

TRANSCRIPT: Seven Principles of Good feedback Practice

In their article “Formative assessment and self-regulated learning: A model and seven principles of good feedback practice,” David Nicol and Debra MacFarlane-Dick describe Good feedback practice” as “anything that might strengthen [a] students’ capacity to self-regulate their own performance.” From their review of literature on this subject, they were able to distill seven principles to describe good feedback practice.

In this video, we will describe each of these principles and consider strategies for facilitating them in a clinical education environment.

Principle 1: Good feedback practice helps clarify what good performance is.

A student has a much better chance of attaining a goal if they have a clear idea of what that goal is. Research has shown that students and teachers often have different conceptions of goals and criteria for attaining goals, and this correlates with poor performance toward those goals. Clarifying a goal, and the assessment criteria that will be used to evaluate success, help set students up for success.

Several strategies can be used to help clarify goals and criteria:

1. Provide students with written documents and verbal descriptions that define levels of achievement and the assessment criteria.
2. Define learning goals as behavioral objectives – clear statements of what the student will be able to do and how their achievement of the goal will be determined (measured).
 - a. Learning goals are very similar to the types of goals we write for our patients when we are providing intervention or training, however the goal focuses on student behavior, rather than client behaviors.
3. Complement the written and verbal descriptions by providing “exemplars” of performance. This gives students a valid standard against which to compare their performance. This could be done in the form of a case study.
4. Increase the time spent on discussion and reflection about criteria and standards of performance

In the clinical education environment, feedback should begin early and occur often in a student’s placement experience. As early as your first meeting with a student, you should be having discussions about performance expectations and the time, place and manner in which you will give feedback as well as how you will evaluate their learning or competency. A student should never feel surprised at an assessment by the criteria you have used to evaluate them.

Principle 2: Good feedback practice facilitates the development of self-assessment in learning.

Students should be given opportunities to develop self-regulation in aspects of their own learning. This means that instructors need to create more structured opportunities for reflection and self-assessment of progress toward learning and performance goals. Research has shown also that self-assessment integrated with instructor feedback is most effective in helping students identify and correct errors. By engaging in this process across clinical education the student should develop the ability to self-evaluate, which is so important as a life-long learner practicing clinically.

To promote self-assessment:

1. engage students in identifying applicable standards and criteria and in making judgements on how their work relates to these
2. You might also provide structured opportunities for training in self-assessment, perhaps through opportunities for peer assessment.
3. Self-assessment should also focus on the student's individual learning goals
4. Lastly you might create more opportunities for reflection in the course of their clinical placements

The amount of self-assessment you might expect of your students in a clinical setting will likely vary depending on their skill and experience level. While a less experienced students may depend more on your input, more advanced students should be encouraged to reflect and self-assess often as they prepare to handle clients or patients independently.

Principle 3: Good feedback practice delivers high quality information to students about their learning.

While encouraging student self-regulation and self-assessment is important to student growth, instructors still play a crucial role in student progress and success. They are a critical source of external feedback and far more adept at identifying errors and providing corrective instruction.

High quality information can come in many forms.

1. It should be timely, and not too far removed from the event on which you are providing feedback
2. It should focus not just on strengths and weaknesses but also provide corrective advice
3. It should include clear behavioral descriptions supported by examples
4. And it should direct students to higher-order learning goals

Clinical settings can be busy, hectic places, but care needs to be taken to give feedback when the details of a clinical encounter are still fresh in the mind. A good rule of thumb is to offer feedback within 24 hours of the event.

Principle 4: Good feedback practice encourages teacher and peer dialogue around learning.

If a student is expected to use feedback to make improvements to their practice, they must first be able to understand and internalize it. This means that an instructor must not simply “tell” a student their feedback, but encourage the student to take an active role in “constructing meaning” from feedback. This means thinking less of feedback as a form of information transmission and more as an active dialogue.

Some strategies for promoting dialogue around a student’s learning include:

1. Promoting peer interaction. Students who have just learned a skill can sometimes be better at explaining it to their peers in a more accessible way.
2. You might also ask students to read feedback comments they have received as an entry point to discussion, or identify feedback that they found useful and explain how it helped them.
3. It is important also to think of feedback as a two-way street. As a clinical instructor, ask your student about what you are doing that they find helpful and what could be modified to improve student learning.

An example of this in the clinical environment might include promoting peer group discussions face-to-face or online to discuss specific clinical skills to promote the sharing of new skills with others.

Principle 5: Good feedback practice encourages positive motivational beliefs and self-esteem.

A student’s “motivational framework” affects how a student responds to feedback and their commitment to “the self-regulation of learning.” Interestingly, research shows that high-stakes, or grade only, assessment has a distinctly negative impact on motivation for learning as students become more concerned with passing the test or getting the “A” rather than mastering the subject. Students need to be encouraged to see their ability not as something fixed with a limit to their achievement but as malleable and dependent on the effort put into a task.

The research on motivation suggests that:

1. It may be a more effective teaching strategy to incorporate many less formal assessment tasks with feedback on progress, rather than only formal assessments that focus on success or failure.
2. Opportunities to repeat tasks also help students focus on progress.

Both speech and audiology programs are programs where one’s competency develops over time. Connecting this idea to the notion of life-long learning can be a great way to

encourage your student's commitment to learning, and focus on growing mastery rather than an end-product they can attain.

Principle 6: Good feedback practice provides opportunities to close the gap between current and desired performance.

The only way to really know if feedback has been effective at producing improved task performance is through allowing students ample opportunity to repeat tasks. Giving students opportunity to apply feedback directly to a new scenario is an important way to close the performance gap between their current skill level and the desired skill level.

Specific strategies that support closing the performance gap include:

1. Providing feedback concurrent with a task and providing opportunities to perform similar tasks in the future.
2. You might also provide specific "action items" alongside your standard feedback.
3. It can also be helpful to have a student track (create a log) of their growth in terms of clinical competencies &/or learning goals. This provides a vehicle for the student and clinical instructor to acknowledge the increasing level of competence of the student across the placement.

For example, you might plan your clinical placement to focus on a certain set of skills or experiences for the student, such as assessment or treatment but not both, which will allow opportunities for repetition and in depth learning rather than a breadth of clinical experiences. You also might leave your sessions with a list of achievable action items.

Principle 7: Good feedback practice provides information to clinical instructors and preceptors that can be used to help shape the teaching.

Feedback not only provides essential information to students to improve their performance, it also provides essential data to educators on their teaching practices and expertise. A good clinical educator should be able to tailor their teaching strategies based on the data they get from their feedback conversations with students. Instructors should be able to see in which areas their teaching has been most effective, and where conceptual misunderstandings may persist for their students.

Some strategies for eliciting information that will help improve instructional practice include:

1. Asking students to identify where they are having difficulties
2. Having students request the types of feedback they want to receive

It might be helpful to have a student identify their goal for the session, either verbally or written, prior to it occurring. This will give the clinical instructor an opportunity to gather data on the student's competency level and target their feedback appropriately.

These principles provide a strong foundation for good feedback practice, and assume a model in which students become “self-regulated learners.” They encourage students to take a proactive role in their learning and apply feedback in the most effective ways to improve their clinical performance.

BASED ON: <http://www.psy.gla.ac.uk/~steve/rap/docs/nicol.dmd.pdf>

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