

The Quality of Providing Feedback in Clinical Education according to Midwifery Students Participating in National Congress of Midwifery and Women's Health

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Abstract

Background: Clinical education is the basis for medical sciences education, and one of the most critical criteria of professional education, playing a significant role in internalizing the teachings to students. This study aims to investigate the opinions of midwifery students about the quality of feedback provision in clinical education.

Materials and Methods: This cross-sectional study was performed in 2019 in the Congress of midwifery and women's health, Mashhad, Iran. Census method was used for selecting 98 midwifery students who had participated from all over the country in this Congress. Data collection was performed through a demographic information questionnaire and a standard feedback questionnaire with 21 items. The midwifery students were asked to specify the importance of feedback received during their clinical

Results: Overall, 98 midwifery students participated in this study. According to most students, most of the time the feedback received was as expected (40.8%), clear and explicit (41.8%), constructive (50%), and was useful for correcting their attitude (49%), performance (54.1%), and behavior (50%), and related to clinical skills (55.1%), and most of them had received positive feedback (49%). Except for items 8 and 20, most midwifery students chose the options of often and most of the time for responding to items.

Conclusion: More than half of the midwifery students had adequate satisfaction with the feedback they received during their clinical education (often and most of the time). It is suggested that the quality of feedback provision by midwifery professors could be enhanced for the maximum satisfaction of students.

Key Words: Congress, Feedback, Midwifery student, Quality.

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1- INTRODUCTION

Clinical education is the basis for medical sciences education and one of the most critical criteria for professional training, playing a significant role in internalizing the teachings to students. Meanwhile, clinical settings are considered more sensitive and essential than theoretical education because they are unpredictable and stressful (1-4). During this education, trainers' ability to transform the students' experiences to proper preparation and understanding is essential, and this cannot be done without proper feedback during education. Feedback is an objective description of the learners' performance, such that it guides them in subsequent activities. Feedback provision is an indispensable part of learning. Feedback leads to learning and progress and causes the student to remain in the track towards the goal (5, 6).

Feedback aims to help learners identify the competence and areas that need to be improved. It is useful in consolidating learning, motivation, self-confidence, self-regulated learning, and enhancing the ability to apply the teachings (7). The trainers' feedback leads to the students' learning and progress, causing the students to remain on the track of goal achievement. According to Ende, without feedback provision, mistakes will not be corrected, the proper clinical performance will not be fostered, and clinical competence will not be appropriately learned (8). Typically, in the beginning, learners do not know what they should learn and lack the skill required for assessing their progress. Thus, the trainer's criticism of the performance or feedback provision is an indispensable part of learning, especially for the novice. The trainers' feedback to students presents criteria through which they could assess their performance (9). Meanwhile, the satisfaction of students is still an essential qualitative index in learning and teaching,

with learning being strongly associated with their satisfaction with the course (10). Thus, teaching and learning are essential aspects of clinical education (11), and in order to know progress in learning, the trainer should make the learners aware of their progress. Experience has shown that knowing the positive outcomes of work during learning is useful in learner's improvement and progress. When the person feels they are progressing, they have more motivation for continuing learning (12). Also, most learners state that feedback provision is better to be done during their clinical performance or immediately after the experience of learning (13-15). The necessity of feedback provision to establish effective learning has been proven, and various studies suggest that learning in clinical education is facilitated by enhancing feedback provision. For example, in research by Stillman et al., it was found that the students who receive feedback about clinical skills had a significantly better performance compared to those who did not receive feedback (16).

In some studies, the lack of proper, adequate, and planned feedback provision by professors has been reported (17, 18). Meanwhile, Molkizadeh et al. and Yazdanparast et al. have emphasized the satisfaction of students with receiving feedback in clinical settings (19, 20). Various studies suggest that immediate and direct feedback in clinical settings leads to improved performance of students (21-23). Meanwhile, the provision of feedback in clinical contexts seems to be challenging (24, 25). In this regard, evidence suggests that many professors do not provide feedback or do it very infrequently because they do not have a proper understanding of feedback (26). In this regard and considering the critical role of feedback in clinical education, the present study investigates the opinions of midwifery students about the quality of

feedback they receive in clinical education. Our primary motivation is to promote feedback quality, which requires constant revision of the current status of feedback provision and understanding the possible weak points. Moreover, most studies have been performed on nursing, and medical students and the opinions of midwifery students have not been captured adequately, which motivates us to do this research.

2- MATERIALS AND METHODS

2-1. Study design and population

This cross-sectional study was performed in 2019 in the national Congress of women's health and midwifery held in Mashhad University of medical sciences. The researchers were committed to observing confidentiality principles throughout the study, and the consent of students was received from participating in the study. In order to select the sample size, the available sampling method was used, and midwifery students who had participated in the women's health and midwifery Congress were eligible. Lack of consent to participate in this study or incomplete filling of questionnaires were considered as exclusion criteria.

2-2. Measuring tool

In order to achieve information about the feedback they received, the standard feedback questionnaire with 21 items was used (27). The students were asked to specify the importance of the feedback they received during their clinical education through a 4-point Likert scale, including the options of always (4), often (3), sometimes (2), and rarely (1). The questionnaire's items captured aspects of feedback, including being constructive, fair, relevant to the prospect, and useful for correcting attitude, behavior, and performance, clear and explicit, etc. The questionnaires were anonymous, and after

providing the necessary explanation, they were distributed among the midwifery students participating in the Congress and then collected. The validity of the questionnaire was confirmed through the content validity method through consultation with experts (three faculty members of midwifery and two faculty members of medical education and health education). In order to determine the reliability, Cronbach's alpha coefficient of the feedback questionnaire was calculated, which was 87%, suggesting proper internal consistency of the questionnaire items (27).

2-3. Ethical consideration

The participants' information was extracted generally, and there was no need to write the name or surname, with participation being voluntary. Only the midwifery students who had been through their clinical education were included. The study results were provided to the participants if they wished, and withdrawal from the study was optional.

2-4. Data Analyses

The obtained data were analyzed by SPSS software version 16.0. In order to describe the studied variables (questionnaire items), descriptive analysis capturing frequency and percentage was used. Also, to compare the frequency of response to different options related to the questionnaire items, the chi-square test was employed. The significance level was considered less than 5%.

3- RESULTS

Overall, 98 midwifery students from all over the country who met the inclusion criteria participated in this study (response rate 91%). Specifically, 83 students (84.6%) studied at state universities and the rest at Azad University. Also, 67 students were single (68.3%), and the rest were married. 43.3% (n=42) of the

students believed that generally, the feedback has been useful. According to 50% of the students, most of the time, the feedback received was constructive (n=49), and 58.2% (n=57) believed that most of the time, the feedback was relevant to their professional prospects. According to most students, most of the time, the feedback received was as expected (40.8%), clear and explicit (41.8%), fair (31.6%), and useful for correcting their attitude (49%), performance (54.1%), and behavior (50%). Also, the feedback was sometimes related to one specific issue (33.7%) or related to one or two issues (45.9%), and for correcting their behavior (39.8%). According to most midwifery students,

most of the time, the feedback received was clear and explicit (41.8%), and was related to their future profession (58.2%). Also, most of the time, the feedback was relevant to clinical skills (55.1%), and they mostly received positive feedback (49%) (**Table.1**). Meanwhile, apart from items 20 (I have mostly received negative feedback) and 8 (the feedback was such that I felt embarrassed), most midwifery students chose the option of most of the time to respond to the items (**Table.1, Figure.1**). The results of the present study indicated that there was no significant relationship between the marital status, educational grade, type of university (state or non-state), and expression about the situation of feedback provision.

Table-1: Distribution of the midwifery students' ranking on feedback.

N	My Feedback	General Medical Student, number (%)			
		Always	Often	Sometimes	Seldom
1	was constructive	7(7.1)	49 (50)	29(29.6)	13(13.3)
2	was as expected	4(4.1)	40(40.8)	42(42.9)	12(12.2)
3	worked as a motivation for education	6(6.1)	43(43.9)	33(33.7)	16(16.3)
4	emphasized postgraduate skills	5(5.1)	43(43.9)	38(38.8)	12(12.2)
5	corrected my thinking	3(3.1)	48(49)	34(34.7)	12(12.2)
6	corrected my performance	3(3.1)	53(54.1)	36(36.7)	6(6.1)
7	corrected my behavior	3(3.1)	49(50)	38(38.8)	8(8.2)
8	made me feel ashamed	3(3.1)	27(27.6)	37(37.8)	31(31.6)
9	was applicable to future work	16(16.3)	57(58.2)	18(18.4)	7(7.1)
10	was specific to one subject	6(6.1)	50(51)	33(33.7)	9(9.2)
11	was more concerned with clinical skills	3(3.1)	54(55.1)	30(30.6)	11(11.2)
12	was limited to one or two items only	1(1.0)	43(43.9)	45(45.9)	9(9.2)
13	was to correct behavior	7(7.1)	43(43.9)	39(39.8)	9(9.2)
14	was concerned with the time & place	5(5.1)	39(39.8)	45(45.9)	9(9.2)
15	encouraged me to assess myself	2(2.0)	39(39.8)	40(40.8)	17(17.3)
16	was clear	7(7.1)	41(41.8)	38(38.8)	12(12.2)
17	considered security	6(6.1)	34(34.7)	40(40.8)	18(18.4)
18	considered justice	8(8.2)	31(31.6)	37(37.8)	22(22.4)
19	was positive	2(2.0)	48(49)	31(31.6)	17(17.3)
20	was negative	2(2.0)	31(31.6)	42(42.9)	23(23.5)
21	was overall useful	5(5.2)	37(38.1)	42(43.3)	13(13.4)

N= number of question.

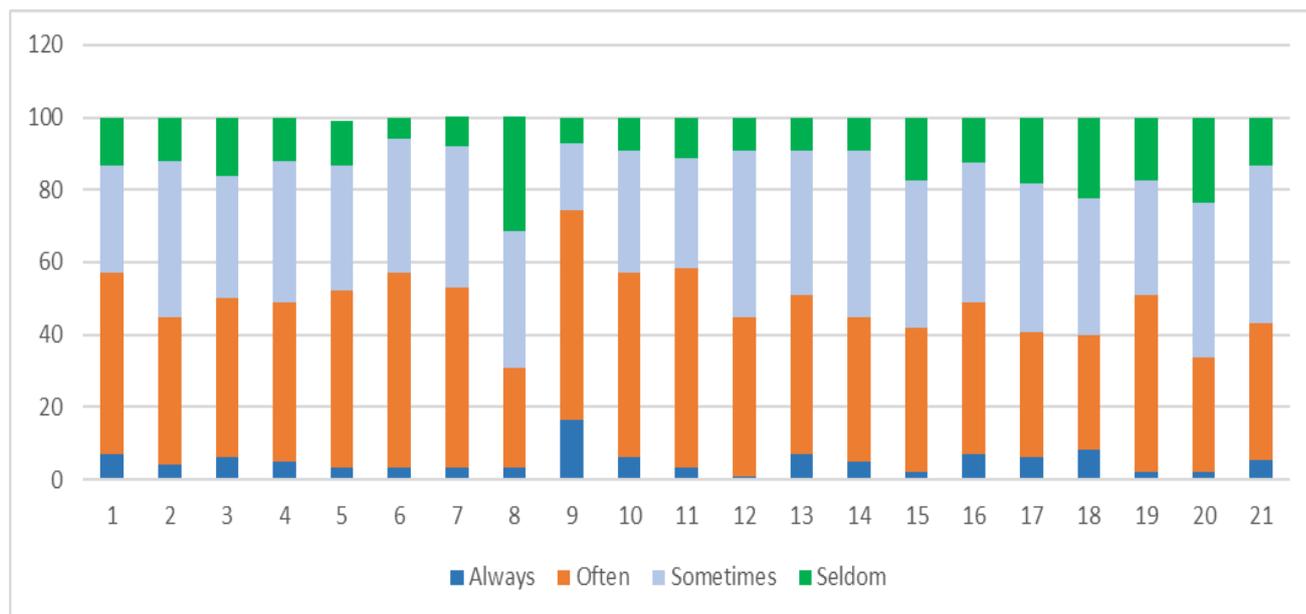


Fig.1: Frequency distribution of general medical students' responses to feedback (in percentage), based on 1-21 items.

4- DISCUSSION

The present study was performed to investigate the midwifery students' opinions about the quality of feedback they received during clinical education. The research results indicated that 58.2% of midwifery students believed that they received feedback properly in clinical education, and 57.1% assessed it as constructive. In the research by Soltani arabshohi and Ghaderi, adequate feedback to students was known as a characteristic of effective teaching (28). In another study, 95% of residents believed that feedback is an important concept to ensure proper learning, and many of them were satisfied with receiving feedback about their performance (29). In contrast, in the study by Haghani et al., the results showed that the feedback provided to the students lacked the principles and characteristics related to feedback provision skills including feedback unbalance, lack of personal feedback provision, provision of verbal feedback with no detail, as well as unplanned and inconstant feedback (17). The results of the study by Jackson et al. (2015) suggested average and low quality of written feedback provision in clinical

education according to students (30). Sender Liberman et al. (2005) concluded that all 90% of professors reported that they would provide useful feedback, yet only 17% of the students agreed with this claim (31). In another study, only 8% of residents were satisfied with feedback provision (32). Moaddab et al., did not assess the feedback presented to residents and students of general practice as suitable (33). Molloy (34), and Boud (35) stated that learners did not receive useful feedback in their clinical education. Different research and papers have proven that feedback provision can correct the performance if it is appropriately provided and with suitable information (25). Thus, in addition to emphasizing the importance of feedback provision, proper principles of feedback provision should be trained to professors and trainers of medical sciences education, since improper feedback provision will have more adverse consequences compared to no feedback provision. In the present study, the satisfaction of midwifery students with feedback provision was assessed as desirable. According to Ende, without feedback provision, the mistakes will not

be corrected, proper clinical performance will not be fostered, and clinical competence is acquired either experimentally or not learned that all (8). Meanwhile, de Beer and Martensson (2015) stated that the students who received critical and constructive feedback for improving their clinical argumentation skills showed higher scores compared to the students who had received confirmatory feedback (36). In the study by Burr et al. (2013), the results showed that the provision of personal feedback caused enhanced learning among learners and achievement of learning goals. The results also indicated that feedback provision causes the weak points of learners to change into strong points (38).

Thus, regardless of its type, feedback provision is an essential element in clinical education and leads to enhanced learners' satisfaction (39). Some studies reported that feedback would be effective and constructive only when presented positively (40). However, some others have noted that feedback should strike a balance between both positive and negative sentences (41, 42). Most studies have shown that the feedback focusing more on weak points of the performance than on strong points will not be useful or effective (40, 42). According to studies, feedback should be presented immediately, and in the first opportunity (43). Besides, feedback should be provided when learners have the opportunity to change or correct their behavior. It is because the primary goal of feedback provision is setting the ground for correcting the behavior and progress in the path of learning for learners. If feedback is presented when there is no opportunity for the learner to correct their behavior or to progress, the corrective goal of feedback, which is one of the critical characteristics of feedback provision, is neglected (44). Generally, feedback should be planned, and the trainer should have already thought

about its provision and its related principles and characteristics before providing it to learners. The receivers of feedback should also have an opportunity to react to the feedback and be involved in the feedback provision process (19, 20).

4-1. Study Limitations

The most important limitation of this research was the use of a self-report method with a closed format for data collection. In this method, the person can over-assess or under-asses themselves or others. Meanwhile, the limitation of options would prevent the possibility of providing other responses and constrain the responder to choose an option that may not be exactly their idea, or they may have some explanation for that.

5- CONCLUSION

Feedback is an essential component of medical education, and its goal is to make a change in the behavior and performance of learners and improve the learning. The results of this study indicated that the situation of feedback provision in clinical education, especially among midwifery students, is relatively desirable. Specifically, almost half of the midwifery students were satisfied with the provision of feedback in clinical settings. Feedback facilitates clinical education and should be noted as an essential factor for inducing and fostering rethinking, which is one of the essential principles of clinical education. Attention to the empowerment of clinical trainers on the importance of feedback provision and the characteristics and principles of effective feedback and familiarity with feedback provision models seem to be essential.

6- CONFLICT OF INTEREST: None.

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