

SHORT REPORT

“It would have been more constructive if she had given me points to improve on”: Student perceptions of patient feedback in dietetics

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Abstract

Introduction: The voice of the patient has historically been peripheral in many health professional programs.

Methods: We investigated the merit of health professional students seeking patient feedback on the effectiveness of their clinical consultations as part of usual clinical placements. Dietetic students (n = 34) formally sought patient feedback after usual consultations (n = 48) then completed a reflective feedback tool. The experience of seeking and receiving patient feedback was then explored through student written narratives, facilitated with a focus group (n = 4). The student reflective forms, and recorded and transcribed focus group, were inductively analysed for themes.

Results: Despite the positive perception of the educational task, students did not value the overwhelmingly positive feedback they received from patients, preferring more critical clinical educator feedback.

Conclusion: The lack of value attributed to patient perspectives in the learning process raises questions about the success of the current teaching of patient-centred care despite the aspiration to legitimise the patient voice as central to health professional education.

Keywords: student perspectives; patient feedback; health professional education

Introduction

There is a global movement to actively include the patient voice in healthcare (Nolte & Anell, 2020), however patient involvement is not yet well embedded in mainstream health professional pedagogy (Dijk et al., 2020). For example, in dietetics, despite the patient or simulated patient being arguably the most important consideration, patients tend to play a passive role in the training of dietetic students, with little input into feedback

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or education (Porter et al., 2019). Of greater concern, a recent review of stakeholder perceptions of dietetic services found that patients frequently found dietetic consultations did not meet their needs (Elliott & Gibson, 2022). Patients are typically best positioned to make judgements about the effectiveness of the health professionals with whom they interact, so we directed students to seek feedback about their clinical skills as part of usual clinical placement interactions. In nutrition and dietetics, pre-registration students have limited opportunities to receive patient feedback (Porter et al., 2019). The inclusion of patient feedback in student learning may assist with creating an appropriate learning environment that facilitates students being receptive of patient feedback before entering the workplace (Porter et al., 2019). Therefore, the aim of this study was to evaluate the student experience of seeking patient feedback as part of usual clinical placements.

Methods

A mixed-method evaluation approach using a triangulation model (Creswell & Clark, 2017) was undertaken with a pragmatist lens to explore students' experiences seeking their patients' feedback on their performance. Data were collected from October–December 2018. Students' immediate qualitative reflections and quantitative Likert scale ratings ($n = 48$) regarding their feedback experiences were synthesised. A focus group discussion followed ($n = 4$). Narrative interview methods were employed for the focus group discussion to obtain an in-depth description of the context and learnings from the student/patient dialogue. Participants were final-year Monash University nutrition and dietetics students ($n = 34$) undertaking their 8-week clinical placement in acute and subacute settings. Ethical approval was provided by Monash University Human Research Committee (HREC0488).

Students were instructed to seek feedback from at least two patients they had provided nutrition care to during their final-year 8-week clinical placement. They were provided with a suggested script to facilitate the dialogue—“I was hoping you would have a few moments to provide me with some feedback about the care I provided. I am still a student and am keen to improve, so please feel free to be honest. Your critical feedback, in particular, will help me work out what I need to continue to work on in my studies. I'll jot down some notes to remember your feedback and suggestions.” Patients were under no obligation to provide feedback. Students were provided with the following prompt questions:

1. What did you like most or find most useful about the session?
2. How do you think I could improve next time?

Students were required to write a brief reflection on the patients' answers to each question and to summarise the care they provided and their feelings around receiving this feedback. They then developed a learning goal based on either how acquired patient feedback may change future practice or an aspect of their consultation needing improvement. Specific, measurable, attainable, realistic and timely (SMART) goal setting

was sought as a pragmatic framework to promote change (Reed et al., 2012). Finally, students were asked to rate, on a 5-point Likert scale, their level of agreement regarding the usefulness of patient feedback and to also rate how useful they found the whole patient feedback experience out of 10 (Table 1). This intervention is aligned with previous literature to assist students to develop feedback literacy principles (Noble et al., 2020).

Table 1

Student Likert Scale Results

Question	Responses	Median (IQR)
The patient provided feedback that increased my understanding (1–5)	47	4 (4–4)
The patient was genuinely interested in me as a student (1–5)	48	5 (4–5)
The experience allowed me to explore my strengths and weaknesses (1–5)	48	4 (3–4)
The experience enabled me to formulate SMART goals (1–5)	47	4 (3–4)
The process of gathering feedback from a patient enhanced my understanding of patient-centred care (1–5)	48	5 (4–5)
Overall rating of the patient feedback experience (1–10)	48	8 (8–9)

Likert Scale 5: 1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, 5 = *strongly agree*
IQR = interquartile range (25th percentile and 75th percentile).

The research team consisted of health professional educators with clinical experience in dietetics and physiotherapy. Student reflections were inductively coded by one researcher who was not involved in teaching the unit (FK), with a review of coding by a second researcher (SG). The focus group transcript was independently inductively coded by two researchers (JD, FK). The entire data set was then pooled and discussed by the research team, and the themes identified across both data sets determined. Descriptive statistics were employed to analyse the Likert scale ratings.

Results

Qualitative data

There were five dominant themes within the qualitative data: feedback context, feedback content, student reaction, student learning and patient perspective.

Feedback context

Students tended to seek feedback from complex or challenging patients, or patients with which they had consulted on multiple occasions, evidenced in the quote below:

I completed an initial assessment and reviewed the patient every second day, almost always with the family present. The 91-year-old patient was severely malnourished, with chronic diarrhoea for the past 4 years, therefore requiring advocacy to diagnose and treat the problems reducing his QOL [quality of life]. (Student 3, reflection)

The motivation for selecting more complex patients to seek feedback from was explained:

I thought I'd choose a more difficult patient who I wasn't sure how they perceived my care. (Participant 4, focus group)

Feedback content

Feedback to students was overwhelmingly positive regarding their interactions and focused on rapport, affective attributes, communication and education skills:

You took the time to listen, and you were very clear with your nutrition information and what was happening to me. (Participant 3, focus group)

You treated me in a very caring and respectful way and explained everything. (Student 1, reflection—patient documented feedback on reflection form)

Student reaction

Students described their reluctance to directly seek patient feedback on their performance. They described some awkwardness in the face-to-face encounter, with some suggesting a preference for a third party to seek feedback on their behalf. Students commonly did not value the feedback received, preferring more detailed, critical and technical educator feedback. Students were also wary to trust the typically positive patient feedback:

I did not feel as though the patient and family were equipped to deliver “constructive feedback” to me. (Student 21, reflection)

I did have the sense of, oh, maybe they just said that, or they don't want to tell me because they don't want to offend me. (Participant 1, focus group)

I don't know if you get so much information on how to improve your practice at a dietetic level, because you probably know better than what they do, or you hope so anyway. (Participant 1, focus group)

Although the seeking of patient feedback was deemed useful, the creation of SMART goals based on single feedback sessions was not well regarded. Students regarded the creation of SMART goals to be at odds with seeking meaningful humanistic encounters. Furthermore, the lack of critical feedback failed to promote the establishment of clear learning targets for future consultations.

Student learning

Students reported gaining confidence in their skills, and some valued the affirmation of their practice. Occasionally, students proposed altering their communication methods in light of feedback received. Students learnt and reaffirmed the value of adjusting their language or pitching according to individual patient situations:

One of the things he commented on was the fact that I recognised that he was a health professional and so I tailored the way I spoke to him according to that. (Participant 4, focus group)

It's hard to know sometimes whether you're pitching nutrition information at the right level, so that was a really good way of finding out ... It was good to know I had the skills there to provide that information. (Participant 4, focus group)

On occasion, despite critical patient feedback not being received, students proposed strategies for improvements:

Although my patient said I did not have anything to improve on, I feel that instead of asking her a lot/multiple questions during consultations, I feel that I could ask her one question and let her tell her story ... part of being flexible with my approach. (Student 31, reflection)

Patient reaction

Patients commented positively on the invitation to contribute to student learning. The simple act of asking patients for their opinions was reportedly valued:

The family and patient were flattered I was interested in their feedback. (Student 6, reflection)

Students reported receiving positive patient feedback on the amount of time they had devoted to their consultations, the perception of being listened to and the clarity of communication. There was a perception that students had more time available for patient care than busy clinical staff. Asking for feedback also enhanced rapport with patients, with one student feeling they could provide comfort:

I think I'd built up that rapport with him that he just cried. So my consultation required me holding his hand. (Participant 3, focus group)

Discussion

There are multiple potential benefits associated with students seeking feedback from patients, including rapport building, development of self-directed assessment seeking behaviour, improved confidence in skills and, importantly, increasing the patient's voice in their own care (Kent & Molloy, 2013). However, the student learning value remains unclear within this dietetic cohort despite the somewhat more positive findings described in the systematic review of patient feedback, largely directed to medical students (Finch et al., 2018). It may be that when patients identify specific areas for improvement, such as weak communication skills, learners will preferentially address these deficits when the feedback is received from patients (Sargeant et al., 2007).

However, despite the lack of criticality, patient feedback was not always valued within this cohort. Students perceived that they, or their educator, were best able to determine the

efficacy of their clinical care. Students appeared to prefer supervisors' critical feedback, brushing off positive comments from patients, as "they are just trying to be nice". Recent research exploring the culture within dietetics, where an atmosphere of critique may be experienced (Dart et al., 2022), may be a reason for this.

The insights gained from this study suggest that the benefits of patient feedback should not be considered from only the learner perspective. Patients have previously reported on the benefits of providing student feedback, with some appreciation for the explicit invitation to be involved in student education (Kent & Molloy, 2013). Despite the explicit request for criticality in this study, patients may have been reluctant to provide negative student feedback, perhaps so as not to reduce student confidence (Kent & Molloy, 2013). The quantitative data demonstrated that patient feedback increased students' understanding, gave them opportunities to explore their strengths and weaknesses and enabled them to establish learning goals. Importantly, it contributed to their understanding of patient-centred care.

When interviewing a small sample ($n = 4$) of the group, the quantitative data needs to be considered through a different lens. Interestingly, the discourse during the focus group discussion became more appreciative of patient feedback as the session went on, with students stating patient feedback was a "powerful" and "valuable" feedback mechanism for emerging graduates/students. This reiterates the value of dedicated debriefing opportunities after patient feedback encounters, but ensuring those facilitating the debrief session are sympathetic to the worth of patients providing feedback is crucial. Further, this study highlights the importance of repeating this study with a larger sample, potentially supporting students to ask for patient input related to their self-identified learning goals and to reflect on how this influences their practice.

Conflicts of interest and funding

The authors have no conflicts of interest or funding to declare.

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