Warman, S. M., Bell, C., & Rhind, S. M. (2014). Effective student feedback in clinical practice. In Practice, 36(5), 256-258. DOI: 10.1136/ inp.g2169

Link to published version (if available):
10.1136/ inp.g2169

Link to publication record in Explore Bristol Research
PDF-document

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
http://www.bristol.ac.uk/pure/about/ebr-terms
Tips for making feedback effective in the clinical environment

Sheena Warman, Catriona Bell, Susan Rhind

This article forms part of a series of articles published in In Practice, aimed at providing veterinary staff and students with tips and tools to enhance the teaching moments which occur on a daily basis in practice. Previous articles introduced the different ways in which people learn, and gave tips on fitting teaching into a busy working day. This article draws from the literature and the authors’ experience, and will focus on the importance of feedback and provide suggestions for how to do it well. The emphasis will be on giving effective verbal rather than written feedback; however many of the principles apply to both, and may equally apply to interactions with colleagues and clients as well as students.

Why is feedback important?

It is well established that feedback is one of the most important motivators for learning. Despite teachers feeling that they give feedback regularly, students often perceive feedback as infrequent and ineffective. The traditional concept of feedback as a teacher-led, one-way flow of information has significant limitations, and has been described as merely providing “hopefully useful information” (Boud and Molloy 2013). It is more appropriate to think of feedback as a dialogue, where the student has an active role at all stages of the process. Feedback, when done well, should result in the student having an increased awareness of their strengths and weaknesses, increased ability to evaluate their own performance, and a plan for further improvement. Feedback which is done badly can be counter-productive, with a negative effect on student confidence and engagement. There is sometimes a tendency to consider feedback as being relevant only where students are struggling, however all students should have the opportunity to learn and develop through appropriate feedback.

Feedback to veterinary and nursing students is likely to encompass a combination of “in-the-moment” feedback during or following a procedure, scheduled feedback sessions during or at the end of placements, and written reports. Students should be active in seeking and using these opportunities to maximise their development and potential. These tips will help both students and teachers gain the most from these interactions (Box 1).

1. Be aware of the standards expected

It is essential that both the teacher and student are aware of the standards expected, whether this is the RCVS Day 1 competences expected of a final year student, or the basic clinical skills expected of a 3rd year student just starting their clinical EMS. Further guidance should be available from the EMS team at the students’ University. Veterinary students are expected to develop both professional and clinical skills, and feedback dialogue in all of the areas that these encompass is essential to help an individual fulfil their potential. It is good practice to have a conversation with the student at the start of a placement to gauge their current level of skill and experience, and their expectations of the placement.

2. Have feedback conversations at an appropriate time and place
The feedback dialogue should happen as soon as possible after the activity has taken place, and consideration must be given to where this should occur. For farm and equine vets, the car drive to the next call may provide an ideal opportunity for feedback. It is usually acceptable to discuss performance of a practical task within hearing of other members of the clinical staff and possibly even clients. This will often take only a minute or two. Issues of professionalism such as poor teamwork or attitude would be better dealt with in private, and are likely to require a longer time commitment.

3. **Encourage the student to evaluate their own performance**

It is essential that professionals develop skills of self-evaluation; there is evidence from medicine that health professionals frequently over- or under-estimate their own abilities. Asking students to comment on ‘what they thought they did well’ and ‘what requires improvement’, before the teacher gives an opinion, can be invaluable. The student must reflect on their performance and break the task down into individual components (See Box 2). As a general guide, the student should contribute at least half of the discussion during a feedback interaction. Care should be taken with other models such as “The Feedback Sandwich”, when negative aspects of feedback are “sandwiched” between positive aspects. This can encourage complacency and a lack of self-critique and action planning by the student.

4. **Ensure feedback is accurate**

Students may reject feedback that they perceive to be inaccurate or unreliable; wherever possible feedback should be given by the observer and not delivered second-hand. Any suitably qualified member of the team should feel empowered to give feedback. The exception to this would be significant problems with professionalism which may require sensitive handling by a senior member of the team, based on reliable, specific information from colleagues.

5. **Be objective and non-judgemental**

It is important that feedback should give constructive advice on improving specific behaviours and not criticise the student’s personality. This can sometimes be challenging when discussing professional skills such as communication or attitude. For example, if a student appears disinterested during a consultation, it may help to discuss how specific aspects of their behaviour (e.g. lack of eye contact) can affect the observer (or client’s) perception of their attitude towards the animal.

6. **Use specific examples**

Comments such as “Well done” or “Keep practising” are not generally helpful, unless supported by specific examples. It is far more valuable to give specific examples of what went well or what needs to be improved as this helps guide the student’s plan for improvement, for example “Your basic physical examination of the dog was systematic and thorough, but work on your auscultation skills and remember the importance of auscultating the heart on both sides.” See Box 3 for further examples.

7. **Be balanced and supportive**
It is important that both strengths and weaknesses are discussed. It is surprising how often the perceptions of the student and teacher differ and even a brief discussion can be enlightening. Feedback should be given in a supportive manner. Body language should be non-threatening; both teacher and student should be standing or seated to avoid any perception of hierarchy or power. Students attribute greater validity to feedback if it is given by someone they perceive to have their best interests at heart.

8. **Ensure an achievable action plan**

Every feedback interaction should conclude with an action plan. Where possible the student should propose the plan, based on discussion of their strengths and weaknesses, and the role of the teacher should be to ensure that this is appropriate and achievable. It is usually best to focus on one or two specific things to work on. This is a good opportunity to ensure that the student has understood where their strengths and weaknesses lie.

9. **Create on-going opportunities**

Feedback can only be put to use if there are repeated opportunities to practise a skill. Students must take responsibility for identifying and using such opportunities, and reflecting on their progress. For example, a student who struggles with syringe handling when taking blood from a dog can practise their basic syringe handling skills away from patients. The student should then actively seek opportunities to take samples from patients, and seek on-going feedback to further hone their skills.

10. **Practise the process and develop a “feedback culture”**

Seeking or giving effective feedback is a skill that can be learnt and practised (Warman 2014). Students may initially find it awkward to critique their own performance, and teachers may find it difficult to comment on more negative aspects of performance. With familiarity and practise, the process becomes second nature to both parties, who should feel like partners in the process in order to help students achieve their potential.

**References**


**Further Reading**


Further references are available from the authors

Box 1
Tips for effective feedback

1. Be aware of the standard expected
2. Have feedback conversations at an appropriate time and place
3. Encourage the student to evaluate their own performance
4. Ensure feedback is accurate
5. Be objective and non-judgemental
6. Use specific examples
7. Be balanced and supportive
8. Ensure an achievable action plan
9. Create ongoing opportunities
10. Practise the process and develop a “feedback culture”

Box 2
A model for feedback interaction

1. Ask the student what they thought they did well
2. Give examples of what you think they did well, and discuss any differences of opinion
3. Ask the students what they think they need to improve
4. Again, give specific examples of what you think they need to work on
5. Ask the student what their plan is for further improvement
6. Agree (or discuss) the plan, and aim to provide further opportunities for feedback

Box 3
Examples of unhelpful/helpful feedback comments

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Less helpful</th>
<th>Reason</th>
<th>More helpful</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination</td>
<td>It was really good</td>
<td>Non-specific</td>
<td>Well done, you did a really thorough but efficient examination. It was particularly good that you detected the murmur.</td>
<td>Specific, positive, descriptive</td>
</tr>
<tr>
<td>Physical examination</td>
<td>You felt for the prescapular lymph nodes in the wrong place.</td>
<td>Judgemental</td>
<td>When you were checking the prescapular lymph nodes, it looked as if you were palpating a bit too ventrally. Were you aware of that?</td>
<td>Specific, supportive, non-judgemental</td>
</tr>
</tbody>
</table>
**Blood sample**

| You need to keep practising | Non-specific | You raised the vein well and managed to get the needle in the vein initially, but then you had to reposition your hand to draw back. Maybe try holding the syringe like this [demonstrates]. Why don’t you practise that then we’ll make sure you get another opportunity to take blood tomorrow? | Specific, supportive, action plan |

Note that whenever time permits the student should be encouraged to identify their own strengths and weaknesses before receiving feedback from the teacher; the student should also be encouraged to develop their own action plan for improvement.