

A study on peer feedback training on nursing students' formulation of task, process and self-regulation feedback during skills laboratory sessions

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Outline

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Introduction

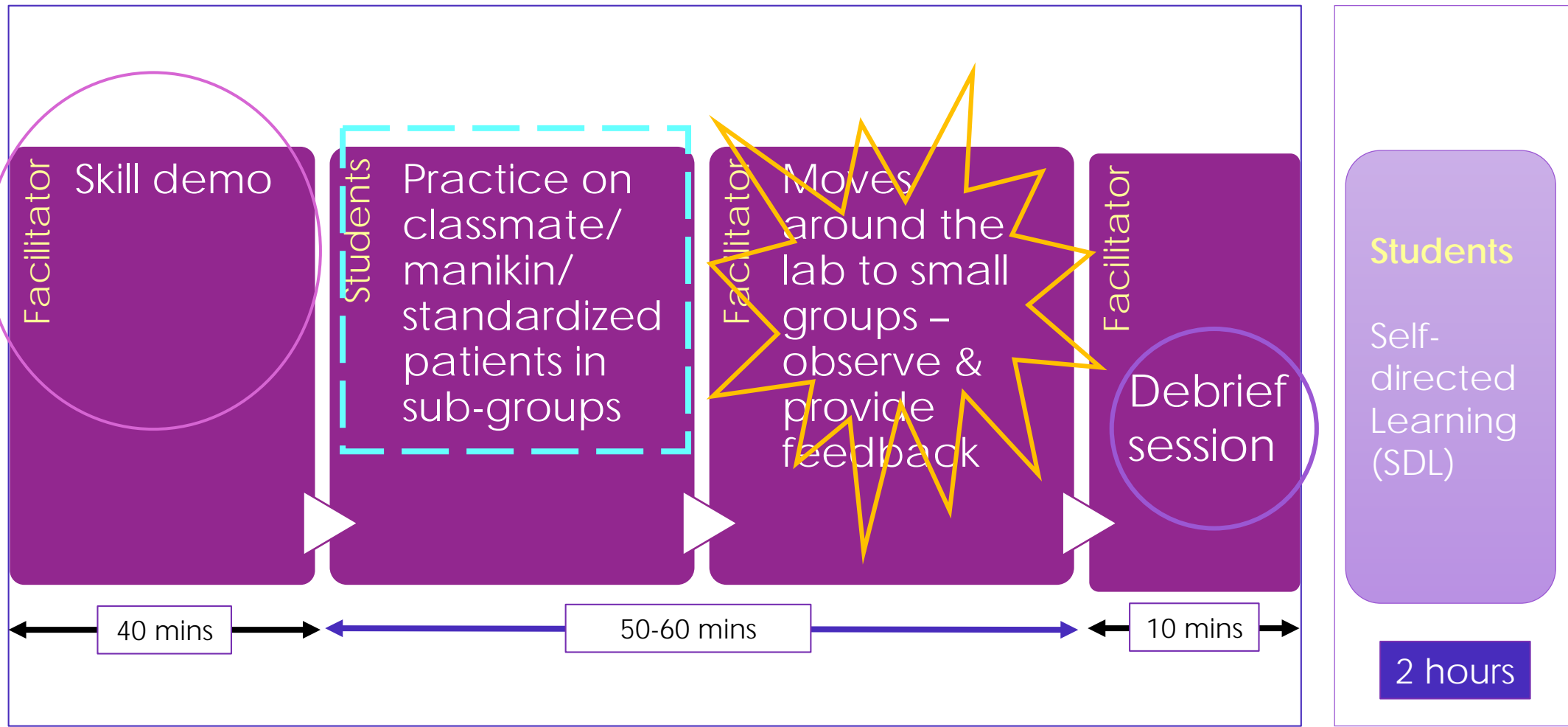
Students will learn to:

1. perform a clinical procedure (wound care and STO);
2. provide feedback to their peers during lab sessions

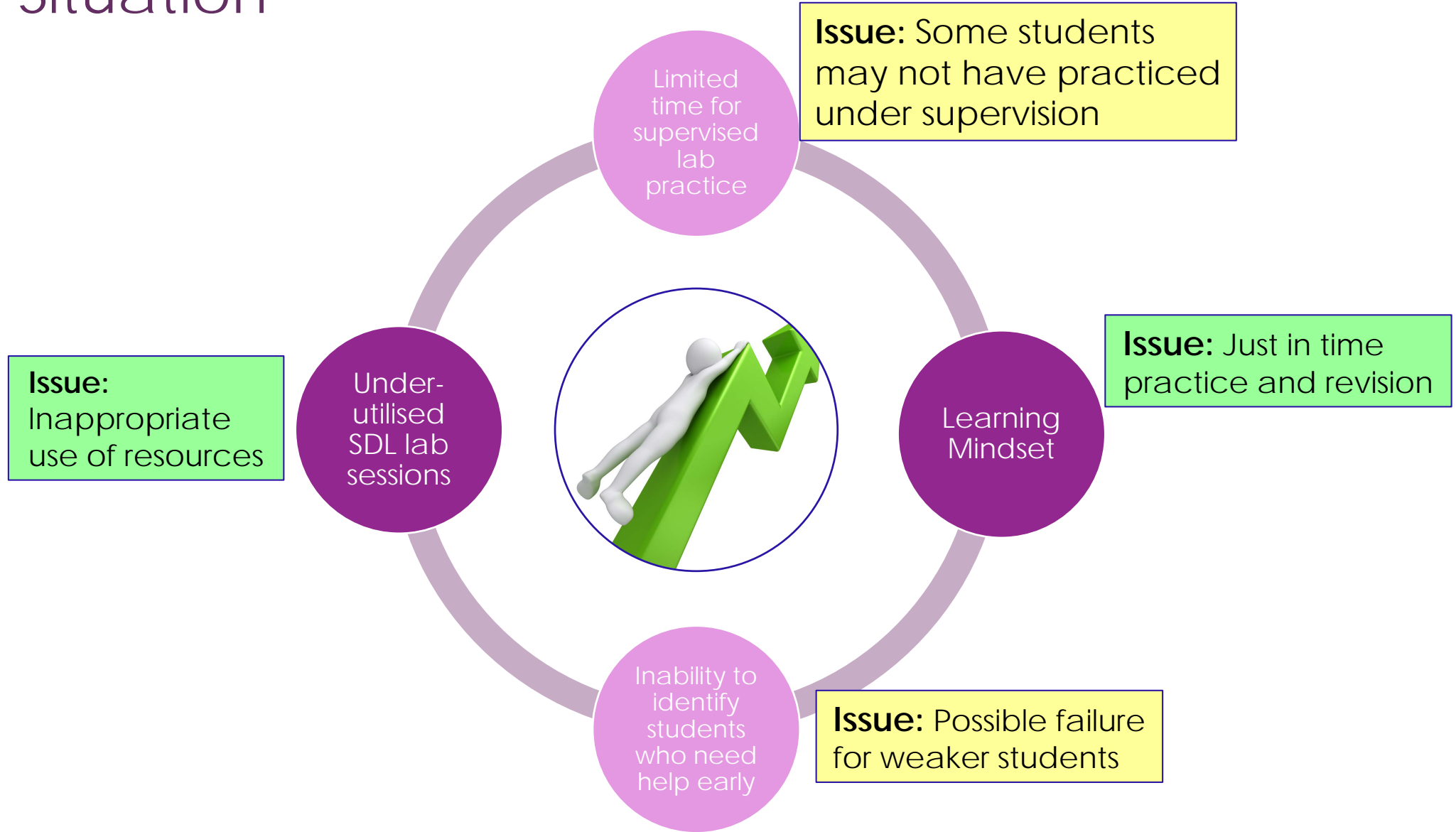
Essential skills required:

- ✓ Integration of technical clinical skills with effective assessment,
- ✓ prioritization,
- ✓ critical thinking,
- ✓ clinical reasoning and communication skills

Learning Activity in a Nursing Laboratory (Lab)



Situation



What is feedback?

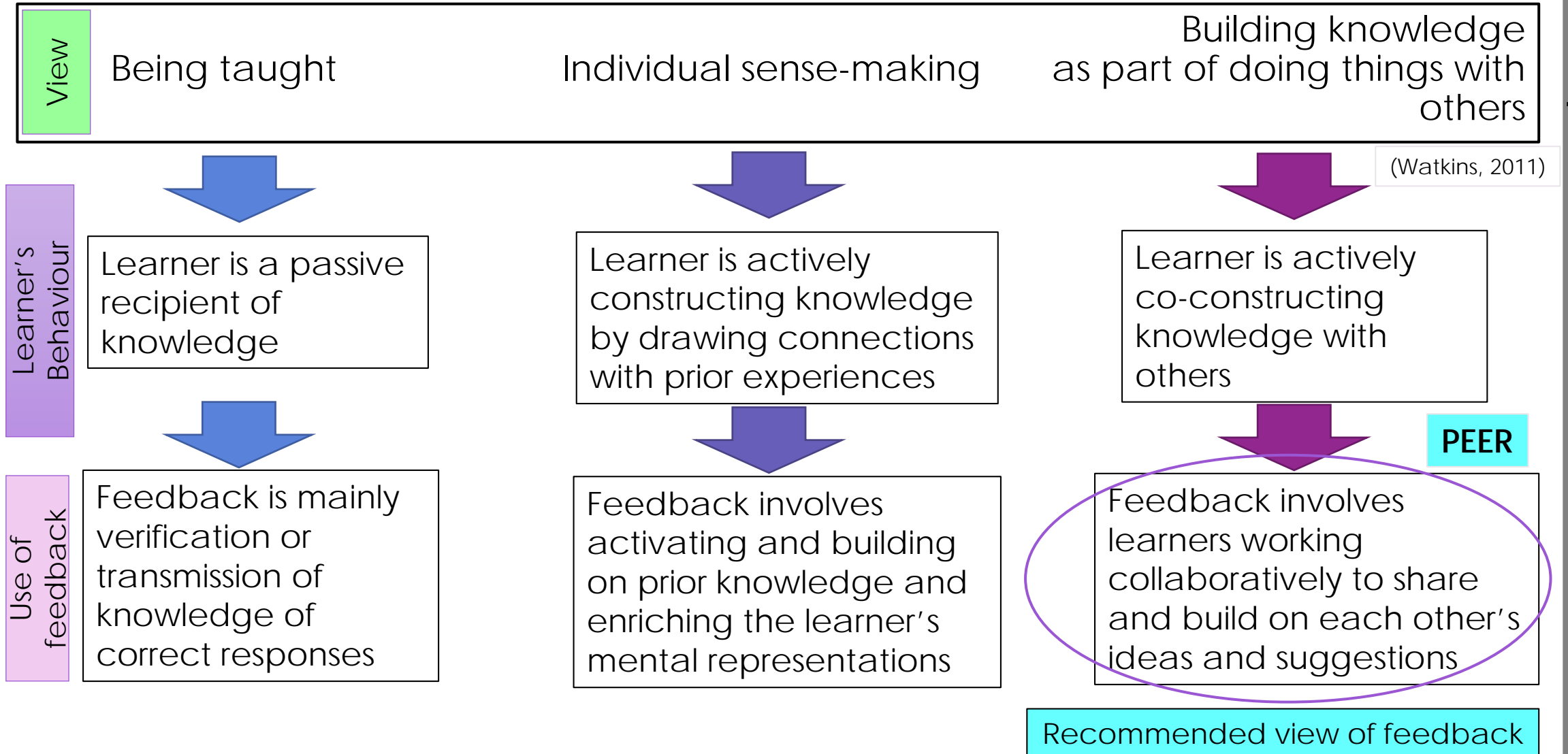
- Information provided by an agent (e.g., teacher, peer, book, parent, self/experience) regarding aspects of one's performance or understanding (Hattie & Timperley, 2007).
- **Dialogic processes** and activities which can support and inform the student on the current task, whilst also developing the ability to self-regulate performance on future tasks (Carless et al., 2011, p.397).

When?

Peer feedback occurs when students offer each other advice about their work which incorporates:

- what has been done well in relation to the **success criteria**
- what still needs to be done in order to achieve the **success criteria**
- advice on how to achieve that improvement.

How is feedback used in learning?



Benefits

- Think more deeply about the activity being assessed
- Gain insight on how others tackled similar clinical problems
- Learn how to give & receive constructive feedback
- Become more self-driven and self-regulated learner

(Ladyshefsky & Gotjamanos, 1996; Rush et al, 2012)

Challenges

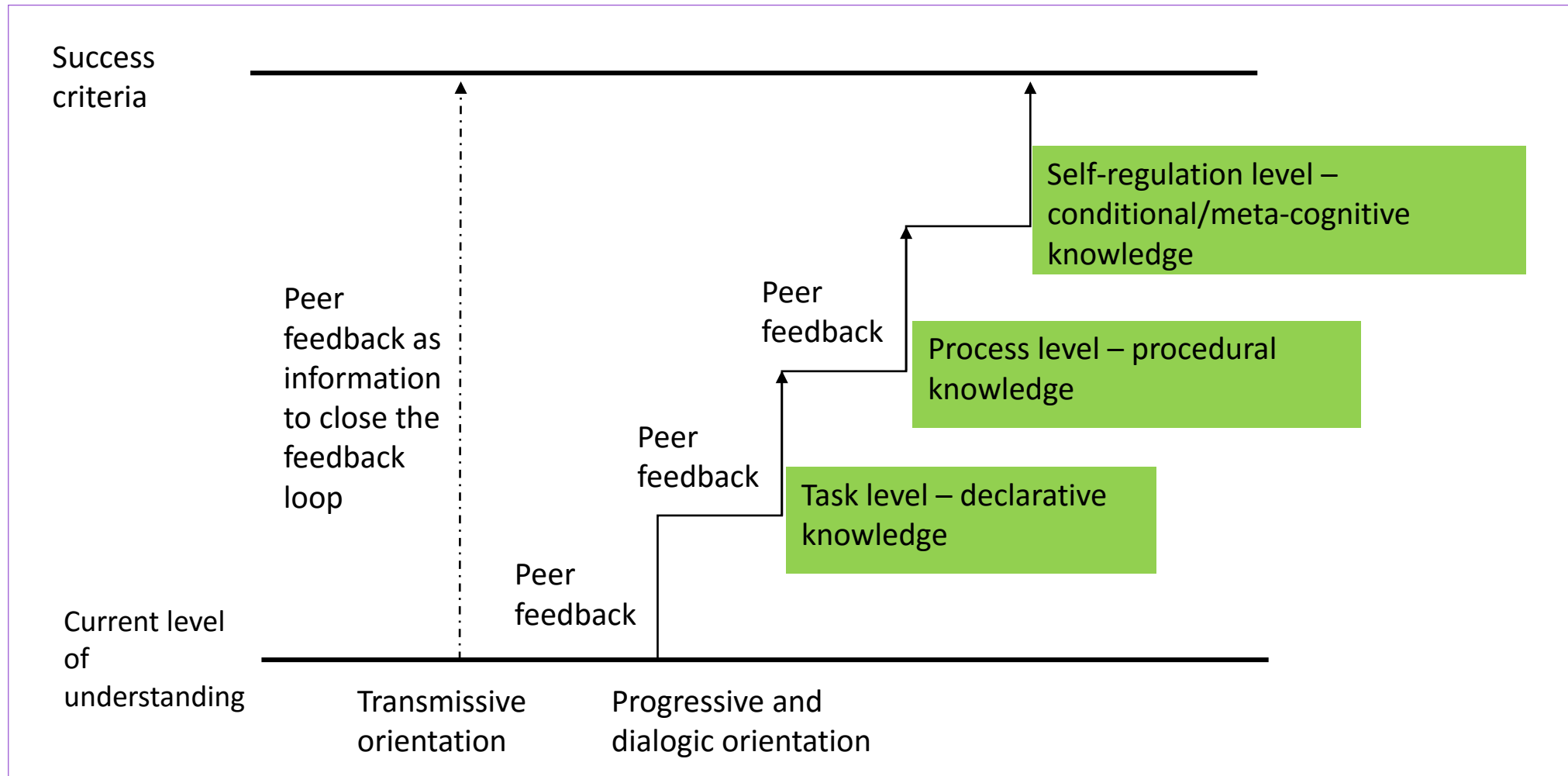
- Discomfort and distrust (Hanrahan & Isaacs, 2001)
- Consider peers as not the 'Expert' (Jiang & Yu, 2014)
- Production of non-correction oriented activities (complimentary words) rather than correction oriented feedback (critical comments, valuable clarifications and constructive suggestion (Liou & Peng, 2009)

Supporting studies

- I. 'Must Know' conditions that benefit students from feedback in academic tasks.
- ❖ What good performance is (i.e. student must possess a concept of the goal of standard being aimed for)
 - ❖ How current performance related to good performance (compare current with good)
 - ❖ How to act to close the gap between current & good performance (Sadler, 1989)

II. Existing nursing related researches focus on academic writing, preparation for examination or in clinical attachment with more senior student coaching or partnering the junior student (Goldsmith, Stewart, Ferguson, 2006; Rush et al, 2012; Pereira et al, 2016)

Knowledge required at each level for peer feedback discussion



Research questions:

1. Does explicit training help students to provide feedback targeted at task, process and self-regulation levels?
2. Does explicit training help students to generate feedback at deeper levels?

Design

- Non-experimental study
- Year Two undergraduate nursing students
- Enrolled in Bachelor of Science (Nursing)
- Module – Medical-Surgical Nursing II
- Period – August to September 2016
- Topic – Wound Care and removal of sutures (STO)
- Week 1 – three hours of face-to-face **training**,
Week 1, 3 & 5 - 2-hours of **laboratory sessions** on alternate weeks, each with one round of **paired reciprocal peer feedback**.
- Instruments –
 - (1) Peer Feedback Rubric (PFR)
 - (2) Peer Feedback Form (PFF)

Instruments

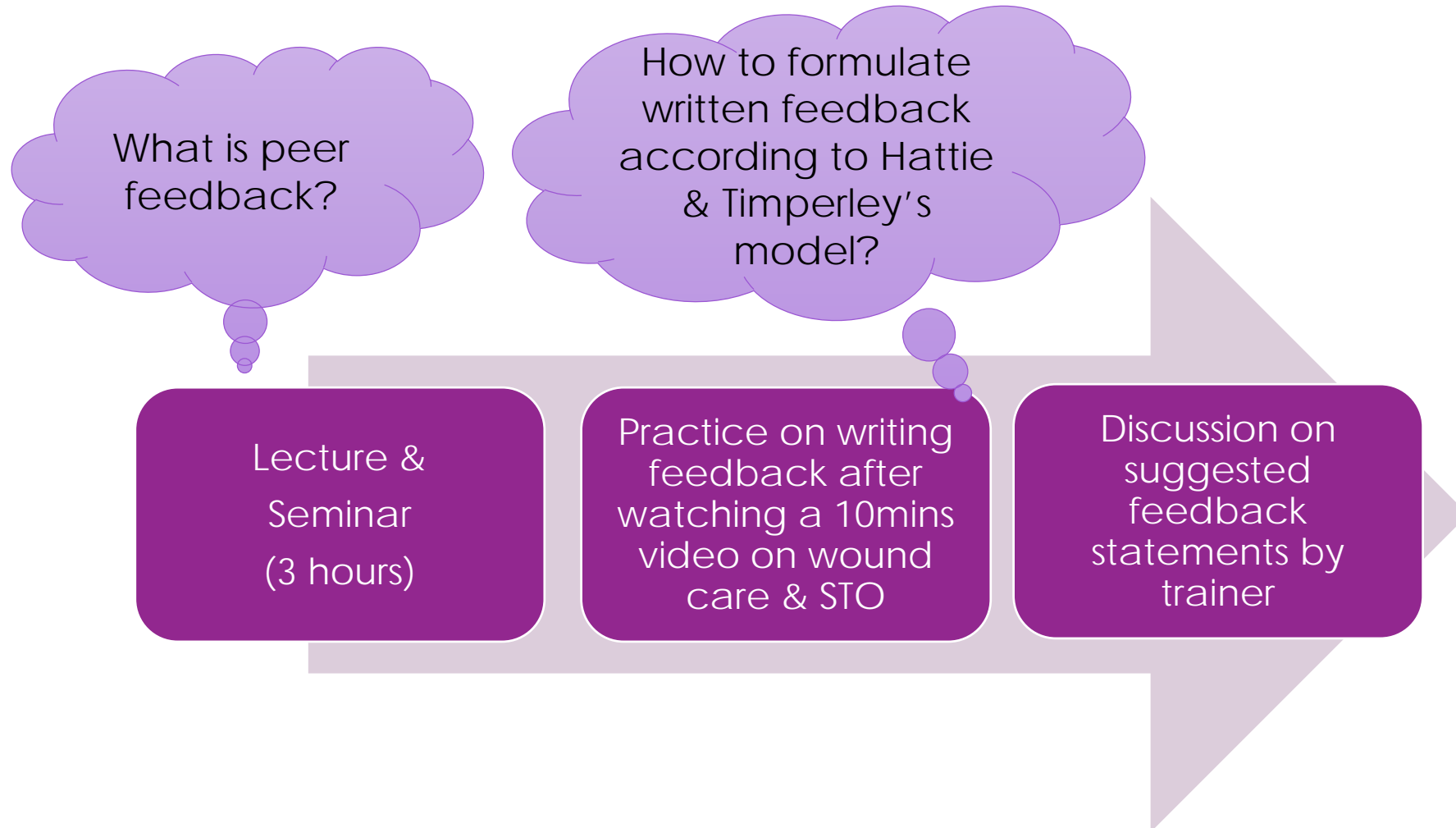
1. [Peer Feedback Form](#) (PFF) – Use during lab session/ practice
2. [Peer Feedback Rubric](#) (PFR) – detailed guide consists of:

- ❖ Principles & Standards of Care;
- ❖ Key observable behaviours before, during and after the procedure (success criteria);

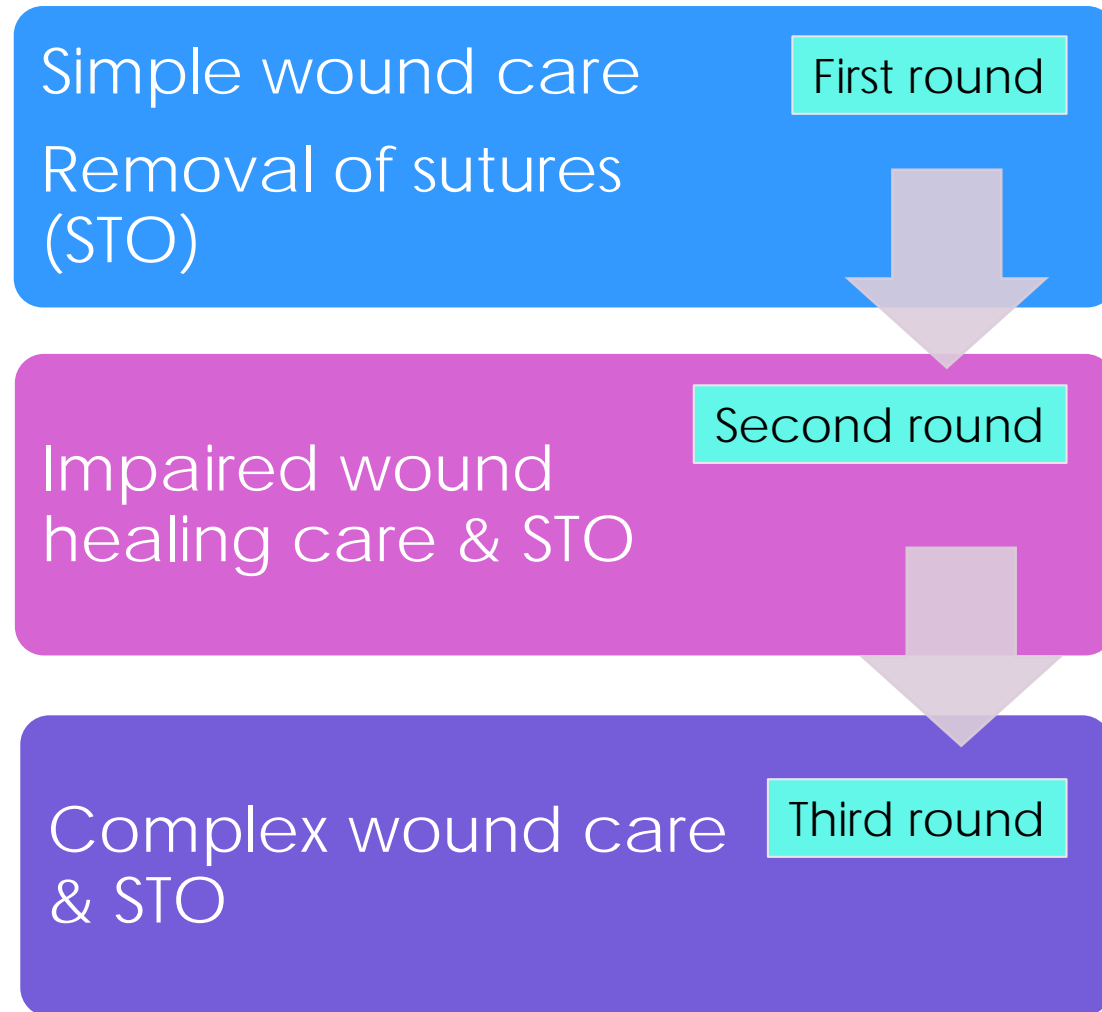
- ❖ Tested with Teaching Members **Content, Usefulness, Feasibility**
- ❖ Invited selected students from the past cohort to use the PFF and PFR

Method

□ Week 1 – three hours of face-to-face **training**,



Method – Activities in the lab



- No demo by Facilitator
- Week 1, 3 & 5 – 2 hours of **laboratory sessions** on alternate weeks, each with one round of **paired reciprocal peer feedback**.
- All Peer Feedback Forms (PFF) were collected at the end of each session
- PFF were returned on the next lab session

Method

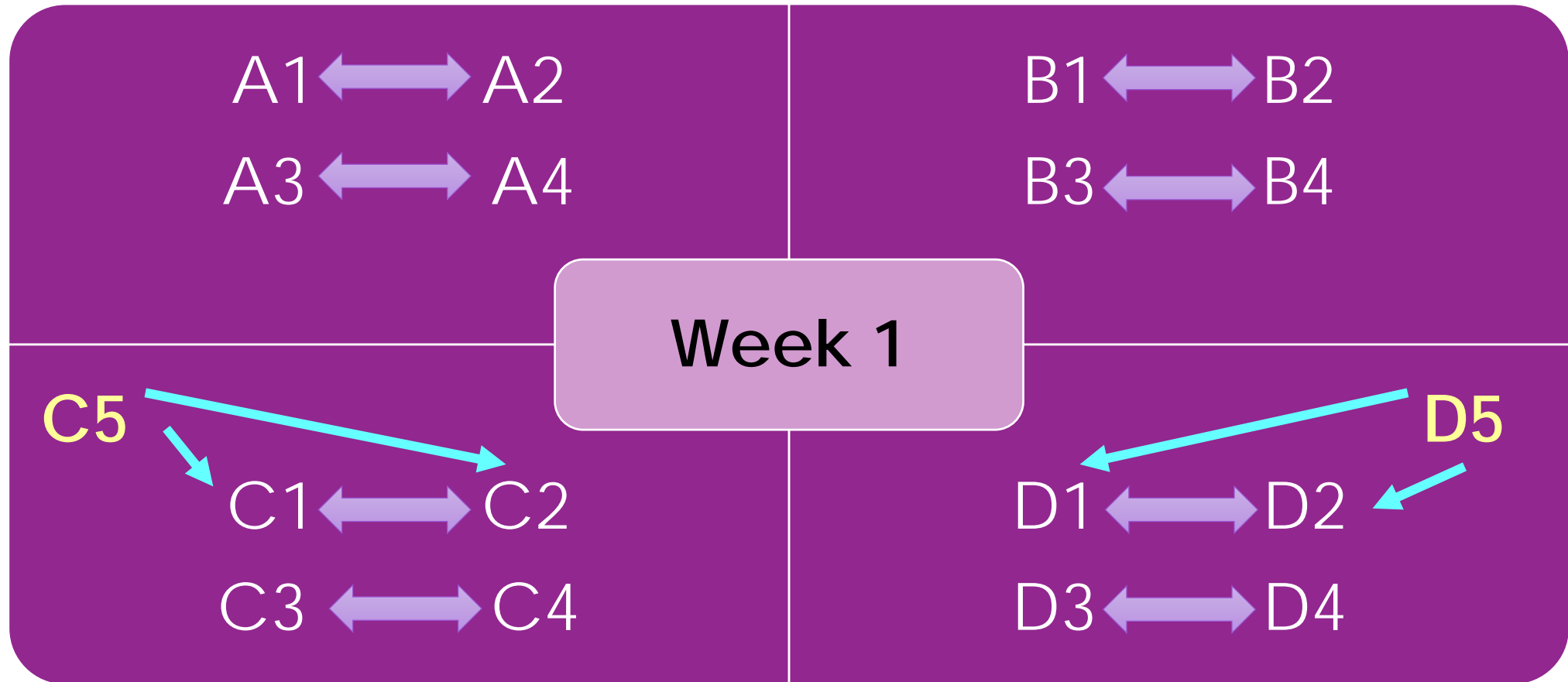
- Week 1, 3 & 5 – 2 hours of **laboratory sessions** on alternate weeks, each with one round of **paired reciprocal peer feedback**.

Activity	Performed by	Duration
1. Divide into 5 subgroups. 2. Breakoff with (2) & (2) or (3) within subgroups	Facilitator	15 mins
3. Evaluation & review of procedure for <ul style="list-style-type: none">• Subgroup member(s) X 4	Feedback from all subgroup members	60 mins (20 + 10 mins)
4. Debrief on key points & principles: <ul style="list-style-type: none">➤ Task➤ Process➤ Self-regulation	Facilitator	30 – 45mins

Example: Students' practice & peer feedback

20mins + 10mins

Total student = 18



Data Collection

I. Peer Feedback Form

- Written feedback by students – coded and counted

II. Students' feedback on the module

- obtained from module evaluation

Results (I)

Table I. Frequency counts of written peer feedback by levels

Feedback Levels	Session 1	Session 2	Session 3
Task	70	68	24
Process	64	72	70
Self-regulation	0	0	0
TOTAL	136	140	94

Results (I)

Table I. Frequency counts of written peer feedback by levels

Feedback Levels	Session 1	Session 2	Session 3	Examples
Task	70	68	24	"You forgot to indicate pain score."
Process	64	72	70	"You have assessed patient's pain score and asked if he wanted analgesia. But, you need to teach the patient deep breathing exercises for relief if he refused analgesia."
Self-regulation	0	0	0	Teacher's example: "It will be good if you verify with the patient whether his pain score has reduced prior to the procedure."
TOTAL	136	140	94	

Results (II)

Table II. Frequency counts of surface & deep peer feedback statements

Process Level	Week 1	%	Week 3	%	Week 5	%
Surface	52	81	57	79	46	66
Deep	12	19	15	21	24	34
Total	64	100	72	100	70	100

Examples of peer feedback:

- Surface process feedback in the **first** session:
“ [You] did not check the patient identifier”
- Deep process level feedback in the **third** session:
“ [You] asked for patient’s comfort level and pain score.
[You] could have checked with patient regarding
administration of pain killer prior to procedure.”

Discussion

1. Number of feedback	Session 1	Session 3
Task level	Highest	Lowest
Process level	Lowest	Highest

2. Decrease in total number of feedback statements over the 3 sessions.
3. Increase in deep process level feedback.

Possible reasons:

1. Students are more familiar with the procedure leading to
 - errors or corrective feedback (task)
 - ↓ inclination to formulate process level feedback
 - better understanding of the success criteria (rubric)
2. No self-regulation level feedback in all 3 sessions (more time & support).

Students' perceptions on peer feedback approach

What I liked about the module

"There are videos on skills for the students to assess and watch at leisure/pre-lesson. It also allows the students to recap on how to perform the skills".

"Allows me to gain valuable techniques and reasoning behind certain practices".

"Teaches us the practical skills we really need and the thought process in application".

"There was a lot of ownership to be taken for this module - watching the videos for lab skills beforehand. It allows students to be motivated to learn more. Facilitation by the tutors were sufficient as well.

Students' perceptions on peer feedback approach

Areas for Improvement

"I do better with a live demo."

"Maybe feedback from both tutor and peers is more useful".

"It takes a lot of time and practice to understand how to write a good feedback because of all the different levels and criteria."

"This is only useful for those who are open to critiques."

"Leave out the classification and all is good. Feedback is good and needs no classification. Personal opinion. Cheers."

Limitations of study

1. Insufficient time for students to develop the skill to write 3 levels of feedback.
2. Not all students are motivated to pen down feedback for their peers.
3. Some students perceived that they are unable to learn from peers who are less familiarised with the skill than them.
4. Some students and lecturers are uncomfortable with the new initiative – no demonstration to students.

Implications for future study

1. Effective integration of peer feedback approaches in enhancing students' understanding & application of the nursing process
2. Review of teaching materials such as video, rubric.
3. Study outcome may include investigating the relationship between the quality of the written feedback with students' academic performance (Skills).
4. Training of Facilitators as well.



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Year 2 undergraduates (AY2016-17)

Reference (I)

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Questions

