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DIGEST: A collaborative strategy for clinical performance feedback



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ABSTRACT

The acronym DIGEST (discuss, invite, generate, explore, strategize, time) integrates motivational interviewing (MI) spirit, skill, and style to guide the student and instructor through discussions about clinical performance. This article aligns salient qualities of feedback and self-reflection in a relational approach to formative evaluation that is guided by MI. DIGEST is a strategy to promote self-reflection, provide clarity on areas for performance enhancement, and develop student capacity to integrate insights into subsequent practice.

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Introduction

Conversations about change are an integral part of clinical performance feedback to develop student competency. Motivational interviewing (MI) makes a promising contribution to feedback because the spirit, skill, and style of MI attend to the conversational maneuvers of change, particularly in situations where an individual acts in a helping capacity for another. In the context of clinical nursing education, feedback is broadly understood as sharing observations about performance or behaviors with the aim to enhance clinical growth, increase theory–practice connections, augment skill development and, ultimately, improve client care (Clynes & Raftery, 2008; Gigante, Dell, & Sharkey, 2011; Glover, 2000; Ridlon & Cottrell, 2012). When supervising students in the clinical setting, instructors and students engage in two forms of feedback: formative and summative. The purpose of formative feedback is monitoring student progress while collaborating on strategies to sustain or revise student performance throughout the learning experience (Oermann & Gaberson, 2017). Summative feedback is used for evaluating competence at established junctures in the learning experience, such as at

midterm and final assessments, as a means to determine mastery against a predetermined outcome, benchmark, or standard (Oermann & Gaberson, 2017). Although there is a complementary relationship between summative and formative assessments, MI makes a distinct contribution to formative feedback because it supports a conversation about change that engages instructors and students in a collaborative process that elicits a precise response to performance change.

While a directive approach to feedback may be necessary for an instructor to deploy in urgent or emergent situations, a guiding style invites the student to become self-directed as they explore their experience and talk themselves through the “what” and “how” of improved clinical proficiency. As a means to translate intention into action, authors recognize self-reflection as integral to feedback to engage students with clinical assessment parameters, enlist them to develop meaningful goals, and guide students to determine relevant strategies to meet an outcome (Archer, 2010; Engström, Löfmark, Vae, & Mårtensson, 2017; Mirlashari, Warnock, & Jahanbani, 2017). Despite substantial scholarship on self-reflection and feedback, the application of MI to support students with self-reflection as part of the formative feedback process is unexplored. This article aligns formative evaluation, self-reflection, and MI together in an approach to giving formative feedback described by the acronym DIGEST. The DIGEST (discuss, invite, generate, explore, strategize, time) approach represents a way to mutually engage the student and instructor alike in discussion about clinical performance and action plans on change.

Background

Engaging in formative feedback is a valuable experience for student learning; therefore, instructors have an important role in creating the relational dynamic to facilitate students' critical self-reflection

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and purposeful action on clinical performance (Archer, 2010; Calleja, Harvey, Fox, & Carmichael, 2016; Duffy, 2013; Koharchik, Weidman, Walters, & Hardy, 2015). MI is a person-centered approach characterized by spirit, skill, and style that helps people explore options for change, resolve ambivalence to rouse inner motivation, and mobilize resources to take action on new behaviors (Miller & Rollnick, 2013). Originally developed for use with addictions and expanded to a wide range of health behaviors, MI presents as a relevant, theoretically informed approach to create and sustain a collaborative partnership—something authors recognize as central to formative feedback. In a manner similar to the inner workings of self-reflection, MI is a way to enhance the feedback experience by invoking conversational strategies that help students learn by getting them to articulate their thinking and doing processes so as to hear themselves voice reasons and strategies to move forward with change.

Feedback is integral to professional growth and most beneficial when it is provided in a structured manner (Archer, 2010). As a parallel process to feedback, reflection contributes to a student's ability to interpret assessment information (Legare & Armstrong, 2017), and authors agree that effective feedback should be ongoing and self-reflective (Asselin, Schwartz-Barcott, & Osterman, 2017; Ip et al., 2012; Mirlashari et al., 2017). MI's spirit, skill, and style align with themes in the feedback and reflection literature where a positive collaborative partnership, clear focus on behavior, and critical self-reflection are germane to linking formative assessment with performance development (Duffy, 2013; Koh, 2010; Ramani & Krackov, 2012). The alignment of MI, self-reflection, and feedback makes for a unique contribution to clinical nursing education by guiding instructors through what to include in formative feedback and how to facilitate the instructor–student interpersonal exchange. The DIGEST approach emphasizes clarity and direction on areas for performance enhancement and supports capacity for applying insights proximal to the experience toward subsequent practice.

Formative Feedback

Formative feedback is particularly important to clinical instruction because it provides an assessment of how students are performing while they are learning (Archer, 2010; Koh, 2010). A popular approach to feedback is the “sandwich”; a style of feedback where the observer provides constructive comments in the middle of (sandwiched between) two positive affirmations. Although this process is commonly used, its value is questionable because the process neglects collaboration, excludes self-reflection, obscures critical feedback, and lacks precise guidance needed to sustain or correct behavior (Parkes, Abercrombie, & McCarty, 2013; Plakht, Shiyovich, Nusbaum, & Raizer, 2013). Authors identify three distinct features that link formative assessment with student development: the correlation of positive partnerships with successful learning (Calleja et al., 2016; Engström et al., 2017); the adoption of ongoing, unambiguous performance appraisal as part of a culture of learning (Archer, 2010; Chou, Masters, Chang, Kruidering, & Hauer, 2013); and the cultivation of self-awareness to both effectively integrate and act upon feedback (Archer, 2010; Calleja et al., 2016; Engström et al., 2017; Hattie & Timperley, 2007; Helminem, Tossavainen, & Turunen, 2014). Collectively, the aforementioned contribute to students developing as self-directed, collaborative learners. The application of MI to formative assessment enhances feedback's impact by amplifying the student's self-reflection on clinical skill, drawing out the motivation to change and spurring contemplation into action.

Self-Reflection and Formative Feedback

Self-reflection is yoked to formative feedback; it shapes how the feedback process unfolds and whether students integrate the

information into their practice (Archer, 2010; Mirlashari et al., 2017). Engaging in regular and self-reflective dialogue that is strategy rather than problem focused embeds ongoing feedback in the routine of clinical education. A guided self-exploration of clinical performance helps students make connections between emotional, cognitive, and affective processes so as to integrate and strategically respond to feedback (Asselin et al., 2017; Ip et al., 2012). The instructor plays an important role in creating a culture where self-reflection is a part of a feedback and follows through by facilitating the articulation of students' thinking and doing relative to performance. Ongoing, self-reflective assessment cultivates introspection in the student and promotes deep thinking necessary to both understand a situation and problem solve how to act (Archer, 2010). Through evoking self-reflection, the instructors can foster thoughtful and constructive responses as part of debriefing students' clinical experiences. For self-reflection to be processed by the student in a practical and meaningful way, it should be through a structured and reciprocal approach. The process of providing effective feedback requires clarity of information, a student–instructor partnership, and capacity for self-reflection. The spirit, style, and skill of MI support the interrelatedness of reflection and feedback by deepening the impetus to engage in these processes.

MI and Formative Feedback

MI spirit is a “mind and heart set” embodied by creating a working alliance, accepting what a person brings to the relationship as fuel for growth, demonstrating compassion in pursuit of the other's best interests, and evoking the internal drive for change (Miller & Rollnick, 2013). The skill of MI is grounded in communication techniques, abbreviated as OARS, of using open questions, providing affirmations to acknowledge the positives, making reflective statements to invite exploration, and synthesizing discussion topics in summary statements. The core techniques of OARS are enacted through interrelated processes that constitute MI style and include engaging in a person-centered and empathic communication style, focusing discussion on a particular target for change, evoking the person's own motivations for change, recapitulating an individual's change talk to stimulate readiness for change, and mobilizing intentions through a plan for action (Miller & Rollnick, 2013). Meaningful and enduring change is a broader undertaking than adopting new behaviors in response to feedback; it involves a shift in attitude about doing something differently, the right conditions to allow change to take hold in the person's practice, and the determination (based on past experience and current resources) to act upon a decision (Miller & Rollnick, 2013).

DIGEST guides a motivational approach to formative evaluation that comprises six interrelated features: discussing performance, inviting self-exploration, generating behavioral options, exploring importance of and ability to change, strategizing a plan, and timing implementation (Table 1). Although the DIGEST approach to formative feedback is linear, it is enlivened by salient features of MI that are recursive and guide instructors to engage students in a relational dynamic supportive of collaboration, critical reflection, self-direction, and action.

D – Discuss Performance

Regular discussion about performance promotes open communication and acclimates the student to conversing about behavior (Duffy, 2013). MI spirit, skills, and style make a significant contribution to the dialogue by creating a person-centered and trusting relationship (Miller & Rollnick, 2013). The student–instructor alliance is foundational to students' comfort with discussing their clinical experience (Duffy, 2013; Ramani & Krackov, 2012) and their ability to gain insight about performance. Regular performance consultation,

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