Simple reflection and feedback models: experiences of first year students and their academic coaches

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8 July 2018
Life Long Learning in Pharmacy 2018
Shaping Tomorrow’s Practitioners Today | 12th International Conference
Skill development for pharmacists-in-training is crucial for employability at registration. Implementation of a new pharmacy curriculum with strong focus on skill development is underway.

Evidence suggests reflective thinking may be associated with improved clinical decision making\(^1\). Reflective writing skills are not inherent in all students, and hence need to be taught\(^2\).

Coaching can help improve student reflective practice\(^3\). Effective feedback from coaches can help students perfect their skills\(^4\).
Vertical Integrated Masters | VIM

IMPROVED HEALTH & HEALTHCARE

- Skills Coaching
- How the body works
- How medicines work
- Professional practice
- Inquiry
- Early & Enhanced Experiential
- Personalised Learning Plan
- Experiential placements

Comprehensive care
VIM | Instructional model - active learning

- The D.E.A.R model:

  Discover - Pre-class preparation activities.

  Explore - Interactive lectures to build upon this discovery using engaging activities.

  Apply - Small group workshops to practice the concepts and receive feedback with trained facilitators.

  Reflect - Post-class time to connect concepts, identify gaps and consider feedback.

- Coaching
- Micro-credentialing
<table>
<thead>
<tr>
<th>VIM skills</th>
<th>Problem solving</th>
<th>Teamwork</th>
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<tbody>
<tr>
<td>Oral communication</td>
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<td>Inquiry</td>
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<td>Written communication</td>
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<td>Empathy</td>
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<td>Reflective practice</td>
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<td>Integrity</td>
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Skills Coaching

Personalised learning plans (PLPs):
- Academics & Practitioners
To describe implementation and evaluation of a skills coaching programme, incorporating reflective writing and structured feedback.

What?

On Wednesday 11th October I completed Assessment Task 13: Written response to doctor inquiry for PHR1022 How Medicines Work II, which was an individual written exercise where we were required to research an inquiry provided to us and write a response letter. I completed a self-assessment on my own inquiry skills during this exercise (16/10/17). The research and letter had to be completed within a two hour workshop, and at the beginning it was a little stressful making sure I could find all the required information, that it was accurate, and draft a letter within the time limit. At the conclusion of the workshop I felt confident with my letter and that in the end the information I had found was logical, relevant, and from authoritative and recent sources. My self-assessment reflects this as I judged myself as meeting expectations in all aspects, which is an improvement compared to the last time I completed an inquiry self-assessment.

So what?

It felt good coming out of this workshop confidently when compared to the last workshop I self assessed on inquiry, and this shows me that my inquiry skills are improving as a pharmacist in training. Successfully developing my knowledge of the references available to me and navigating them will be important as a pharmacist to efficiently and accurately provide expert advice in real life scenarios in the future, where the information and interpretation I provide could make the difference in leading to a better patient outcome.

Now what?

When I receive my formal feedback for this assessment task I will be able to compare my result to the last workshop and identify the areas I have done well and where there could be further improvement. On Wednesday this week I will be able to further practice my inquiry skills during the MyDispense assessment, where I will be able to refer to the AMH and APF to ensure the medications being dispensed have appropriate dosing and labelling, and in fact finding with the patients.
Early in the course, we taught first year pharmacy students a modified Gibb’s approach for reflection, using the prompts *What? So what? Now what?*

Prior to fortnightly coaching sessions with an assigned academic skills coach, students submitted reflections and evidence in the form of personalised learning plans (PLPs) via their e-portfolio.

Skills coaches provided structured feedback via the e-portfolio, using the prompts *Keep, Start, Stop.*

We obtained ethics approval from students and skills coaches for analysis of PLPs and feedback survey responses.
# WHAT? SO WHAT? NOW WHAT?

## REFLECTION PROCESS

<table>
<thead>
<tr>
<th>Gibbs’ Reflective Cycle</th>
<th>3 key questions</th>
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<tbody>
<tr>
<td><strong>WHAT?</strong></td>
<td></td>
</tr>
<tr>
<td>✓ This is the description of what happened. It includes acknowledging your thinking/feelings about what happened and what about it was good and bad.</td>
<td></td>
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<tr>
<td><strong>SO WHAT?</strong></td>
<td></td>
</tr>
<tr>
<td>✓ This is a description of the meanings associated with the event. What does it mean to you from a variety of perspectives?</td>
<td></td>
</tr>
<tr>
<td><strong>NOW WHAT?</strong></td>
<td></td>
</tr>
<tr>
<td>✓ This is a description of what you are going to do now that you have made sense of what happened and how you feel about it.</td>
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**FEEDBACK PROCESS**

| ASK – TELL – ASK – ACT | KEEP – START – STOP |

**ASK**: Start with asking the learner to self-assess by eliciting their perceptions about strengths and challenges.

“How do you think things are going?”

**TELL**: Respond with your specific observations to reinforce or correct their self-assessment. Limit this to 2 points each for KEEP/START/STOP. Introduce with “I” statements.

“When I saw…I felt…”

**ASK**: Evaluate learner understanding by asking them for specific strategies for improvement.

“What could you do differently?”

**ACT**: Summarize key points, develop an action plan, and discuss follow-up. Reinforce with “you” statements.

“To recap…THIS BEHAVIOUR worked well, and THIS BEHAVIOUR needs more work…”

“Your said you plan to address this by…”

**KEEP statements**: These are reinforcing statements about continuing specific effective behaviors.

“I like how you asked the patient to repeat the plan in her own words.”

**START statements**: These are constructive suggestions about introducing specific effective behaviors.

“You could try practicing your counseling skills with a peer and video recording this.”

**STOP statements**: These are constructive suggestions about discontinuing specific ineffective behaviors.

“Avoid using medical jargon like hyperlipidemia.”
Results

Fifty-four consenting students (31%) submitted 326 PLPs in first semester, and 269 in second semester.

The use of Gibb’s framework increased from 30% in first semester to 75% in second semester.

PLPs receiving feedback reduced from 88% to 81% over this time however structured feedback increased from 29% to 75%.
Results

Students and coaches valued most highly the opportunity to work consistently with their group.

<table>
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<th>Students valued:</th>
<th>Coaches thought that their students valued:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with the same coach</td>
<td>Opportunity to practice skills</td>
</tr>
<tr>
<td>Interacting with peers</td>
<td>Interacting with peers</td>
</tr>
<tr>
<td>Opportunity to practice skills</td>
<td>Working with the same coach</td>
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<tr>
<td>Structured feedback</td>
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Discussion & Conclusion

A skills coaching programme was successfully implemented, incorporating personalised learning plans structured with simple reflection and feedback models.

Students and coaches demonstrated improved engagement.
What is the added value of skills coaching?

Survey analysis

Student and coach views are aligned, suggesting they worked well in partnership. The students are satisfied with the programme.

PLP analysis

Student reflective abilities improved over time. Feedback also improved over time, suggesting feedback may help reflective skill development.

Overall

The programme was successful. During a time of intense curricular change in our program, it enabled us to monitor and adjust in response to key student stressors.
References


I wonder what coaches make a difference peppermint patty, they make a difference!

Thank you!
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