

Are Fieldwork Students Listening?

Providing students with feedback during hands-on clinical experiences has shown to improve self-confidence, clinical skills, and professional behaviors to shape allied health students to deliver quality patient care (Archer, 2010; Hanson, 2011). One study revealed 75% of the college students surveyed felt that feedback assisted with their improvement of future performance (Higgins, Harley, & Skelton, 2002), while another found that 90 third-year medical students were six times more confident after receiving feedback from their clinical supervisor (Cottrell, Thammasitiboon, Cannarella, Jacques, & Shumway, 2008). In the field of occupational therapy, a recent qualitative study was performed to determine if the use of feedback was found to assist with the development of clinical skills and professional behaviors (Hanson, 2011). Hanson (2011) interviewed 60 fieldwork educators that revealed themes supporting the use of feedback as an effective tool to improve the student's professional development.

As an educator within the occupational therapy profession, I provide written and verbal feedback to students so they can gain insight into their performance within various contexts. The expectation is for the student to receive, process, and then apply the given feedback to improve future skills and behaviors. However, not all students responded positively after receiving feedback. Some students disregarded the feedback given to them, some misinterpreted the intended message, while others became defensive or wasted time trying to justify actions. These experiences led me to question why educators continue to put so much time and effort into the provision of feedback to students when it may ultimately be rejected, misinterpreted, or cause negative emotions.

Furthermore, this misinterpretation and/or non-use of feedback could present problems during the students' fieldwork experiences. Gutman, McCreedy, and Heisler (1998) investigated common issues during fieldwork education and found that 98% of occupational therapy students who failed their fieldwork experience displayed little ability to modify inappropriate behaviors or assumed responsibility for their errors after receiving feedback. The ability to take responsibility and correct errors was found to be an essential skill required of occupational therapy students to successfully develop clinical practices and professional behaviors (Gutman et al., 1998). This leads educators to question: Are students able to accept feedback, interpret it as intended, and then use it to improve learning? Several factors may account for difficulties students experience when attempting to apply feedback during fieldwork that may lead to failure of this hands-on clinical experience.

Recent studies provided insight into possible factors that may affect the student's ability to apply feedback in fieldwork settings. One factor to consider when providing feedback is to determine if the feedback is vague or difficult to understand. Weaver (2006) found that vague feedback was not helpful to develop skills or behaviors essential for clinical practice. Another factor is the student's ability to understand the connection between the feedback and its purpose. Feedback was found to be used more often if there was a clear connection between the feedback and the skill or behavior being addressed (Quinton & Smallbone, 2010). In addition, the credibility and expertise of the source should be considered when giving feedback, as students felt these factors were key to determine if the feedback is worth the effort to implement (Grieverson, Kirton, Palmer, & Blamer, 2011; Poulos & Mahoney, 2008).

The ability to apply feedback could also be related to the student's learning style. Mui Lim and Rodger (2010) revealed that some students learned from seeing and hearing information, while others preferred time to think and discuss answers. Identifying the student's preferential style of learning could improve their ability to accept, process, and apply the feedback as intended. Finally, the study by Mazotti, O'Brien, Tong, and Hauer (2011) revealed that

feedback was used more often if it was timely, personalized, constructive, and given continuously. Taking into consideration the above factors could facilitate the use of feedback in various performance contexts.

Several strategies are used to develop occupational therapy students' clinical skills and professional behaviors to guide the application of knowledge learned in the classroom into the clinic setting to safely deliver quality patient care. Feedback is one such strategy used in the fieldwork environment to create competent health care providers; however, feedback needs to be accepted and interpreted as intended to guide students through this process of applying theory to real-life situations. Occupational therapy educators should continue to develop an understanding of the factors influencing the application of feedback given to the student in order to feel like their valuable time is not wasted.

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