

Teacher's perspective on giving feedback in clinical teaching

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Abstract

Background and objectives:

In medicine and nursing, the educational focus has shifted away from knowledge acquisition and duration of training towards the achievement of learning outcome. Feedback is the cornerstone of effective clinical teaching. It can help trainees reach their maximum potential. This study aimed to assess knowledge, practice and attitude of teachers regarding feedback in clinical teaching and find out related factors.

Methods:

A descriptive study was done on 28 teachers with different scientific title and years of experience from Hawler Medical University during October, 2015. They asked to fill a questionnaire format developed by researcher which included questions regarding knowledge, practice and attitude of them regarding feedback in clinical teaching. Data analyzed by SPSS.

Results:

Twenty five per cent of the teachers could not to define feedback on clinical teaching and 32.1% gave incorrect answer. Near half of them did no answer how they do feedback and 28.6% mentioned by questioning and re-demonstration by students. The majority did not know the benefits and barriers of providing feedback to students by teachers.

Conclusion:

Teachers in clinical teaching need to understand the importance of feedback for improving teaching and learning process by improve their knowledge, attitude and practice.

Key words: Teaching, Feedback, Attitude, Knowledge

Introduction:

Clinical education is an essential component of nursing and medicine curriculum. In both, the educational focus has shifted away from knowledge acquisition and duration of training towards the achievement of learning outcomes and preparation of physicians and nurses for meeting individual and population healthcare needs¹. Feedback is the cornerstone of effective clinical teaching². Without feedback, good practice is not reinforced, poor performance is not corrected, and the path to improvement not identified. Though teachers believe that they give regular and sufficient feedback, often this is not how it is perceived by learners³⁻⁵.

Feedback is about providing information to students with the intention of narrowing the gap between actual and desired performance^{6,7}. Hesketh and Laidlaw (2002) describe feedback as an essential element of the educational process that can help trainees reach their maximum potential². It enables learners to achieve the course or program goals by reinforcing good performance and providing the basis for remediation when needed. Feedback links the teaching and assessment roles of teachers and demonstrates their commitment to the learners⁸.

The impact of constructive feedback extends beyond the teaching and learning process. Feedback is essential for the student's growth, provides direction and helps to boost confidence, increase motivation and self-esteem⁹. Also promotes personal and professional growth and development for the teacher or supervisor. Supervisors believe that their communication and interpersonal skills are significantly enhanced through the provision of feedback as well as A sense of personal satisfaction is achieved by facilitating the development of another person, sharing practice and enhancing learning^{10,11}.

The purpose of giving feedback is to encourage learners to think about their performance and how they might improve^{12,13}. Surveys of learners' preferences show that they want feedback that stimulates them to reflect on what they are doing^{14,15}.

This study aimed to assess knowledge, practice and attitude of teachers regarding feedback in clinical teaching and find out the related factors.

Methods:

A descriptive study was done on 28 teachers from total 50 (convenience sampling), with different scientific title and years of experience from College of Nursing/Hawler Medical University during October, 2015 in Erbil City. All teachers in one session was asked to fill a questionnaire format developed by researcher which included questions regarding knowledge, practice and attitude of them regarding feedback in clinical teaching. Teacher's participation was voluntary and purpose of the study was explained for them before data collection. Data entered to and analyzed by SPSS (Version 18). Frequency, percentage and chi-square test was used for interpretation of the data.

Results:

The highest percentage of the study sample (35.7%) aged between 41 to 50 years old, half of them had master degree. Forty six point four percent were assistant lecturer and 60.7% had less than 10 years experience in clinical teaching (Table 1). The majority (85.7%) of the teachers know that feedback in clinical teaching is one of responsibility of teachers in clinical teaching, but more than half gave no answer or incorrect answer for definition of feedback in clinical teaching and the rest they defined it in term of evaluation of students (17.9%), students attitude regarding teacher performance (7.1%), knowing strong and negative points regarding her/his self (7.1%)(Table 2). Regarding practice of teachers, 67.9% of the them were providing feedback on clinical performance to students, but 42.9% of them did not give answer to how providing feedback, 28.6% of them did by questioning and repeating by students and 10.7% of them by daily evaluation and review (Table 3). Regarding attitude 89.3% of the study sample believed that providing feedback is important issue in clinical teaching, but half of them did not mention the benefits. Barriers of giving feedback in clinical teaching mentioned as following: inappropriate students/teachers ratio (17.9%), time limitation 35.7%, inadequate equipment/hospital policy/system 35.7%, poor attitude/information of students 17.9%, poor relationship/communication (28.6%), incompetent teacher (10.7%) and 17.9% mentioned no barrier or did not answer (Table 4). There was no statistically significant relationship between knowledge, practice and attitude of teachers regarding feedback in clinical teaching with their scientific title and years of experience (Table 5 and 6).

Table 1: Background information of the study sample

Variables	No	%
Age group		
- Less than 30	6	21.4
- 31 – 40	7	25
- 41 – 50	10	35.7
- More than 50	5	17.9
Certification		
- BSc	3	10.7
- MSc	14	50
- PhD	11	39.3
Scientific title		
- Clinical instructor	4	14.3
- Assistant lecture	13	46.4
- Lecturer	10	35.7
- Assistant professor	1	3.6
Years of experience in clinical teaching		
- Less than 10	17	60.7
- 11- 20	8	28.6
- More than 20	3	10.7

Table 2: Knowledge of teachers regarding feedback in clinical teaching

Items	No	%
Feedback is one responsibility of the teacher in clinical teaching		
- Yes	24	85.7
- No	4	14.3
Definition of feedback		
- Evaluation of students	9	32.1
- Response to education	3	10.7
- Outcome of learning at end of course	1	3.6
- Students attitude regarding teacher performance	1	3.6
- Discussing positive and negative points with students	2	7.1
- Knowing strong and negative points regarding her/his self	1	3.6
- Knowing strong and negative points regarding her/his self	2	7.1

Table 3: Practice of the study sample regarding feedback in clinical teaching

Items	N0	%
Providing feedback on clinical performance to students		
- Yes	19	67.9
- No	9	32.1
How providing feedback		
- No answer	12	42.9
- Questioning and repeating by students	8	28.6
- Wrong answer	2	7.1
- Discussion with students	1	3.6
- By checklist	1	3.6
- Re- demonstration by students	1	3.6
- Daily evaluation and review	3	10.7

Table 4: Attitude of teachers regarding feedback in clinical teaching

Items	No	%
Providing feedback is important issue in clinical teaching		
- Yes	25	89.3
- No	3	10.7
Benefits of feedback		
- For students	7	25
- For teachers	4	14.3
- Both	3	10.7
- No answer	14	50
Barriers of feedback		
- Inappropriate students/teachers ratio	5	17.9
- Time limitation	10	35.7
- Inadequate equipment/hospital policy/system	10	35.7
- Poor attitude/information of students	5	17.9
- Poor relationship/communication	8	28.6
- Incompetent teacher	3	10.7
- No barrier/no answer	5	17.9

Table 5: Association between scientific title of teachers and their knowledge, practice and attitude regarding feedback in clinical teaching

Items	Scientific title				P-value
	Clinical instructor No.(%)	Assistant lecturer No.(%)	Lecturer No.(%)	Assistant professor No.(%)	
Feedback is one responsibility of the teacher in clinical teaching					
- Yes	4(100)	11(84.6)	8(80)	1(100)	1.000*
- No	0(0)	2(15.4)	2(20)	0(0)	
Providing feedback on clinical performance to students					
- Yes	3(27)	8(61.5)	7(70)	1(100)	1.000*
- No	1(25)	5(38.5)	3(30)	0(0)	
Providing feedback is important issue in clinical teaching					
- Yes	4(100)	11(84.6)	9(90)	1(100)	1.000*
- No	0(0)	2(15.4)	1(10)	0(0)	

Table 6: Association of years of experience of teachers with their knowledge, practice and attitude regarding feedback in clinical teaching

Items	Years of experience				P-value
	< 10 No(%)	11 – 20 No(%)	21 – 30 No(%)	> 30 No(%)	
Feedback is one responsibility of the teacher in clinical teaching					
- Yes	15(93.8)	6(73)	2(66.7)	1(100)	0.305*
- No	1(6.3)	2(25)	1(33.3)	0(0)	
Providing feedback on clinical performance to students					
- Yes	11(68.8)	4(50)	3(100)	1(100)	0.523*
- No	5(31.3)	4(50)	0(0)	0(0)	
Providing feedback is important issue in clinical teaching					
- Yes	16(100)	5(62.5)	3(100)	1(100)	0.071*
- No	0(0)	3(37.5)	0(0)	0(0)	

Discussion:

More than half of the teachers involved in this study to assess the knowledge, attitude and practice of them regarding feedback in clinical teaching. The results showed that the teachers had no correct and appropriate knowledge regarding that as more than half of them did not define it or gave incorrect definition. The rest of teachers defined it as evaluation of students, response to education, outcome of learning at end of course, students attitude regarding teacher performance, discussing positive and negative points with students and knowing strong and negative points regarding her/his self. It is clear that teachers had misunderstanding about feedback in clinical teaching and they mixed up it with evaluation of students.

All definitions suggest that feedback is an interactive process which aims to provide learners with insight into their performance. When giving feedback inform action should include opinion and judgment about current performance and explore options for improved practice. Feedback should be based on observations made while working with a student in practice and may follow a period of reflection by the supervisor. This must be an unbiased, analytical reflection of what has occurred¹⁵.

Although in the present study the most of teachers were giving the feedback to the students and they believed that it is important responsibility of the teachers, but because of misunderstanding and not well differentiate with evaluation of the student and student feedback, they did not know how to practice it. Consequently they did not know what the benefits of the feedback in clinical teaching are and they mentioned barriers of giving feedback related to process of teaching and environment.

Both formal and informal methods of delivering feedback to the student exist. Ideally a combination of these methods should be used to ensure ongoing and timely information is given. One informal method of feedback is on-the-spot comments which are made during practice. These are used to offer feedback on aspects of practice which are observed by the supervisor¹¹.

A review of the literature reveals significant inconsistency in the amount of feedback, praise and positive reinforcement received by students¹⁵. In fact, feedback on clinical performance is often not forthcoming and when offered, is too late, destructive, and personal in nature. In addition, it frequently fails to concentrate on skill development and enhanced clinical performance¹⁵.

Instructor personal qualities such as approachability, positive attitudes, commitment, good teaching skills with knowledge and willingness to give guidance and feedback contributed to effective learning experiences and educational development in the context of the doctor's care of patients. It has also

been shown that students value good feedback in clinical teaching and learning¹⁶ and that good feedback directly influences students' performance. By giving feedback and encouraging students to reflect, supervisors can have a positive effect on learning. Others have previously reported that teachers are more effective when they show a positive attitude and enthusiasm for teaching, demonstrate good clinical skills, and practice ethically¹⁷.

As it is revealed from the results of the present study the scientific title and years of experience of teachers had no association with their knowledge, practice and attitude regarding feedback in clinical teaching. So the integration of the concept of feedback in medical and nursing education, training of the trainers pertaining to techniques of adult learning and how to give feedback to trainees are foremost requirements.

Conclusions:

The majority of teachers had no correct perception regarding feedback in clinical teaching and they provided feedback to the students in term of evaluation of the students. Clinical teachers should regard the art of giving feedback as a critical skill to be acquired through repeated practice and augmented by reflection on their own performance. Further studies are necessary in other colleges of HMU as well as to know students' perspective on providing feedback by teachers in clinical teaching.

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