

# Module 3 – Feedback and Evaluation

Why is feedback important in a clinical placement?

What is a formal evaluation?

How can you give effective feedback to students?

This module will assist you to:

1. Understand the differences between assessment, evaluation and feedback
2. Understand feedback and its function in a clinical placement
3. Build a relationship that is conducive to effective feedback and evaluation
4. Understand formal evaluations
5. Create and deliver effective feedback
6. Understand timing and pacing: structure and frequency of effective feedback
7. Understand barriers to effective feedback and how to overcome them

## Video introduction

Social workers Pamela Hartling and John O’Keefe from Northwood in Halifax talk about how preceptors can provide evaluation and feedback to students.

[http://www.youtube.com/watch?v=Vhu8seZPjko&feature=player\\_embedded](http://www.youtube.com/watch?v=Vhu8seZPjko&feature=player_embedded)

## 3.1 Understand the differences between assessment, evaluation and feedback

What are the differences?

**Assessment** is the process of gathering information in order to make a determination about a student’s learning.

**Evaluation** is the process of judging or putting a value on a procedure, the degree to which knowledge has been gained, or a skill.

**Feedback** is a method of providing information about a student’s learning or skill acquisition in order to plan future learning goals and to ameliorate behaviour and skills.

From: <http://www.nmmu.ac.za/robert/assessme.htm>

## 3.2 Understand the function of feedback in the learning environment

What is feedback?

“All definitions suggest that feedback is an interactive process which aims to provide learners with insight into their performance.” (Clynes and Rafferty, 2008)

The above statement is useful as it embodies two essential elements of feedback: it should be **interactive**, meaning that students should be invited to participate in the process (through self-reflection, self-evaluation and discussion), and its goal should be to encourage learners to **think critically** about their practice. Feedback is information based on observation given to students with the goal of helping them to improve their clinical abilities.

[Clynes, M.P., & Rafferty, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse education in practice, 8, 6, pp. 405-411.](#)

### Types of feedback

1. **Positive or reinforcing**  
useful in identifying and encouraging helpful and effective behaviours.
2. **Constructive**  
useful in identifying and adjusting behaviours that impede effective professional development.
3. **Formal**  
written evaluations that happen periodically throughout a placement.
4. **Informal**  
verbal comments given on a more regular basis during or after practice situations.
5. **Formative**  
given throughout the placement and is intended to improve the learning experience;  
can be delivered quickly and throughout the placement;  
the more often it occurs, the easier and more normalized it will be.
6. **Summative**  
given at the conclusion of a placement and is intended to provide a summary evaluation of a student's clinical performance;  
best provided in a private, comfortable space that can encourage open communication.

A combination of all types of feedback is most often used in a teaching and learning environment and is beneficial for students and teachers.

Furthermore, feedback is an essential part of the learning process and is the main criteria for students to improve their clinical skills and for teachers and students to provide input into the learning process. [1]

## Summary

Feedback can help to [2]:

- Minimize the risk of major problems
- Build effective clinical skills
- Connect theory and practice
- Encourage self-reflection
- Strengthen self-confidence
- Reduce fear of evaluation

[1] [Heckman-Stone, C. \(2004\). Trainee preferences for feedback and evaluation in clinical supervision. \*The Clinical Supervisor\*, 22\(1\), 21-33. doi:10.1300/J001v22n01\\_03](#)

[2] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. \*Nurse Education in Practice\*, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

## 3.3 Build a relationship that is conducive to effective feedback and evaluation

Research reflects that the relationship between preceptors and students greatly impacts the quality of supervision that can be achieved. The more comfortable a student is with her supervisor, the more likely she is to be open about sharing both positive and more challenging experiences, thus providing more opportunities to learn and grow her professional skill set. Creating an open, empathic and respectful relationship can facilitate an environment conducive to effective feedback, both positive and constructive. Laying the groundwork for a strong supervisory relationship will make the sometimes challenging processes of feedback and evaluation easier for both student and preceptor. [1]

[1] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. \*Nurse Education in Practice\*, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

## Feedback and supervision

Some qualities associated with an effective supervisory relationship include the following:

- Respect
- Collaboration
- Empathy
- Trust
- Support
- Validation
- Non-judgment
- Approachability
- Openness
- A focus on ethics

Essentially, the goal is to create an environment that is open, non-threatening and supportive. A non-judgmental approach is especially helpful in supervision, letting the student know that mistakes and challenges can be explored and learned from without harsh criticism or ridicule. Providing adequate time for summative supervisory encounters, and preferably in a quiet, private, comfortable space can encourage open communication. Formative feedback can be delivered quickly and throughout the placement; the more often it occurs, the easier and more normalized it will be. [1]

[1] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse Education in Practice, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

## Feedback questions – Examples

These are some examples of feedback questions that invite open dialogue (keeping in mind that a supportive tone is very important) [1]:

- How did that go for you?
- What was your impression of how that went for the client/patient?
- What did you find the most challenging about that interaction?
- What were you the most happy with about that interaction?
- What sorts of interventions have you tried in that situation?
- What has been useful? What about not helpful?
- Before we get into my comments, do you have any questions related to this case that you would like me to answer?

### Methods of providing feedback

- Non-verbal feedback
- Verbal feedback
- Written feedback
- Peer-remarks
- Record cards
- Tutorials
- Assessment rubrics

From: <http://www.nmmu.ac.za/robert/assessme.htm>

[1] [Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](#)



### Think about it

Consider a time in your training when you received constructive feedback. How was it delivered? Was it effective? Why or why not?

## 3.4 Understand formal feedback or evaluations

Most often, formal feedback can be scheduled at the mid-point and end-point of the learning experience and may also be referred to as summative feedback. Both are essential components of the learning process.

The midpoint feedback or evaluation can be used to:

- review learning milestones;
- assess a student's progress and to plan goals and learning for the remainder of the placement; or
- identify behaviours or skills that may require amelioration [1].

End-point feedback and evaluation [2], also referred to as summative evaluation, can be used to:

- rate a student's performance;
- determine the extent to which the student has achieved the goals of the placement;
- determine whether a student is qualified to enter the next stage of the program.

[1] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Setting Expectations: An Educational Monograph for Community-Based Teachers. 1-25. Retrieved from

[https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Setting%20Expectations.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Setting%20Expectations.pdf)

[2] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based Teachers. 1-24. Available online:

[https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

## Effective evaluations

Effective feedback and evaluation are contingent on a number of components [1]. They:

- are based on observation of the student's performance.
- adhere to the guidelines and intent of the educational program.
- provide a fair and balanced picture of the student's skill level and achievement (they avoid [Halo Effect](#), [Mum Effect](#), [Leniency Bias/Error](#), and [Contrast Error](#)).[2]
- summarize the feedback that has been delivered up to the time of evaluation (no surprises).
- are an interactive process, taking place during an ample amount of scheduled time, in a quiet and private environment.

[1] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based

Teachers. 1-24. Available online:

[https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

[2] Sources: Wikipedia, Google and BusinessDictionary.com

## Feedback or evaluation stress

Formal evaluations can feel stressful for both students and clinical supervisors. While students may naturally fear an unsatisfactory evaluation, supervisors may fear having to deliver what they perceive as ‘bad news’, potentially resulting in an uncomfortable encounter and a disappointed student. [1]

Formal evaluations are much easier if feedback has been forthright and ongoing throughout the placement: when students have been kept up to date on their progress, both students and supervisors are able to approach evaluations with a general idea of what is likely to be included. Final evaluations should not include issues that have not been previously raised; students should be given every possible opportunity to rectify and learn from practice issues that arise in placement, which means that problems should be addressed as they occur.

[1] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse Education in Practice, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)



### Think about it

Think about a time when you were formally evaluated. How did you feel? What would have made it easier?

## 3.5 Create and deliver effective feedback

The next six pages cover explanations and examples on common ways to create and deliver effective feedback. They include the following:

- establish guidelines and expectations
- obtain a self-assessment first
- maintain a respectful and gentle tone
- be specific, concise and base comments on behaviors, not character
- create a balance of positive and constructive comments
- tailor the feedback to the developmental level of the student

# Establish guidelines and expectations

Establishing guidelines or learning objectives/goals in the beginning of a clinical placement helps to let the student know what is expected of them [1]. The following points are helpful to include in a ‘first’ discussion about feedback and evaluation:

How evaluation and feedback are important to help them meet expected learning goals/objectives.

- The evaluation schedule (i.e. mid-point, during, or end of placement)
- How the student prefers to receive feedback
- What were the student’s previous experiences with receiving feedback?
- An explanation of how you prefer to structure it into the placement

Creating an understanding of the feedback/evaluation process can ‘break the ice’ and normalize the idea of both positive and constructive feedback.

It also makes it much easier to provide informal feedback in practice situations as the need arises.

[1] [Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](#)

# Obtain a self-assessment first

While some practice situations involve safety concerns, in which more immediate and quick feedback is necessary (e.g., “you need to have your hands in another position so you don’t injure that knee”), most allow enough time to engage your student in a dialogue [1]. Conducting the conversation in the following order may help you and your student to have a positive experience.

1. Begin by asking the student how she felt about the interaction – this helps students to think critically about the way in which they work
2. Allows students to identify possible issues which you may have noted
3. Follow-up with your comments and description of the situation
4. Make sure you have a follow-up plan and/or future goals to address any issues

[1] Branch, W.T., & Paranjape, A. (2002). Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*, 77(12, Part 1), 1185-1188. doi:10.1097/00001888-200212000-00005

# Maintain a respectful and gentle tone

Feedback, particularly *constructive feedback*, can be delivered in a kind, positive manner, without compromising the message that needs to be conveyed [1]. Keep in mind...

- The tone of voice and approach are essential to offering feedback in a supportive way;
- Before offering constructive criticism, take a moment to reflect on what needs to be said and the best way in which to say it;
- Be aware of anger or irritation that you may have around the student's behavior – try to deliver the message in a calm, kind way;
- Deliver your message with patience
- Remember that the intention of the feedback is to enhance student learning and improve practice;
- Reflect on your own learning process on the road to your current skill and experience level; mistakes are a part of the journey;
- Be careful that irritation does not slip into your tone of voice – this can happen without having realized it.

[1] [Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](https://doi.org/10.1001/jama.1983.03340060055026)

## Be specific, concise and base comments on behaviors, not character

Generalizations, both positive and constructive, such as ‘that was really great’ or ‘that wasn’t your best performance’, while well-intended, do not provide students with information that they can incorporate into adjusting their learning.

Effective feedback is specific [1]. That is, when providing feedback always:

- Make reference to the particular behaviors/skills to which you are referring;
- Support your comments by clinical reasoning;
- Include alternative ways to perform the skill or add to the student’s knowledge-base
- Provide concrete examples so there is a reference point for future learning.

Here is one example of a model for specific feedback:

I noticed that when you were with Mr. Brown that you (*INSERT BEHAVIOUR*); that approach tends to produce/cause (*INSERT CONSEQUENCE*), which isn’t really the outcome that we’re looking for in that situation. One really helpful technique you might want to consider is (*INSERT ALTERNATIVE BEHAVIOUR*). What are your thoughts on that?

OR...

Instead of: ‘It’s really important that you work on your shyness’,

**Consider:** ‘How are you feeling about first greeting clients?’ followed by ‘I thought today we could talk a little about eye contact and speaking volume when you’re first making contact’.

Instead of: ‘You really don’t pay enough attention to detail’,

**Consider:** ‘How are you feeling about charting and documentation?’ followed by ‘I’d like to go over some of the protocols about dispensing meds and case notes with you’.

It’s important to *avoid*...

...broad references to a student's character, or particular personality traits as you see them, as these sorts of comments can feel very personal and denigrating and do little to empower the student to make changes. If you are noticing behavioral themes that impede a student's progress, try to break them down into tangible actions that can be adjusted

[1] [Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](https://doi.org/10.1001/jama.1983.03340060055026)

## Create a balance of positive and constructive comments

**It is important for *all* students to gain insight into both strengths and areas for improvement.**

- Providing both support and constructive suggestions will enhance confidence, and help students understand that learning is a lifelong process.
- In the clinical setting, as you observe the students' behaviors and skills, begin to formulate comments that you can use for positive and constructive feedback later in the learning process [1].

[1] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Feedback: An Educational Monograph for Community-Based Teachers. 1-26. Retrieved from <http://www.mahec.net/celt/acroread/Feedback.pdf>

## Tailor the feedback to the developmental level of the student

Students enter a learning environment at different knowledge and skill levels [1]. It is important to consider these differences when providing feedback.

Ideally, your comments should:

- Reflect the student's level of knowledge and skill; and
- Be pertinent to their current learning goals

[1] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based Teachers. 1-24. Available online: [https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

## 3.6 Understand timing, pacing, structure, and frequency of effective feedback

While the content and quality of feedback are very important to a student's learning process, equally important is the frequency, consistency and type of feedback given.

### *Consistency*

Consistency is essential [1] and feedback should be provided:

- at regular intervals; and,
- for the duration of the placement

Frequency of feedback and supervision may tend to drop off towards the end of a clinical placement. This may be due to a preceptor's perception of the students' increasing skills and knowledge.

However, feedback can be particularly helpful later in a clinical experience regardless of a student's skill level. Hence, it is important to continue to provide regular feedback until the placement concludes [2].

### *Immediate and relevant*

The closer to the event for which feedback is provided, the more clarity and relevance it will have for the student [3]. Therefore, the following points may be useful in providing immediate feedback.

- Discuss the event with the student as soon as possible after it occurs
- Refer to the skill or behaviour specifically using examples of what you observed
- Remember that over time it is easy to lose the details of your observations which may mean that learning opportunities could be lost.
- Both you and the student are more likely to remember relevant details of an event that occurred more recently
- Try to fit feedback in as it occurs to you; integrate it into the practice day

[1] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse Education in Practice, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

[2] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based Teachers. 1-24. Available online: [https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

[3] [Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](#)

## Think about it

During a preceptorship in your work environment, when would be some consistent, ongoing times to provide feedback to a student?

### 3.7 Understand barriers to effective feedback and how to overcome them

Providing feedback can be challenging. Despite what we know about the importance of timely, effective feedback in relation to how students learn, the research reflects that feedback in clinical placements tends not to be consistently offered, and when offered it is often too late, destructive, and personal in nature [1]. This suggests that a lot of supervisors have difficulty speaking constructively with their students about performance.

Some of the reasons surrounding the reluctance to provide, or inappropriate feedback methods are listed below:

- Providing feedback, and particularly constructive feedback, may put both student and teacher in a vulnerable position
- When preceptors provide feedback on a student's areas for improvement, they may not realize how the student will react
- Fear, defensiveness, hurt feelings, anger, or awkwardness in the context of such a conversation can be normal 'human' feelings
- Preceptors and students may feel that the rapport they have build may be damaged, resulting in a less comfortable learning environment for the remainder of the placement.

[1] [Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse Education in Practice, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

## Overcoming barriers

In order to overcome barriers to integrating effective feedback into our learning environment, as preceptors, [1] we need to:

1. **Self-assess.** What makes me uncomfortable about providing feedback? What am I the most worried about?
2. **Augment our communication skills.** Health professionals are no different than the rest of the population when it comes to conflict – we don't like it, and we tend to avoid it if we possibly can.
3. **Start early.** Talk with students at the beginning of the placement about the importance of feedback and your approach to it. Be sure to stress that feedback is an essential component of clinical learning.
4. **Observe regularly and often.** It isn't possible to assess and contribute to a skill set that you haven't had a chance to observe. It is essential that feedback be specific and based on behaviors, and you won't be able to provide this without having spent time watching the student practice.

[1] The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based Teachers. 1-24. Available online:  
[https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

## Exercise 3 – Crossword

Test your comprehension of some of the important terms from this module. In this crossword review exercise, enter the word that completes or defines the sentence or phrase. All words come from *Module 3 – Feedback and Evaluation*.

To open the crossword exercise, click on this link ([Module 3 – Crossword Review Exercise](#)) or the image below.

**Note that the crossword will open in a new window/tab and you will have to return here to continue the module.**

## Exercise 2 – Final Thoughts

In this review exercise, enter your answers to the four questions below. Once you are done and hit SEND, an email will be sent to the eLearning course supervisor with your answers.

1. Describe the type of feedback you were given when you were first trained in your profession. How will you change the way you give feedback as a preceptor?
2. How will you approach the relationship with your students in terms of giving effective feedback and evaluation?
3. What will you be looking for when formally evaluating your students?
4. In a paragraph or two, describe a couple of your most important strategies for creating and delivering effective feedback.
4. In a paragraph or two, describe a couple of your most important strategies for creating and delivering effective feedback.

Please enter your (1) name, (2) email address, and (3) profession below before you SEND. Your information will not be shared with anyone other than the eLearning course supervisor.

# References – Module 3

Please note that a Dalhousie NetID may be required to view some of the following articles.

[Barker, E. R., & Pittman, O. \(2010\). Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. Journal of the American Academy of Nurse Practitioners, 22, 144-149. doi:10.1111/j.1745-7599.2009.00487.x](#)

Branch, W.T., & Paranjape, A. (2002). Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*, 77(12, Part 1), 1185-1188. doi:10.1097/00001888-200212000-00005

[Clynes, M.P., & Raftery, S.E.C. \(2008\). Feedback: an essential element of student learning in clinical practice. Nurse Education in Practice, 8, 6, 405-411. doi:10.1016/j.nepr.2008.02.003](#)

[Ende, J. \(1983\). Feedback in clinical medical education. Journal of American Medical Association, 250\(6\), 777-781. doi:10.1001/jama.1983.03340060055026](#)

[Heckman-Stone, C. \(2004\). Trainee preferences for feedback and evaluation in clinical supervision. The Clinical Supervisor, 22\(1\), 21-33. doi:10.1300/J001v22n01\\_03](#)

[Hewson, M.G., & Little, M.L. \(1998\). Giving feedback in medical education. Journal of General Internal Medicine, 13, 2, 111-116. doi:10.1046/j.1525-1497.1998.00027.x](#)

The Mountain Area Health Education Centre (MAHEC), Department of Continuing Medical Education. Evaluation – making it work: An Educational Monograph for Community-Based Teachers. 1-24. Retrieved from [https://portal.utpa.edu/portal/page/portal/utpa\\_main/daa\\_home/hshs\\_home/pasp\\_home/pasp\\_preceptors/preceptors\\_files/Evaluation.pdf](https://portal.utpa.edu/portal/page/portal/utpa_main/daa_home/hshs_home/pasp_home/pasp_preceptors/preceptors_files/Evaluation.pdf)

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