will also have useful things to say about your performance, and will see it from a different perspective.

N **N**ext? Reflection on past performance is only helpful to your learning if you feed that forward into your future performance. Use your own thoughts about your performance, as well as those of your supervisor and others, to develop your own solution or plan for future practice.

SCAN is not intended to replace formal feedback procedures such as the mid or end of placement assessment. The purpose is to give you a quick, easy to use tool that you can embed in your everyday practice; to help you engage in the feedback process. It could be as quick as a 5 minute conversation straight after a patient encounter, or you might prefer to take your time to reflect on and analyse your performance, before having a discussion with your supervisor.

FRAMEWORK

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



Student

When you're asked to do something, it's important to know what's expected of you – including when you're doing feedback.

Being able to evaluate your own performance is key to making the most of the feedback process.

It's essential that you take a role in generating feedback, rather than just listen to others. However, generating your own feedback can be challenging.

Below are some questions that may be useful to help you self-evaluate.

Evaluation

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

Analysis

- Why did I choose to do what I did?
- What was I trying to achieve?
- What informed my decision?

Conclusion

- What else could I have done?
- How successful was I?

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

Clinician

Once you (the student) have had an opportunity to fully reflect, the clinician can then say what they think about your performance.

It's important to get someone else's perspective, as it's hard to be objective when you're thinking about your own performance, and it helps to get more of the picture as to how you're going.

Below are some discussion points that may be useful for the clinician when they reflect with you.

Effective reflection with the clinician should help you improve what you're doing.

It's really important that you're able to understand the point(s) the clinician is making, as this will help you develop your clinical reasoning and practice.

If you don't understand the point(s) the clinician is making, ask them to say it in a different way, or give you a different example.

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 who can also contribute to the feedback process – they can provide a different viewpoint, which helps create a bigger picture for you to evaluate.

An 'associate' is anyone who is involved with (or observing) the activity that you're doing. Examples of associate could be: your patient, the patient's family member, another student, other staff members, etc.

Below are some discussion points that may be useful when associates reflect on your performance.

By including many different perspectives in the feedback process, you have more information to help you reflect on how you're going.

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 you've done the above steps in the feedback process, you then need to compare how ***you*** think you're going, with how ***others*** think you're going.

Initially, you might need a bit of input from the clinician to help with this. However, as you become better at doing the feedback process, this will become easier for you.

Yet, all of this feedback is redundant if you don't consider how to move forward, i.e. what you're going to do next to improve.

Below are some questions that may be useful to help you think about where you are now and, most importantly, what next:

Analysis

- Are there any differences between how I think I'm going, and how others think I'm going?
- What are the reasons for the differences?

Conclusion

- What patterns are there in the comments I'm getting?
- How clear am I about what I'm trying to achieve?
- What progress am I making?

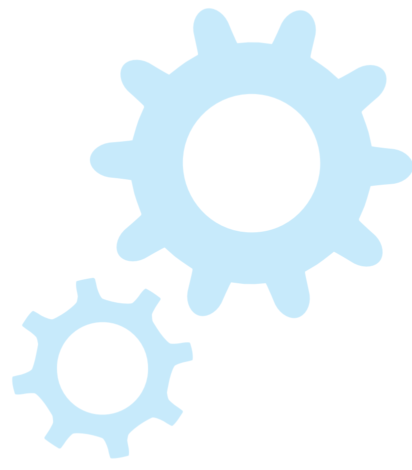
Action Plan

- What gaps do I have in my knowledge?
- How am I going to up-skill?
- What will I do differently next time?
- What would I do if I were fully-qualified?

STRATEGY ACTION PLAN (OPTIONAL)

If you're not clear about how to use the reflection and feedback process to improve, and don't know what to do next, you might find it useful to work out a 'Strategy Action Plan'. This is an optional step, but the preferred method for ensuring you incorporate learning from the feedback process into your future practice.

The aim of the plan is for you to work out your own learning needs, and ways to meet those needs, but the clinician can help you, if necessary. When you get better at it, you might not need to fill out the plan. However, if you are stuck, it's a good way to do some clear thinking and planning.



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 in-formation 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 ap-propriate 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-re-searched 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 misinter-pret 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:

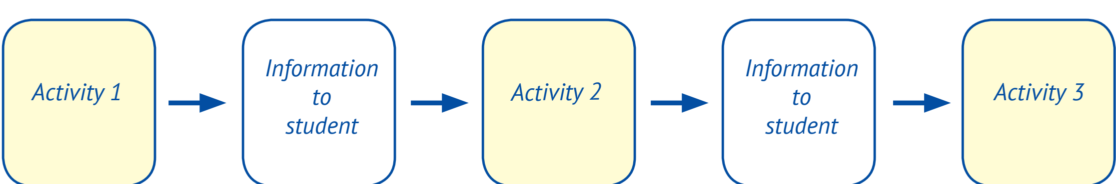
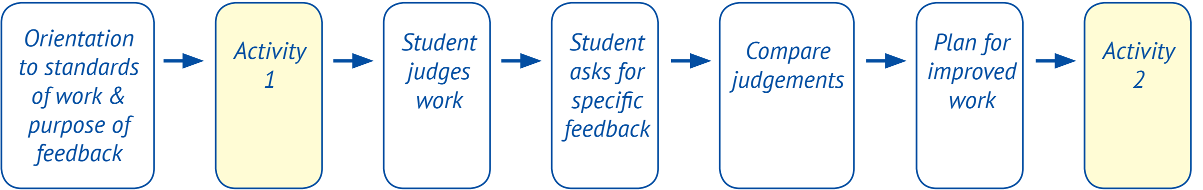


Figure 1: 'Feedback Mark 1', Boud and Molloy (2013, p. 19)

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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