The influence of a preceptor-student 'Daily Feedback Tool' on clinical feedback practices in nursing education: A qualitative study

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ABSTRACT

Background: Feedback in clinical education is essential for the development of competent nurses. When the process is enacted well, it offers measured performance against standards required by the nursing health profession, promoting learning and behavioural change. Despite this, health literature describes numerous barriers to effective feedback processes.
Objective: A qualitative descriptive design was used to determine whether the introduction of a Daily Feedback Tool addressing some of the barriers to effective feedback, influenced nursing students and clinical supervisors (preceptors) experiences in nursing clinical education.
Method: A total of eight semi-structured focus groups related to student and preceptors reported experiences were completed comprising of preceptor and student groups independently. The data was analysed using aspects of grounded theory including purposive sampling and system analysis informing the subsequent stages of data collection.
Results: Participants reported that the introduction of the Daily Feedback Tool overcame some of the reported barriers, particularly relating to the frequency of feedback occasions, and the traditionally didactic, teacher-led feedback conversations.
Conclusion: The Daily Feedback Tool was reported to influence the development of trusting preceptor-student relationships which gave the learner agency to seek feedback promoting learning and overall performance.

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1. Introduction

Key elements for effective feedback for health students' performances during clinical placement identified in both nursing and other health education literature include: promotion of self-evaluative skills, clarification of good performance related to expected standards, formation of action plans and goals for further skill achievement, promotion of teacher and peer dialogue around learning, and motivation for students to learn promoting self-confidence and clinical competence through correction or reinforcement of clinical performance (Boud and Molloy, 2013; Nichol and Macfarlane-Dick, 2006; Rose and Best, 2005; Plakht et al., 2013; Kertis, 2007). Omission of these factors can result in students failing to recognise performance strengths and deficits, potentially resulting in substandard clinical skill development (Eva et al., 2012). The aim of this research is to explore any influence of introducing a Daily Feedback Tool (DFT), informed by empirical studies, on nursing students and preceptors' experiences of feedback in the clinical setting. It is predicted that the results of this study may be helpful in aiding further development of a structured feedback tool and accompanying education programs for students and preceptors.

2. Background

Key barriers to effective feedback practices include inadequate amount of feedback, substandard feedback processes and a lack of communication between preceptors and students (Boud and Molloy, 2013; Middleton, 2007; Fernando et al., 2008; Henderson et al., 2006; Dunn and Hansford, 1997; Molloy, 2009; Molloy and Clarke, 2005; Sender-Liberman et al., 2005). The tendency for supervisors to deliver monologues in verbal feedback was seen to restrict students' opportunities to exercise their self-evaluative capacities (Molloy, 2009). In other studies, students reported receiving predominantly negative feedback, opposing preceptor's reports of reluctance in providing negative feedback for fear of upsetting learners and reducing motivation (Clynes, 2008; Elicigil & Sari, 2007; Webb and Shakespeare, 2008).

Despite these issues, both students and preceptors describe the value of feedback as a necessary commodity for learning. (Elicigil and Sari, 2007, 2008; Plakht et al., 2013; Webb and Shakespeare, 2008). These findings, justify the need for improving the feedback process in nursing clinical education informing the development of a DFT.

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3. Aims and Objectives

The aim of this study was to determine whether the introduction of a DFT addressing some reported barriers to effective feedback, would influence the feedback process in undergraduate nursing clinical education.

4. Methods

This paper forms part of a larger mixed methods study, employing a comparative design (pre and post intervention analysis). The purpose of this paper is to report on analysis of the qualitative data from participants who experienced the DFT process (Creswell, 2007; Lingard et al., 2008).

This research was conducted in the acute general medical and surgical wards of a rural hospital located in Victoria, Australia. Ethical approval was granted for this study by the Human Research Ethics Committee of Monash University (CF11/2985-2011001684), and the participating rural hospital Ethics Committee. Participation in this project was voluntary; the main researcher held no position of influence over participants and informed written consent was obtained from all participants. The audio transcript was coded and recorded verbatim to ensure participant anonymity and an audit trail was generated to document theoretical, methodical and analytical choices to increase credibility and rigour (Liamputtong, 2009).

Undergraduate nursing students from Monash University ($n = 10$) at second or third year level participating in clinical education for at least two weeks were purposively selected to ensure students had previous exposure to clinical education and feedback processes. Limiting participants to the one educational facility, promoted consistency in the way in which students were orientated to clinical education and the feedback process. Purposive sampling of Registered nurses ($n = 14$) with equal or greater than one year's post graduate experience and who had been educated on effective feedback processes, ensured that participants had some clinical supervision experience to draw upon.

4.1. Data Collection

Preceptors from the medical and surgical wards and second and third year nursing students were invited to attend separate 60 minute focus groups held by the main researcher to ensure consistency of data collection. These four focus group interviews were conducted before the DFT intervention using semi-structured and open ended interview questions regarding 'typical' feedback practice in nursing clinical education informed from the literature. The participants in two settings, medical and surgical wards, were exposed to the DFT for two weeks and interviewed post intervention in the same composition as the pre-tool implementation four focus groups to seek their experiences of the DFT (refer to Table 1).

This study involved a responsive relationship between all sets of data whereby results influenced the next phase of research supporting a grounded theory approach.

4.2. Data Analysis

The focus groups were audio taped and transcribed verbatim. Researchers LA and EM coded transcripts independently and arrived at an analytical framework. LA completed analysis of the remaining data set using the framework, and a final meeting was held with co-researcher EM to ensure that the coding process represented the emerging data adequately.

Processes of open, axial and selective coding were employed, consistent with grounded theory linking ideas and concepts based on participants' reality and investigation of humanistic experiences (Creswell, 2007; Lingard et al., 2008; Liamputtong, 2009). All lines of transcripts

Table 1
Research phases.

Phase	Activity	Participants
1. DFT development	Informed from the literature review and analysis of published feedback models in health professions literature (Allen, 2014).	Research team as DFT designers
2. Pre-tool implementation data collection	Audio recorded qualitative semi-structured focus groups	Preceptors and students as independent groups
3. Tool implementation	Introduction of the DFT to the clinical setting across two wards: Surgical ward and medical ward. Orientation of the process and objectives of the DFT. Students were asked to approach their preceptors with the DFT to initiate feedback. The completed copy of the DFT afforded reflection of feedback episodes for students.	Collaborative approach by both students and preceptors
4. Post-tool implementation	Audio recorded qualitative semi-structured focus groups.	Preceptors and students as independent groups

were numbered to aid identification of quotes and commonalities. This open coding allowed information to be broken down, enabling the researcher to look at 'bits of information, by dissecting and labelling it' (Liamputtong, 2009). Axial coding ensured elaboration of each code by asking questions such as; 'when, where, why, who and how?' to gain deeper understanding of each category leading to theory generation (Corbin and Strauss, 2008). Finally selective coding refined the theory by identifying core categories. Themes were designated the same code with greatest explanatory relevance and grouped into categories. This substantiated the theory grounded in the data as the study involved a responsive relationship between all sets of data where the results influenced the next phase of research (Creswell, 2007). This process provided insight to relationships between themes amongst the student nurse and preceptor groups. The key theme of insurance of the 'formation of a trusting student-preceptor relationship' became significant in influencing feedback encounters.

5. Results

5.1. Pre-intervention (Traditional Feedback Processes)

This phase was designed to generate a reference point to determine whether the introduction of the DFT would influence feedback experiences for nursing students and preceptors. The following themes about 'traditional' or typical feedback practices emerged.

5.1.1. Feedback Is Valued
Both students and preceptor groups reported that feedback improves performance through identification of deficits and strategies for changing practice.

> "If you don't get feedback you can walk away from something not knowing if you did it right". (Student, G1, L33)

> "It is [feedback] to make them aware of areas needing improvement", Preceptor, FG 4, L9.

5.1.2. Reported Enablers to Effective Feedback
Preceptors reported that one of the hallmarks of effective feedback is a learner who seeks feedback, and actively searches for cues to help build a picture of their performance. In contrast, students reported that productive feedback was reliant on preceptors instigating feedback