



Feedback: An essential element of student learning in clinical practice

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Summary 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 it appears that 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 an appreciation of the steps of the feedback process, an understanding of the student response to feedback and effective communication skills.
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Aim

Feedback is a fundamental aspect of teaching and learning. Rowntree (1987, p. 27) describes it as the “lifeblood of learning”. While the importance of feedback is widely acknowledged there appears to be inconsistency in the amount, type and timing of feedback received by students in clinical practice (Cahill, 1996; Nordgren et al., 1998; McNeill et al.,

1998; Pertab, 1999; Glover, 2000; Gray and Smith, 2000; Raftery, 2001). The aim of this paper is to outline the nature and importance of feedback in the clinical learning environment. The benefits of and the barriers to feedback will be explored and finally the elements of effective feedback will be outlined.

What is feedback?

There are many definitions of feedback all of which share common characteristics. All definitions suggest that feedback is an interactive process which aims to provide learners with insight into their

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performance. Terms used to describe feedback may be categorised into two broad groups: constructive/corrective/negative and reinforcing/positive. In general, however, practitioners tend to use the terms negative or positive when describing feedback. When giving feedback information should include opinion and judgement about current performance and explore options for improved practice (Wiggins, 1993; Eraut, 2006). 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 occurred (Wood, 2000).

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 supervisor. The advantage of this method is that it is most likely to be situation-specific which ensures that important elements are not forgotten. In addition, this method lends itself to discussion of evidence-based practice which can be instantly demonstrated to the student. This opportunistic feedback is a vital element of the clinical learning experience. Many supervisors feel that this type of feedback is so much part of the day-to-day activity of the clinical environment that it is given unconsciously (Clynes, 2004). A potential drawback of this unconscious process is that it may not be regarded as feedback by the student thus negating the process (Eraut, 2006). This problem can be overcome if the supervisor refers back to these learning experiences during formal feedback sessions.

A second informal method of feedback is general conversation away from the job. While this technique may enhance collegiality its value is uncertain. Nevertheless, useful feedback may be offered. More importantly, it can foster effective relationships which may prompt the active pursuit of feedback by the student (Eraut, 2006).

For the majority of student nurses feedback takes on a more formal dimension whereby they are assigned a named supervisor who is responsible for the provision of feedback. This may include formative or summative feedback. Formative feedback is ongoing and aims to improve the learning experience. It does not involve the grading of clinical performance. Summative feedback takes place at the end of a clinical placement and includes constructive feedback and the grading of clinical performance.

Benefits of feedback

Benefits for the student

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-esteem (Greenwood and n'ha Winifreyda, 1995; Atkins and Williams, 1995; Baard and Neville, 1996; Begley and White, 2003). It can help students rate their clinical practice in a realistic way (Glover, 2000). If students are not offered feedback they may compare themselves with more senior colleagues and evaluate themselves inappropriately. This can lead to decreased levels of student self-esteem which may have a negative impact on subsequent practice. It also provides a means by which the student can fit in and contribute to ward activity in a useful manner (Cahill, 1996; Glover, 2000).

Benefits for the supervisor

It is acknowledged that benefits also accrue to supervisors as a result of providing feedback. It promotes personal and professional growth and development (McGregor, 1999; Clynes, 2004). Supervisors believe that their communication and interpersonal skills are significantly enhanced through the provision of feedback (Clynes, 2004). A sense of personal satisfaction is achieved by facilitating the development of another person, sharing practice and enhancing learning (Atkins and Williams, 1995; Allen, 2002; Clynes, 2004).

Student experiences of receiving feedback

Notwithstanding the evidence that feedback is an essential component of the student learning process a review of the literature reveals significant inconsistency in the amount of feedback, praise and positive reinforcement received by students (Cahill, 1996; Nordgren et al., 1998; McNeill et al., 1998; Raftery, 2001). In fact, feedback on clinical performance is often not forthcoming and when offered, is too late, destructive, and personal in nature (Raftery, 2001). In addition, it frequently fails to concentrate on skill development and enhanced clinical performance. Some students indicate that praise can be rare, but fault finding which has a negative impact on self-esteem and confidence is not (Cahill, 1996). Students suggest that a good supervisor is someone who provides constructive criticism rather than allowing inaccurate practice to

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