

# **Student Feedback**

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**Master/Grad Dip Child and Family Health Nursing**

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# Getting it Right with the Welcoming of Students and Feedback.

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- Feedback starts at the beginning of the student's clinical placement

## Positive placement learning experiences:

- Begin with students feeling welcomed, appropriate orientation, & being included in the practice environment.

## Key actions: for fostering a sense of belonging in a new environment include:

- Promoting a welcoming environment and establishing respectful relationships
- Getting to know students as individuals

# Providing Constructive Feedback

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## Feedback:

- **Timely,**
- **Effective, and**
- **Constructive**

# Overview of Feedback

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- Establish the student-supervisor relationship early.

## **Reflect on the day's learning:**

- Respectfully,
- Constructively, and
- Focused
- Student reflection

# Different Types of Feedback

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**Summative feedback** - or '*formal feedback*' is provided at the end of the clinical placement or at predetermined times.

- Examples: it provides an evaluation of how much a student has learned and is often connected to a grade.

**Formative feedback** — sometimes known as '*informal feedback*' is provided regularly to students throughout their clinical placement.

- Examples: activities are typically ungraded or low-stakes opportunities to promote and measure student knowledge and skills.

# Different Types of Feedback – cont.

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## Feed Forward:

- Preceptors can discuss and suggest strategies for students to use the next time a particular skill or procedure is to be undertaken.

# Active Listening Skills

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**By utilising your active listening skills:**

- **You notice students' verbal and nonverbal responses to your feedback.**
- **Acknowledge that receiving feedback can be challenging.**
- **Students who are resistant or deflect feedback.**
- **Ensure students have the time to reflect on and accommodate the feedback.**
- **Seek advice and support from the Coordinator at the respective University.**

# Student Self-Reflection

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- **What worked well?**
- **What could be improved/changed?**
- **How could this improvement or change occur?**
- **What do you need to learn to improve?**



# Regular and Timely Feedback

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- **Regular feedback, delivered skilfully**
- **Feedback does not have to take long.**
- **Timely feedback**
- **Provide feedback at the end of each day**

# Adopt a Respectful, Constructive Approach to Feedback

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- Foster mutual respect by offering feedback constructively
- The ‘positive sandwich’
- Specific, performance-focused, and non-judgmental
- Clear, specific, and anchored
- Be mindful of using vague and judgmental language such as ‘good’ or ‘right’

# **Provide Feedback in an Appropriate Setting**

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- **Feedback generally occurs in a private setting.**
- **Allow adequate time to discuss the feedback.**
- **Positive feedback can be given in the presence of others when the aim is to acknowledge their ability to complete an activity.**
- **However, it is never acceptable to provide negative feedback in front of or within earshot of others.**

# Utilising the modified Bondy Scale

**Bondy Scale (modified)**

Scale label	Professional standards and procedures	Quality of performance	Assistance required
Independent <b>(I)</b>	Safe Accurate Effective each time Appropriate behaviour and demeanour each time	Proficient Coordinated Occasional expenditure of excess energy Performs within an expedient time frame	Without supporting cues
Proficient <b>(P)</b>	Safe Accurate Effective each time Appropriate behaviour and demeanour each time	Efficient Coordinated Confident Some expenditure of excess energy Performs within a reasonable time frame	Occasional supportive cues
Assisted <b>(A)</b>	Safe Achieves the intended purpose most of the time Appropriate behaviour and demeanour most of time	Skilful in parts of behaviour Inefficient and uncoordinated Expend excess energy Performs within a delayed timeframe	Frequent verbal and occasional physical directive cues, in addition to supportive cues
Supervised <b>(S)</b>	Safe, but not alone Performs at risk Lacks accuracy Occasionally Effective Behaviour and demeanour inappropriate at times	Unskilled Inefficient Considerable expenditure of excess energy Performs within a prolonged time period	Continuous verbal and frequent physical cues
Dependent <b>(D)</b>	Unsafe Unable to demonstrate behaviour	Unable to demonstrate procedure or behaviour Lacks confidence, coordination and efficiency	Continuous verbal and physical cues

- Students gain the most from the assessment process when time is set aside to discuss with the preceptor their progress together.
- The student completes the self-assessment and discusses this with the preceptor. The student and preceptor's assessments are entered into PebblePad.
- These assessments build upon each other and inform the student's development of their subsequent individual learning needs.
- As a general guide, halfway through their clinical experience, you would expect the student to be, be working at the 'supported' (**S**) or 'assisted' (**A**) level as a minimum.
- Some areas that apply to general nursing and midwifery, are likely to be scored at a higher level.
- On completion, it is expected that the students are competent in the core activities. This will be indicated by either a 'proficient' (**P**) or 'independent' (**I**) level assessment.

# Competency Domains

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## **DOMAIN: LEGAL, PROFESSIONAL AND ETHICAL PRACTICE**

- **COMPETENCY 1: Comply with the legislation and common law applicable to maternal and child health nursing practice**
- **COMPETENCY 2: Responsible and accountable for own practice within maternal and child health nursing**
- **COMPETENCY 3: Maintain the rights of individuals**
- **COMPETENCY 4: Support and enhance maternal and child health nursing practice**

# Competency Domains Cont.

## **DOMAIN: PROMOTION OF CHILD AND FAMILY HEALTH AND WELLBEING THROUGH KNOWLEDGE AND PRACTICE**

**COMPETENCY 5:** Monitor health, growth and development of children from birth to school age to optimise health outcomes

**COMPETENCY 6:** Promote, protect and support breastfeeding

**COMPETENCY 7:** Promote appropriate nutrition

**COMPETENCY 8:** Promote maternal health and wellbeing

**COMPETENCY 9:** Promote the role of the family in the health and development of the child

**COMPETENCY 10:** Undertake all interactions using and promoting effective communication skills

# Competency Domains Cont.

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- **DOMAIN: PROMOTION OF MATERNAL AND CHILD HEALTH WITHIN THE CONTEXT OF PUBLIC HEALTH POLICY**
- **COMPETENCY 11:** Monitor health, growth and development of children from birth to school age to optimise health outcomes
- **COMPETENCY 12:** Provides health promotion and health education

# Competency Domains Cont.

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- **DOMAIN:** KNOWLEDGE DEVELOPMENT AND RESEARCH
- **COMPETENCY 13:** Acts to enhance professional development of self and others



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of the future workforce in  
Maternal and Child Health"***