

Engaging with feedback processes in workplace settings: using student expertise to co-create resources to foster first-year students' feedback literacy development.

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Abstract

This paper reports outcomes from a pedagogic action research project conducted collaboratively with students. It focuses on co-constructed resources targeted on the development of feedback literacy in work-based settings. It outlines the process for developing the resources, then presents the outcomes, together with participating students' views of becoming involved in the co-construction process.

Keywords

Co-construction, student-created resources, students-supporting-students, feedback literacy.

Introduction

This paper reports outcomes from a pedagogic action research project conducted collaboratively with students. The cycle of action research reported here is part of a larger-scale project, which explored ways to enhance nursing students' experiences of feedback in workplace environments. During their three-year undergraduate nursing degrees, student nurses routinely spend considerable and extended periods of time on placements which they undertake in a range of healthcare settings. Their placement experiences begin in the first few weeks of their university study, and are highly valued, because they provide authentic learning experiences in which students work and learn alongside busy, highly experienced practitioners. Nevertheless, while making the transition to university study is known to be daunting for many students, the requirement for student nurses to additionally settle in quickly to the lived professional realities of diverse healthcare settings presents particular challenges to newcomers, as well as bringing a host of learning benefits.

One issue, which formed the focus of this project, surrounds the skills, qualities and dispositions student nurses need rapidly to develop in order to engage productively with feedback processes in clinical settings. This is a particularly important area to address, as approximately 50% of student nurses' assessment is related to clinical practice. The demanding nature, for all parties, of the busy and challenging nature of

these workplace environments means that, in practice, students need, arguably sooner than many of their campus-based counterparts, to view themselves as active, engaged participants in authentic workplace feedback processes, with a clear sense of shared responsibility for seeking and using feedback to evaluate their own progress and in making plans which bring about future action and improvement.

To help address this, an academic team and a small group of four experienced 2nd and 3rd year students worked collaboratively to build further on the larger originating action research project. They co-created a toolkit of pocket-size flashcard resources which first-year student nurses could use to help them engage with feedback in their early placements. The following paper focuses on outlining how this partnership approach to co-creation (Bovill, 2019) was achieved. It also presents the participating students' voices, both in terms of the advice they offered in the toolkit (which was collaboratively negotiated, based on their own lived experiences of managing and engaging in feedback processes in clinical settings), and in terms of their own evaluations of the process of engaging in the collaborative co-creation of resources to aid other students.

Background to the study

The partnership work we report in this paper built further on a large-scale action research project undertaken within the School of Health and Social Care at Edinburgh Napier University. The initial action research project is reported in detail by Adamson et al., (2017). In brief, during the reconnaissance and scoping phase, the team built up a holistic view of programme-level patterns in nursing students' assessment and feedback experiences at the university and illuminated barriers which were preventing deeper learning. To do this it had used the Transforming the Experience of Students Through Assessment (TESTA) inventory to canvas all students' experiences of assessment and feedback on the university's nursing programmes (n = 476). In particular, using TESTA revealed that a high proportion of students harboured concerns about the affordances of feedback during their placements. The 'wicked problem' (Ramaley, 2014) to address, using pedagogic action research (Norton, 2018), was thus identified: how best to enhance the student experience of feedback in clinical environments?

The reconnaissance phase of the initial project also involved a literature review of placement-related feedback studies in the discipline area. This highlighted two linked areas for attention and potential action. First, it suggested that greater attention should be paid to support healthcare students in assuming more active roles in seeking and utilising feedback opportunities in clinical placements. Previous studies, for instance, highlighted that students in similar contexts require more explicit support to engage productively and actively with feedback. Most notably, they need encouragement to view their role as a *seeker* of feedback, rather than waiting passively to receive it. Further, students often lack skills in how to utilise feedback (Wells and McLoughlin, 2014). Studies also pinpointed that more emphasis could profitably be placed on how students receive feedback, reflect on it and apply it to practice (Burgess and Mellis, 2015). Moreover, students often fail to recognise feedback as such when it is offered,

meaning the opportunity for deeper learning is missed. In line with general principles to enhance assessment and feedback by encouraging self-regulatory practices (Nicol and Macfarlane-Dick, 2006), the studies that were reviewed indicated that the project's action and implementation phase should focus on stimulating a more pro-active approach amongst students to seek feedback in order to enhance the learning process and promote a more independent learning ethos.

The second important theme to emerge from the literature review related to the feedback literacy of professionals in placement settings, particularly mentors (who, in this instance, are experienced practitioners who work in clinical environments). Archer (2010), for instance, asserts that feedback should be integral to everyday clinical practice and calls for a change in educational and healthcare culture to support this. Focused strategies aimed at promoting a culture that is seen to value questioning, exploration and reflective practice facilitates effective learning are deemed to be required to underpin this culture shift in practice. Fowler and Wilford (2016) argue, for example, that mentors need to prioritise and provide opportunistic, informal feedback, as well as the more formal (and hence recognisable) structured summative feedback.

Secondly, the reconnaissance phase of the preceding project also included an audit of the in-house preparation that students received on their programmes in advance of their placements. This audit specifically focused on the ways in which students were formally educated and advised about their role in relation to feedback during university placement-related induction and information sessions. This was discovered, at the time, to be lacking, so was explicitly addressed as an aspect to refine in due course, informed by reflections on the project's evaluative findings. Further, in-depth discussions with academics and clinical mentors were systematically conducted during the scoping activities. These revealed that mentors required more support to appreciate the role that informal, in-the-moment feedback can play in deepening students' awareness of their own progress. It also suggested mentors needed more support in focusing on more detailed, task-specific feedback which enables students to see their strengths and areas for development, as opposed to simply offering students generalised commendations or straightforward encouragement.

Two research questions were subsequently framed to address the project's 'wicked issue' as follows:

- How best to raise awareness, provide support and training for mentors within clinical practice in relation to the provision of explicit and appropriate feedback to students on their practice?
- How best to enhance student nurse understanding of the many forms that feedback within placements might take and how to apply this to their practice?

As a result of all this work, it was decided that the best course of action was for the research team to implement an evidence-based face-to-face training scheme for mentors in three pilot hospital settings, and, given the pressures on staff time, also develop a suite of pocket flashcards for mentors to use as aide-memoirs and ideas-joggers. The flashcards contained practical suggestions and guidance for enhancing mentors' approaches to providing effective feedback in practice, drawing heavily on

Nicol and MacFarlane Dick's (2006) generic principles. For students, feedback-related sessions were introduced into the taught curriculum on-campus, emphasising students' role and shared responsibility for engaging in feedback processes while on placements. The overall project evaluation focused on illuminating staff and students' experiences in each of the implementation sites. Full details can be seen in the paper by Adamson et al. (2017) but are broadly outlined as follows.

The first main theme identified by the project team from their collaborative work on the project was a greater acknowledgment of shared responsibility for feedback. An over-reliance on mentors to initiate the feedback process was acknowledged as being problematic, so ongoing efforts should be made by all parties to boost student agency. Both students and mentors recognised that students needed to be more active in seeking and asking for feedback, and university tutors acknowledged that students needed support in developing the relevant confidence and skills to do so. Additionally, there was raised awareness of the importance of further action (by mentors and students) to ensure that learners *act* on the feedback given and to close the loop by checking that this action had initiated new learning and skill development. Student interviews also revealed that learners had become much more aware of the opportunities for feedback emanating from a wide range of sources (beyond the mentor), including patients, and other professionals. As a result of the project all stakeholders recognised that a change of culture was required; one where students were confident and encouraged to ask for feedback.

The project findings were shared with students with the view to developing their conceptualisations of feedback processes and their role within them. Sessions on seeking and receiving feedback were introduced and embedded in the curriculum delivery for the undergraduate nursing programmes, forming part of the preparation sessions offered to all first and second year students before they embarked on their clinical placements.

Next steps: co-creating student-facing resources

It was against this larger backdrop, then, that the project we report here was established. Our co-creation project embodied a small-scale pedagogic action research project which aimed to further address the same 'wicked problem' of enhancing the feedback experience of nursing students in clinical placements. To tackle this a team of academics (drawn from nursing education- namely, the project lead of the original action research project) and two assessment experts (a professor from the Department of Learning & Teaching Enhancement, and an emeritus professor with an Honorary Doctorate at the institution) formed a working group with a small team of student consultants (Bovill, 2019).

The students were recruited by open invitation to participate voluntarily in a series of short, intensive meetings held on campus at mutually convenient times. In the final event, four students from the initial pool of volunteers were able to make the designated meeting times. They came together initially to share experiences, scope the issue, check assumptions, and mutually decide on the best course of action.

During the reconnaissance phase in this cycle of action research the original literature review and findings from the previous action research project formed a strong foundation on which to build. These were further augmented by the new team members' familiarity with more recent general literature on enhancing feedback. The assessment experts confirmed how far the findings from the original project resonated strongly with relatively recent emergent literature on feedback. Themes which had emerged from the discipline-based team's reflections during the initial work, described above, clearly inflected towards, for instance:

1. supporting students' agentic engagement with feedback (e.g. Winstone, Nash, Parker and Rowntree, 2017);
2. supporting students' feedback literacy development (e.g. Carless and Boud, 2018);
3. developing learner-centred models of feedback which address the students' role as seeker, processor and user of performance information (Boud and Molloy, 2013; Noble et al., 2019)
4. informal 'in the moment' feedback derived from participation in practice as an important corollary to formal feedback (Sambell, McDowell and Montgomery 2013).

These so-called 'new paradigm' (Winstone and Carless, 2019) perspectives on feedback had, subsequent to the original project, been used within Edinburgh Napier University to underpin the creation of a series of Quick Guides for busy academics on enhancing assessment and feedback (DLTE, 2020). These had been shared and discussed via a year-long series of School-wide workshops and were now revisited by the new project team. As a result of ongoing discussions, then, we decided on the following research question:

- How can we improve nursing students' awareness of strategies to engage proactively with feedback processes during their clinical placements?

During the reconnaissance phase of this new project the staff-student team agreed to co-design a suite of student-facing pocket flashcards which would emulate the cards that had been produced for mentors in the initial project. This was the action (implementation) phase of the project. The co-creation of a student-centred Feedback Toolkit was felt to be achievable in the time-constrained context of these extremely busy students, whose working lives and placement commitments left scant spare time to participate extensively in extra-curricular activities such as this. The students expressed the view, too, that the cards would be best if they represented actual student voices, rather than 'psychology speak' or 'academic jargon and theory.' With this in mind the co-creation workshop activities were designed to prioritise students' individual, then collaborative voices, in turn. We describe the workshop processes in detail later in the paper. First, though, in the next section we turn to outline the pedagogic action research methodology (Norton, 2018), and associated methods we utilised in the project. The various phases of the action research cycle can be viewed in diagrammatic form in Fig 1, indicating the planned elements we used to underpin the project.

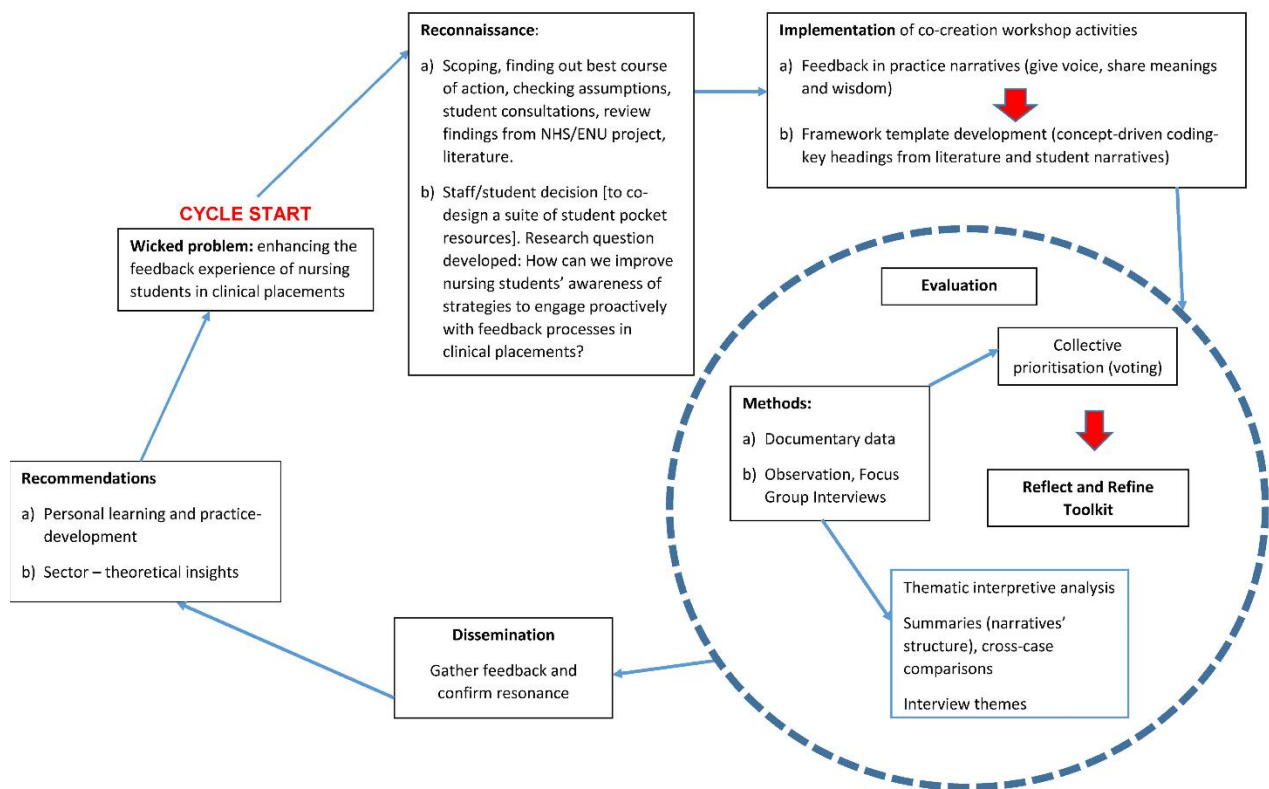


Figure 1 Action research process: key steps in cycle

Methodological considerations: the processes of our action research project

We viewed pedagogical action research as particularly valuable for our purposes because, after Arnold and Norton (2017), it represents a type of inquiry that is:

- practical (because it involves making changes to practice);
- theoretical (because it is informed by theory and can generate new insights);
- collaborative (because it encourages engagement with students in the process);
- reflexive (as it requires us to keep our own knowledge, values and professional activities under review);
- contextual (as it acknowledges the local, institutional and disciplinary influences that are brought to bear on current practices).

Ethical approval for the project was granted by the University Ethics committee and the full ethical protocols that had been developed were followed accordingly.

Given the inherently collaborative nature of pedagogical action research, the team was extremely mindful that the overall process was designed in such a way as to work *with* students, rather than *on* them. The staff team members strove, therefore, to ensure

that as far as possible their working relationships were characterised by an ethos of partnership and its underpinning values (Healey, Flint and Harrington, 2016). This meant, in practice, that, for students to authentically occupy the role of pedagogical co-designers, it was important for the academic team members to remain acutely conscious of their obligation to mitigate against imposing a set of preconceived ideas on the participating students. The underpinning values-base of working in partnership (Advance HE, 2019) spurred them, instead, to aspire to work with the student team members in a spirit of reflective co-inquiry. In practice, this meant acknowledging the extent to which two of the academic members of the team had been longstanding champions of the developmental aspects of feedback in developing students' approaches to learning (Sambell et al, 2013; Brown, 2015) and exponents of the need to rethink and reframe feedback discourses and practices to emphasise students' agency (Sambell and Graham, 2011). We did not want their enthusiasms to pre-empt the findings.

Moreover, while the students' desire to benefit from feedback in clinical placements and future professional practice was a core theme to emerge during the reconnaissance stage of the action research reported in this current paper, the academic members of the team were also extremely keen to rigorously investigate and reflect critically and collectively on the ways in which individual students' voices and lived experiences could offer new angles and insider perspectives in ways that were simply not available to outsiders. In short, while the experienced academics in the team may be experts in the theory and practice of assessment, the participating students were undoubtedly experts in the lived experiences of studentship in contexts which were, by and large, unfamiliar to the academics. Further, the previous project had significantly alerted us all to the challenges, as well as the affordances, of feedback in clinical settings. As such, we viewed the opportunity to work closely together as a reciprocal one, where we each had different things to offer and learn.

With this in mind, we were careful to establish the co-construction 'workshop' session as one which was facilitative and open, rather than leading to particular pre-conceived or pre-determined learning outcomes. It was chaired and facilitated by our external team member. She sought, above all, to prioritise all the participating student voices, in the spirit of empathetic listening which characterises this form of pedagogic action research (Arnold and Norton, 2017), thus enabling us all to challenge our own assumptions and preconceptions. In the event, the unfamiliarity of the specific context of clinical placement feedback, which was alien to the academics but familiar to the students, served productively to mitigate the impact that our academics' enthusiasm for learner-centred approaches to feedback might have on the action research process. The students, after all, knew far more than the academics did about their placement-related experiences and insights.

The challenge was, then, how best to organise the workshop activities to facilitate the co-creation of student-facing pocket flashcard resources, underpinned by the spirit of working with students, rather than on them?

Implementing the co-creation workshop

Figure 1 indicates the two aspects which took place during the implementation phase. These sought to ensure that, as far as possible, participating students exercised a high degree of responsibility for ideas-generation and decision-making when creating the flashcards.

The initial step involved each student in creating an individual feedback-in-clinical-practice narrative. Narrative approaches to inquiry are typically deemed most appropriate when the aim is to depict intensely personal accounts of lived experience (Gibbs, 2009). They were our selected method because have the ability to develop a powerful and authentic edge, whilst the team also, of course, remained acutely mindful of ethical considerations and due acknowledgement of the shared and public nature of the stories students told in the given context.

In this instance, 'envision cards' were used as the basis for each student's narrative about their experience of feedback in clinical placements. Envision cards are a large pack of postcard-sized photos which can be scattered face-up on the table, allowing individuals to choose images which, for them, represent their experiences of, in this instance, placement feedback. There was no instruction about how many cards to choose, although students were clear that the object was to tell their story to the group, so to only pick stories they were happy to share. This method was deemed important, as it drew all students into the group, and provided multiple perspectives of the issue from the outset. These narratives enabled multi-faceted insights into the situation being discussed to emerge amongst the group, unprompted. They also ensured that individual's voices had space to be heard, in order to, as far as possible, generate diverse rather than convergent viewpoints. Moreover, in discussion, the process helped everyone to share and co-create shared meanings and practical wisdom or 'phroensis' (Maxcy, 1991). In practice, this process generated a number of diverse themes (reported later), which were then used to frame the topic headings for the cards. The process of listening to each student's individually-selected story also enabled the facilitator, in subsequent activities, to draw potentially more silent participants into the discussions, based on the points they had already raised. The academics also took part in the activity, but reported back last. Their narratives were not about placement-related feedback per se, but drew more generally on a time when feedback had helped or hindered their approaches.

Once everyone had privately selected their chosen images, each participant told their story to the group, based on explaining the cards they had selected and their reasons for choosing the images. The feedback-in-placement narratives were collectively discussed by the students and brief summary overviews of each student's narrative were subsequently compiled. This data formed a basis for concept-driven coding, enabling the project team to identify key categories to emerge. These formed a template for developing the prototype suite of cards.

Key headings were thus collaboratively generated: from the originating project findings, and from the literature but, predominantly from the individual narratives that the students had chosen to tell. The framework headings were discussed, refined and agreed. They were then written up on large pieces of flipchart paper which were placed

on different tables, which acted as flashcard development stations, around the room. Students worked individually on each, quick-listing their ideas in simple bullet points or single short sentences which could later be used to form the basis of each flashcard. They aimed to keep their guidance suggestions short, but generated as many as they could under each heading, moving onto each flashcard station and working individually until everyone had had the opportunity to put their ideas onto each sheet. Each sheet, in consequence, had a long list of potential ideas and advice for first-year students relating to the topic heading. The academics took no part in this activity, other than in an observational capacity.

Next, students came back into plenary discussion, facilitated once more by our external chair. She presented each flashcard heading, and read out all the items and suggestions which had been quick-listed under each heading. They were then read out again, and students were asked to prioritise the list, reducing it down by using a voting system, until the most important 5 were identified. This process worked effectively for all but two of the chosen flashcard headings, which the students struggled to prioritise. They argued strongly that two of the cards should not be reduced to five areas simply to accord with the space limitations of the previously agreed flashcard format. Instead, they suggested two cards should have a varied format, with a different notional structure, due to their relative importance and the difficulty of boiling the ideas down to 5 accessible pointers.

Once the overall basis for the suite of flashcards were finalised, they were then checked, and taken away for transcription and design of the prototype cards. The outcomes are presented and discussed later in this paper, as the data represent these students' advice for making the most of feedback on clinical placements.

Turning back once more to the diagram of the action research process depicted in Figure 1, the evaluation phase of the action research cycle is represented bounded by a dotted line, as it was formed of a series of inter-related steps. As already indicated above, a range of agreed methods was utilised for collecting data throughout the co-creation workshop, but also after it. First and foremost, the iterative co-creation of the flashcards themselves resulted in a range of documentary data, which were captured on the flipcharts. After the voting phase (described above), and transcription, these were refined into the toolkit.

The documentary data collected on the sheets and cards was also augmented by participant observation, with audio-recordings and field notes capturing the students' individual feedback-in-placement narratives, and by follow-up focus group interviews which explored students' views of any learning or insights that had occurred via the process of becoming involved in the activities. Participants were also asked for any advice they might offer to other students about the pros and cons of getting involved in similar co-creation projects. Thematic interpretive analysis of this data was initially undertaken by the academics, and verified and augmented by one of the student participants, in preparation for a joint paper which was co-delivered to the RAISE Student Engagement conference. This dissemination event also formed an important phase of the action research cycle, as it not only provided the basis for ongoing shared reflections on the project findings, but also enabled the team to confirm the resonance

of the work with staff and student delegates at the conference. This provided a basis for future reflections, recommendations and refinements of the work, as, in future, the cards are disseminated to new students.

Findings: student voices on learning to engage productively in feedback processes in clinical workplace settings

We now turn, in the remainder of this paper, to report the fresh insights, conceptual shifts and practice-developments that this process of collaborative enquiry promoted. To do this, we will focus on data gathered from two main areas

1. The Making Connections with Feedback toolkit (i.e. the flashcards)
2. Themes, issues and insights to emerge from the focus group, with a particular emphasis on students' views of being engaged in the co-construction of the feedback toolkit.

The Making Connections with Feedback Toolkit

Bovill et al. (2016) suggest that

one way to conceptualise co-creation is occupying the space in between student engagement and partnership, to suggest a meaningful collaboration between students and staff, with students becoming more active participants in the learning process, constructing understanding and resources with academic staff (197).

This perhaps best epitomises the nature of the ideas and re-conceptualisations to flow from the Toolkit. In what follows, we present the emergent framework by presenting the key headings utilised on each card. These will be reported in full, accompanied, in each case, with a brief discussion which reflects on both the personal learning and more general theoretical insights to emerge.

As described earlier, the Toolkit was co-created in order to offer, as one student put it, advice 'by students, for students'. The agreed target audience was first-year student nurses. The aim was to help them learn from the lived-experiences of senior students who had, over time, built valuable insights into managing feedback processes in clinical placement settings. Noble et al. (2018) report that a study conducted by Murdoch-Eaton and Sargent (2012) demonstrated that senior medical students were more engaged with workplace feedback compared to their junior student counterparts, who tended to view feedback as passive experience that was done to them, rather than with and by them. This was similarly borne out by the findings of our project, as the nursing students' flashcards focused strongly on matters of agency and student activity, emphasising throughout the importance of student engagement in feedback processes.

One card, for example, outlined the importance of taking a much broader view of feedback during placements than might necessarily be implied within traditional discourses of feedback in place within the context of university-based assignments and summative assessment tasks. It focuses on (re)framing feedback as ephemeral,

on-the-fly dialogue or comments which derive from participation in practice (Sambell et al, 2013), rather than, as is commonly the case, being seen to flow from formal written comments or teachers' judgements about an assessment performance. The Toolkit advice centres on keeping a record of any suggestions that have been offered, but also implies a strong role for the student in following up with queries and clarifications in order to inform the student's own evaluative capacities: "That way you'll know what to keep doing, as well as things to avoid." The notion of the student as active seeker of feedback (Molloy and Boud, 2013), often from a range of sources, is, then, a recurring theme.

Five areas to note when working with your mentor, so that you don't lose sight of their useful feedback:

1. Always carry a notebook on placement. Note down any in-the-moment feedback advice that's given, as well as anything you need to query (e.g. when it's not appropriate to discuss in front of a patient) and anything you need to research;
2. Ask for pointers about what you did well and record them too: don't just focus on what went wrong. That way you'll know what to keep doing, as well as things to avoid.
3. Remember, patient feedback is useful and important too, so actively seek it and reflect on it;
4. It's useful to discuss feedback with your mentor, but ask in a constructive manner e.g. 'Can you suggest how I might do x better next time?';
5. Listen out for little comments, and don't dismiss them. All feedback can help transform your practice.

Another card also clearly focused on student agency and was headed:

Five useful things that you could or should do with feedback:

1. Remember that all feedback offers an opportunity for learning to occur. Ask yourself how you can use it to help you develop and progress;
2. Discuss your feedback with valued and trusted peers. Your colleagues can offer different perspectives. Talking it through may help you make better sense of your feedback and help you keep a sense of proportion;
3. Don't look at feedback as a negative process. Try to think of it as a means of facilitating your professional and personal growth;
4. Turn any negative feedback into an action plan for improvement. Seek support to decide your next steps;
5. Remember that you have lots to offer, so reflect on your strengths as well as your problem areas.

Here the main idea is that feedback is a vital learning tool which underpins your developing professional practice. It is striking, however, how far the five items which students prioritised under this heading reflect a concern to deal with the implication that receiving feedback is a deeply affective experience (Ryan & Henderson, 2018). Several items refer to the emotional labour involved in 'keeping a sense of proportion', gaining 'different perspectives' and turning 'negative feedback into an action plan for

improvement.’ The invective to think of feedback ‘as a means of facilitating your professional and personal growth’ hints at the effort students often need to invest in reframing feedback as a learning opportunity rather than a ‘negative process.’ This undoubtedly emerged from at least one of the preceding feedback-in-clinical placement narratives, in which individuals spoke about the distressing emotional impact that receiving feedback frequently entailed, especially when already feeling ‘lost’ or ‘at sea’ in a frenetically busy, yet unfamiliar working environment.

Another of the cards related to the chosen topic of ‘negative’ (critical) feedback. This was one of the cards, previously mentioned, which was deemed by the students to require too many points to be readily distilled into five main priorities. The original heading on the flip-chart stations was entitled: “Common reactions to negative feedback which rarely do any good.”

However, following the quick-listing and ranking, which failed to prioritise 5 items, the student-group made the decision to present the common reactions on the front of the card, then, on the flipside of the card, to offer tactics they had learned to ameliorate the emotional difficulties. The front of the card was retitled as follows:

Common reactions to negative feedback and advice on how to cope with it

Negative feedback when you are out on placement can be tough to take and can erode your confidence. Here are some of the most common reactions identified by students on your programmes, together with, overleaf, some advice on how to handle it. It’s not unusual to respond in any of the following ways:

- Becoming defensive and arguing;
- Crying or otherwise responding emotionally;
- Being in denial, refusing to believe the comments and ignoring them;
- Simply not taking your mentor’s comments on board, thereby ignoring the potential for personal and professional development;
- Taking things excessively personally and assuming that you are entirely at fault;
- Feeling as if there is nothing you can do about it, choosing to be stagnant in your response;
- Dwelling excessively on negative feedback and allowing it to impact on your progression and mental health;
- Failing to ask for feedback in the future because you fear the results.

On the flipside the subheading read:

Advice on how to manage your responses to negative feedback

- Start by acknowledging to yourself how bad it makes you feel;
- Ask clarifying questions so you can identify what the particular problems are;
- Avoid (if you can) being excessively emotional in your responses in front of patients, but don’t be afraid to have a good cry in privacy;
- Seek advice and support from your peers;
- Remember that you could have caught your mentor on a bad day: it might not all be about you;
- Make sure you continue to seek feedback as the best way to improve.

The length of this card testifies to the importance these students have learned to place on developing strategies to manage the affective and personal impact of critical feedback, acknowledging it, processing it and repositioning it as a means of self-development. Overall, this all implies the ongoing struggle to maintain the 'emotional equilibrium' which Boud and Carless (2018; 1319) refer to as a key aspect of becoming feedback literate.

It also helps to explain the recurring theme, which was deemed sufficiently important to have its own card, of peer support:

Five ways that students can learn from each other when going out on placement:

1. Use all feedback sources while on placement, including from your peers. Junior students learn a lot from observing and emulating experienced students' approaches to feedback;
2. Network with your fellow students while out on placement: be kind to yourself and each other, speaking openly and supportively;
3. Attend reflection sessions and take time to reflect together because hearing each other's stories can help you make sense of yours;
4. If you are having a negative placement experience, explain the situation to your peers and ask their advice;
5. Have someone else read/talk over the written/oral feedback you get while on placement so they can impartially discuss it with you. This way you can think through how best to move forward.

Themes here relate to the benefits of offering emotional support for each other and helping each other gain a sense of perspective, by actively seeking external reference points and others' views in order to help you gauge and make sense of the meaning of feedback and possible next steps. Without this level of engagement, feedback, by implication, can feel perilous or paralysing. Again, the feedback-in-clinical-settings narratives undoubtedly played a part in surfacing these issues. They typically took the form of departure narratives (Gibbs, 2009), which referred to the earliest placement experiences causing feelings of being traumatically 'caught like a deer in the headlights' or 'about to throw in the towel' due to self-doubt, while, in later years, the problems associated with placement feedback were recognised, shared and the mental maps became metaphorically redrawn, often via communities of fellow student-travellers.

Finally, the last large card, which again also tellingly resisted the top 5 prioritisation format, focused on the thorny issue of eliciting feedback from massively busy practitioners. Here, as in Noble et al's (2017: 17) study, students had gradually learned not to be 'meek' and the card shared strategies for politely but assertively soliciting feedback:

Helpful questions you can ask your mentor to help you get useful feedback.

These questions, based on ideas produced by students on your programme, might help you ask for the feedback you need and can use effectively when you are out on placement:

- How do you think I am progressing? What do you think I am doing well?
How could I further improve on that?
- What are the areas of my practice you think need most improvement?
Am I working at the right level?
- In the [named areas] in which I am less confident, how could you help me improve?
- Where else could I gain support so I can keep improving?
- If you were in my shoes, how would you improve or change your practice?
- I feel I have done [named practical task] well. What do you think?
- Is there a time when we can take 10 minutes and talk somewhere privately?
If not, when would be the best time to talk?
- To help me deal with the feedback I receive, can you tell me how you yourself interpret and respond to feedback?
- I have a specific area of interest in [named specialism] What would in your opinion be the best steps to proceed in that direction?
- Where can I find research evidence or other information to help me expand my knowledge and make improvements in my practice?

Side 2 then read

Some advice on gaining the best possible feedback from your mentors

- Be keen and proactive in seeking feedback: the more you ask, the more you are likely to receive;
- Value the opinions of your mentor even if you disagree with them: listen to it carefully, be respectful and dignified in how you respond so you can learn from sometimes hard words;
- Question your own thoughts and actions out loud to your mentors and ask them to give you feedback on your ideas;
- If feedback is given to you very much in passing, ask for clarification of anything you don't understand, exploring both the positive and negative

The card suggests the students have learned, via experience, not to appear rude or indulgent while actively chasing discussion in busy teams, while appreciating why, at times, these opportunities may be difficult to access.

Discussion

Overall, the data suggest that the students had learned, from participation in practice, to manage feedback processes in clinical settings over time. Their advice resonates strongly with many aspects of Boud and Carless's (2018: 1319) dimensions of feedback literacy. These include: recognising that feedback comes in different forms and from diverse sources; a commitment to develop capacities to evaluate their own progress; maintaining emotional equilibrium when receiving critical feedback; being proactive in seeking feedback; striving for continuous improvement based on internal and external feedback; acting on feedback information and developing a repertoire of strategies for doing so. The cards powerfully express the barriers to engaging with

feedback, including confidence and emotion (Pitt and Norton, 2017) but also speak strongly of achieving agency and resilience, based, predominantly, on peer support, bolstered by sensitizing induction sessions prior to going out on placement. The focus group discussions, which centred on the students' reflections on being involved in the process of co-constructing resources for first-years, importantly further illuminated the importance attached to learning via reflecting on lived-experiences of feedback in clinical settings and the value of sharing and talking about feedback with others.

Themes from focus group

The focus group, involving all students participating in the flashcard project, explored students' reflections of their participation in the process of co-creation. The data was coded by two team members and the following six themes emerged. They are briefly indicated below together with illustrative quotations:

Practice-related feedback as a journey

The metaphor of the journey was often used to express a growing sense of confidence and agency in relation to feedback processes in clinical settings: *"Talking about it today has brought to the forefront that actually this has been an important journey for me, for us."* In an important sense, the process of shared dialogue, emanating from the co-creation process, had engaged a deeper level of reflection, allowing new insights into the participants' personal distances travelled. The following student, for instance, drew attention to the new ways in which she now saw her role in the feedback process, developed over time, via experience in practice:

"I remember the lecture we had in first year about asking for feedback, about going and getting it. But today, thinking about that, I was just listening to it in the first year, however discussing it today, I've just realised now in this environment, talking about it, how far we have progressed and developed as well. I suppose we've become stronger."

Personal recognition of own agency

Relatedly, the process of co-creation had illuminated new viewpoints on student agency in relation to clinical feedback processes:

"I think the biggest thing for me today is be proactive. If you learn to give feedback and seek feedback and deal with feedback it's a very important process which you need to be able to do and do well."

Or with seeing others' strategies and reframing feedback:

"And today has made me realise that feedback is not a personal attack."

Confidence knocks and the affective impact of feedback

However, the most commonly-recurring theme for all students revolved around issues of confidence:

“It’s brought to light.... some of us have really, really struggled with feedback, some of us have felt affected physically and mentally and we doubted ourselves.”

Some felt better able to initiate feedback processes as a consequence of working on the toolkit:

“Today has helped because I now feel a bit more confident about going up to somebody and be able to discuss it I feel now I can go and ask for a discussion.”

While others’ personal discoveries revolved around combatting a feeling of isolation:

“I’ve learnt that what’s happening is not really unique to me. Everybody is feeling the same thing. “

Here engagement with others was an important factor:

“I have really realised you don’t have to do feedback on your own. You actually really rely on each other. So you’re never really on your own, although it’s easy to feel like that – especially in practice”.

Sense of community

This led to a strong theme around the importance of community in feedback processes. For instance, shared dialogue with peer communities was cited:

“[I’ve learned that] Peer support is so important. Just today being round the table talking with you guys has been fantastic and helped me understand from different perspectives as well.”

But also personal discoveries to emerge from the process of co-creation focused on the notion of accessing multiple sources of feedback via the complex communities which inhere in placement settings:

“Plus the fact that you don’t necessarily have to have the title mentor....to actually be part of this whole process. There are people in the environment on the ward who are always seeing what you do, always watching you, not a monitoring way but just seeing you what you do: and they can always give you comments....So you just have to see it’s all part of the process”

Professional futures

Another strong theme to emerge was these students’ sense of professional identity in relation to feedback. Engagement in the process of co-construction was framed in terms of heightened consciousness of a future professional investment in feedback processes:

“And I think for myself when I become a nurse I will be very mindful of how, when, where and why I give feedback to students or my colleagues.”

“We are trying to improve the nurses that are actually going to be junior to us when they qualify. So do you want better workforce when you’re working? Well I do, so that’s why I’m here today to try and make lives better for students.”

Interestingly, this outward-looking focus was associated with the students’ sense of their underpinning professional values:

“...we are not in nursing for the pay! We’re in it because we care about making lives better!”

Utility

These students’ strong sense of professional identity and values-base underpinned the next theme- a commitment to the utility of the cards they were producing for the next generation of student nurses. They talked about enjoying the co-creation process because they cared about making life better for future students:

“I think to be open and honest and know that we are not alone in that can better the future for others, for other students.”

The sense of helping others who had been as daunted as they were was a powerful theme:

“It’s made me feel that I want to be a first-year student and to have this advice ... To come back into education and know that other students wanted to help me!..... That would’ve been really useful!”

“And this is students for students as well. It’s not something that, you know, the university lecturers have designed. This is actually from students. We have lived what they’re going to be going through. So it’s from experience – it’s not from a textbook of how a psychologist says it should be done! We’re talking from the heart here! This is what we’ve all experienced and this is what would’ve helped us!”

Conclusion

At the outset of this project, our focus was on producing a set of reusable and relevant resources building on students’ own experience as something that would be of value to future students. However, with hindsight, the main outcomes for us have been the fact that all participants have benefited greatly from the process itself. The students gained particularly in terms of articulation and self-realisation based on the thinking prompted within the session which will impact on their future professional behaviour both in terms of receiving and giving feedback in clinical contexts. For the researchers, the main benefits have been in recognising how important student voices can be in identifying new ways of viewing feedback and driving theory forward.

The co-produced resources have been found to be valuable by a number of health-related practitioners in other universities, as well as within the original university, but, more importantly, the process is one that will be transferable to a variety of other research questions and contexts. In terms of theoretical outcomes around feedback per se, what is apparent from this research is not only the students’ actualisation of a

number of perspectives proposed by others' research but also the utility of the process, when undertaken with highly experienced students, for gaining deep insights into feedback literacy as an importantly situated practice. Whilst this is particularly evident in work-based or clinical settings, there may well be implications for fostering experienced senior students' voices in more academic traditional classroom settings also.

In either case, whether for students or assessment researchers, it is clear that authenticity is an essential underpinning factor for engaging students in feedback processes. The concept of authenticity is central, not only to the production of the resources but also to their focus on feedback in clinical practice or work-based settings. The students' conceptualisations of feedback-in-practice, which stem from the lived-experience of the students themselves, seem notably different from the kind of teacher-led feedback that often tend to characterise institutional discourse and some research paradigms. As a whole, the students' discussions of feedback-in-practice, and their struggle for agency and engagement with feedback processes within these complex settings, inflect strongly towards 'informal feedback' (Sambell et al, 2013). From this perspective feedback literacy development derives, to a high degree, from ongoing participation in practice, rather than from the episodic mechanisms and dangling data we often call 'feedback'.

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