**Improving Clinical Education through Formative Feedback**

**Break Out Sessions**

**November 4, 2017**

**Strategies and Ideas to Improve Feedback**

Strategies for Promoting Clinical Instructor – Student Feedback

* CI soliciting what type of learner the student is, their goals and career plans at the start of the experience
* Prep materials/learning styles/student goals ahead of the affiliation
* Strategies on how to best match students – interviews? Self-assessment forms?
* More student self-assessment on psychosocial domain to better communicate to CI’s
* Interviews can be very effective but challenging from a time standpoint
* Expectation at the beginning – “expect this feedback to be coming” and reinforce that the feedback will go both ways
* What feedback styles work for you?
* Schools may want to communicate student learning style
* Importance of early communication between CI/student
* Sites establish a timeline of expectations so everyone is on same page
* Set goals between CI/student but also based on student’s past experiences
* Formal flow sheet tracking goals across the experience
* Weekly report from students about experience and “fine” isn’t good enough – must be specific
* Be “compassionately blunt”
* Being brave and call out behaviors/concerns rather than “kick it down the road”
* Direct patient feedback/form to students – site level or in simulation
* Really encourage use of formal/structure—e.g. weekly planning forms
* Standardized weekly planning form, working on the form throughout week as a “living document” for communication
* Preparation ahead of formal meetings
* Role of CI is to “pace” the student
* Generic abilities/Profession/YouTube videos on how to have difficult conversations
* Require students to write at least one non-cognitive goal per week
* Star-12 communication training and membership
* Telephone contact from school to site ahead of site visit
* Different communication opportunities for CI’s
* Schools offer pre-placement group on-line meeting/conference call for those that are interested.

Strategies for Promoting Student Feedback to Academic Program

* While in assessment phase, can there be pooled feedback tools? Saves time.
* Develop a facility based assessment tool, specifically an anonymous submission.
* Increased involvement of SCCE, encourage student to contact and assure them it will be non-retributory.
* Increase use of APTA Weekly Planning and Review Form: Consider adding self-reflection questions for the student each week such as “What is something (at least one thing) the CI did this week that helped or hindered your learning?” Use this as talking points when student and CI meet weekly. Share forms with DCE at the end of the clinical experience.
* Don’t sign signature line on APTA CE/CI form if you have not seen it!
* Ask student to create an “ideal world” suggestion document, with no restrictions on site. This may provide insight as to what students see as ideal and how the current setting is measuring up. This cannot be done beforehand as the student must have enough context on the site first.
* The CSIF Web online form might be modified as it currently works, to include a section for student feedback about the experience.
* Make sure feedback given to CI by students is ACTIONABLE.
* Identify an accepted mechanism to provide some more formal feedback -- at midterm would be ideal and build into the program site visit/phone check in.
* Weekly Planning Form enables the two way conversation and affords enough time to work on the suggestions.
* Group meeting with all students at site at the same time to “compare notes” in non-threatening environment.
* 360 degree review should be done annually. CI may have life event which affects ability at current time to do their best.
* Complication is the fact that many placements have more than one CI, need to keep overall experience separate from each individual’s contribution to it.
* Top three things the site and/or organization may want to know should be captured in the feedback form, may be from a perspective of a potential new hire.
* “Is it financially feasible for the student to complete a rotation here”? Housing, cost of living, etc.
* Invitation from CI for students to provide feedback should be made more explicit.
* Take student away from facility to an informal setting (beer and pizza!) to solicit more comfortable interaction.
* CIs consider asking, “What is one thing I could have helped you better with today”?
* Encourage the student to phrase the feedback such as “My learning experience would be so much more enhanced if….” to minimize defensiveness from the CI and to promote professional communication.
* Advisory committees and new grad focus groups collate generic feedback that could be disseminated.
* Model for the student how well the CI self-critiques, the CI is human too! Might make it easier to offer constructive criticism.
* Use the student performance tool as a reason to have them work on providing feedback as a skill to be ultimately graded. “Use me and our student/instructor relationship for practice in providing effective feedback”.
* Any criticism should be specific and perhaps offer a potential solution.

Strategies for providing feedback to SCCEs/CIs from Academic Program

1. **How do we create a feedback mechanism to clearly delineate feedback about the clinical experience vs the student-CI interaction?**
	1. Sites enjoy taking students and would likely allocate the time to complete surveys
	2. There is a global benefit of cline d for the profession, but what are the site specific benefits?
		1. Increased clinician engagement and satisfaction
		2. Increased productivity after a certain number of weeks
		3. We need a marketing campaign for the benefits of Clinical Education
		4. The profession needs to value clinical teaching through professional rewards (CEUs, recognition, designations, etc)
		5. Tawna shared that there will be a survey in the near future about Clinical Education; all stakeholders should participate and share
		6. Time is a big barrier for all
		7. Consider gathering feedback and then comparing locally and regionally (NIC)
		8. Consider providing feedback to the right people. Give CCCE onboarding info and Cis teaching information
		9. Develop a Yelp for sites/CIs; reflects a transparent and contemporary environment
		10. Have a weighted system of assessment for sites
			1. Student assessment may have less weight thn the CI
			2. Can ask student how engaged they are in the process
			3. Sites can have their own requirements and ask that the program send interested students only
		11. CIs can feel like the program has not instilled values for their setting and that can reflect poorly on the program
2. **Manager perspective: how long is the ramp up period before they stop being a drain on productivity?**
	1. Review the following papers on students and productivity and provide them to clinical sites:

Dillon at al. (2003). Effect of student clinical experiences on clinician productivity. J Allied Health, 32(4), 261-265.

Pivko SE, Abbruzzese LD, Duttaroy, RL, Ryans K. (2016). Effect of physical therapy students’ clinical experiences on clinician productivity J Allied Health, 45(1): 33-40.

* 1. Productivity is not affected over time, but can be a burden in the front end.
	2. It’s important to talk to the academic institution for strategies to manage the productivity drain and to also ask the programs to find students who are a good fit
1. **How do SCCEs/CIs feel about receiving feedback from programs?**
	1. Overall there is a desire to receive feedback from clinicians, perhaps even more so from new Cis
	2. DCEs have to approach clinicians who can improve from a perspective of student learning and how can we create a culture in the clinic instead of addressing that there was a problem with teaching
	3. Academic programs can provide specific resources geared towards fostering clinical reasoning
	4. Programs should ask specific questions regarding CI/SCCE needs, instead of broadly asking what can we do for you?
	5. SCCEs can ask questions of the programs and communicate specific needs
	6. Only receiving feedback from students can leave clinicians feeling like they don’t know how to improve
	7. Perceptions from the academic program of how the student changed would be helpful
	8. CIs should be involved with the SCCE in placing the students to help foster fit
	9. Brenda’s application process for students is very helpful in fostering fit and can prevent problems from the start
	10. It’s important to impart the message to students that even challenging experiences are valuable in learning
	11. CI and student can make a goal to stretch the student’s learning style. It’s important to explicitly communicate all the things they do implicitly
	12. Ideas from Clinician to foster feedback:
		1. Les likes pizza!
		2. Receiving the evaluation forms would be helpful and foster inclusion
	13. SCCEs want to provide quality experiences, but very much need feedback to shape those experiences
2. **How do programs keep clinicians engaged in contemporary Clinical Ed information?**
	1. Must be easy and quick
	2. Incentivize: but they are not always easy (journal access is difficult to navigate)
	3. Discounted CEUs
	4. Geographical challenges: consider CEUs that accommodate rural sites. This fosters the partnership.
	5. Chunking of information
	6. Pool resources as a consortium
	7. Share NIC resources with SCCEs and Cis
	8. Cadaver lab
	9. Students can embrace their role in bringing contemporary knowledge to clinicians
	10. The NIC forum has been great
	11. Communication often goes through DCE to SCCE. Need to improve Academic to CI interactions. Interviews can be a good way to approach this.
	12. Need to have a single platform that all programs use so we can integrate
	13. NIC can be a single resource for forms; need to consider