

# Generation Y occupational therapy students' views and preferences about the provision of feedback during clinical practice education

C. Hills<sup>1</sup>, T. Levett-Jones<sup>2</sup>, H. Warren-Forward<sup>3</sup> & S. Lapkin<sup>4</sup>

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## Abstract

**Introduction:** Feedback is central to students' learning whilst on practice education and has been identified by students as one aspect of quality placements. Generation Y students have been reported as preferring praise during feedback, and in occupational therapy, students classified as Generation Y have been reported as having difficulty accepting critical feedback in practice education. This study aimed to seek one group of Generation Y students' views and preferences in regards to quality feedback during practice education.

**Method:** After ethical approval, students from one occupational therapy program in an Australian university were invited to participate in a semi-structured interview to explore their learning preferences regarding feedback during practice education.

**Results:** Twenty-two student interviews were completed. After thematic analysis, four themes were generated: "feedback is important for student learning", "student preferences on the provision of feedback", "when to provide feedback" and "the role of the team in providing feedback".

**Conclusion:** Participants reported that feedback should be regular and consistent as it is important for insight into their level of proficiency. Immediate explicit feedback was highly valued when it identified areas for improvement and was preferred to praise, this being contrary to the purported preference of Generation Y students. Participants also valued protected supervision time for feedback, feedback from the multidisciplinary

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1 School of Health Sciences, National University of Ireland Galway (NUIG)

2 School of Nursing and Midwifery, The University of Newcastle

3 School of Health Sciences, The University of Newcastle

4 Faculty of Health, University of Technology Sydney

## Correspondence

Caroline Hills, MSc, GCTE, BSc(Hons), Dip. COT  
Practice Education Co-ordinator  
School of Health Sciences  
National University of Ireland Galway (NUIG)  
University Road  
Galway  
Ireland  
Tel: +353 91 495294  
Email: caroline.hills@nuigalway.ie

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team and an opportunity to self-evaluate prior to receiving feedback. Recommendations are made for methods and approaches to feedback that would be informative to clinical practice educators and those who deliver preparatory courses for clinical educators in universities.

**Keywords:** Australia; occupational therapy; feedback; learning; students; universities.

## Introduction

Feedback on students' performance is an essential part of teaching and learning and a critical component of clinical practice education (Clynes & Raftery, 2008). The giving and receiving of feedback for both educator and student has been identified as an essential aspect of quality practice education for occupational therapy students (Rodger et al., 2014). Strong et al. (2012) reported that health science students, which included occupational therapy, consider that feedback facilitates their learning; however, they want feedback to be of higher quality. It is purported that Generation Y students demand more feedback and praise due to their teaching and learning preferences (Turner, Thammasitboon, & Ward, 2012; Twenge, 2009). This paper reports on the findings from an exploratory descriptive study of the practice education learning experiences of one group of Generation Y occupational therapy students. Our aim was to identify what constitutes quality teaching and learning approaches, including feedback, from their perspective.

## Background

Generation Y is used commonly as a stereotypical descriptor for people born between 1982 and 2002 (Sternberg, 2012). Defining differences in generations was first proposed by the German sociologist Karl Mannheim (1952). He contended that each generation has a unique view of the world due to experiencing common social and historical events during their formative years. Although every member of a generation will not have experienced the same life events, they will have a shared appreciation of societal influences, and this creates a "generational personality". Each generation, therefore, reflects its own set of values, work and communication styles, leadership expectations, learning preferences and much more (Prendergast, 2009). Later, generational groups were developed and named by social commentators in westernised countries. These include the GI Generation, born 1901–1924; the Silent Generation or Veterans (1925–1942); the Baby Boomers or the Boom Generation (1943–1960); Generation X or The 13<sup>th</sup> Generation (1961–1981); Generation Y or Millennials (1982–2002) and Generation Z from 2003 onwards (Prendergast, 2009). There is variance in the literature regarding these labels, for example, Generation Y is also known as the Digital Generation or the Net Generation, and there is variation in the time periods allocated, with Generation Y starting from 1976–1982 and ending between 1995–2002. We have used 1982–2000 as the period representing Generation Y, since these are the dates identified in the seminal book *Millennials Rising* (Howe & Strauss, 2000). Nimon (2007) argued that in order to understand a generation's personality, the critical issue is not the exact start and finish point but the impact of societal influences on shaping those who were at a

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formative age during a given period. Raines (2003) identified a number of influences of this groups' formative years, including focus on children and the family; scheduled structured lives; multiculturalism; terrorism; heroism; patriotism; parent advocacy and globalism. In occupational therapy, differences in generational characteristics have been reported in terms of attitudes towards work, and these include approaches to learning and development (Boudreau, 2009). These differences are summarised in *The Learning Guide: A Handbook for Allied Health Professionals* produced by the New South Wales Health Education and Training Institute (HETI) (2012). The guide explained that Baby Boomers prefer to learn via traditional methods, may be less technologically competent but are comfortable to ask for help. It further explained that Generation X learners are practical and want the easiest and quickest learning to develop usable skills, and they like flexibility, including self-directed learning. Generation Y learners need a sense of achievement but want transparency of roles (HETI, 2012). They prefer to use technology with 24/7 accessibility, want immediate feedback but may need help with critical analysis or challenging tasks (HETI, 2012).

The counterarguments for considering a generational perspective state that students are not a homogenous group and to consider changes to educational practices based on an unsupported phenomenon is a form of "moral panic" that only erroneously serves universities in their attempts to understand students (Bennett, Maton, & Kervin, 2008; Sternberg, 2012). Nevertheless, there is increasing evidence that there are generational differences, for example, in learning styles (Turner et al., 2012), in narcissistic personality traits (Twenge, 2012) and in teaching and learning preferences (Henry & Gibson-Howell, 2011). Differences have also been reported in personality, for example, rule consciousness, emotional stability, perfectionism and motives (Borges, Manuel, Elam, & Jones, 2006, 2010). It has also been reported that this "generational personality" has been observed in Generation Y occupational therapy students, and therefore, the teaching and learning needs of these students should be more fully understood (Larkin & Hamilton, 2010; Ryan & Paterson, 2010).

As mentioned previously, one commonly reported generational Generation Y characteristic is a preference for immediate feedback and praise on performance; however, this can be partnered with a difficulty accepting criticism (Provitiera McGlynn, 2008; Twenge, 2006). This characteristic is purported to be a direct consequence of the immediacy of technological feedback as well as the "positive parenting" received by this generation, which included regular praise. Generation Y have, thus, been called the "Trophy Generation", indicating that many have been raised in an environment where no one loses and everyone gets a trophy "just for showing up" (Crampton & Hodge, 2009). Kelly (2010) suggested that due to these experiences in their formative years, feedback and praise are considered to be entitlements by this generation.

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## Feedback

Feedback is an integral part of the educational process. It provides students with a comparison of their performance to educational goals, with the aim of helping them achieve or exceed their goals (Schartel, 2012). Feedback has been defined as “any communication that gives some access to other people’s opinions, feelings, thoughts or judgements about one’s own performance” (Eraut, 2006, p. 114) .

Practice or clinical education is a critical component of occupational therapy programs, and practice educators are responsible for providing students with regular feedback to ensure they are meeting their learning objectives (Duffy, 2013). Feedback on poor performance, however, can be challenging for both the student and the educator. A study of medical students identified the emotional impact of negative feedback (Urquhart, Rees, & Ker, 2014). In nursing, Wells and McLoughlin (2014) also reported on the consequences of negative feedback, suggesting a possible link between educators’ reluctance to provide negative feedback and their failure to fail some students. Wells and McLoughlin suggested that this may be due to the possible harmful effect that providing negative feedback may have on the student–educator relationship. However, in one nursing study, 124 students reported that a good supervisor would provide constructive feedback on their practice rather than let poor practice continue (Plakht, Shiyovich, Nusbaum, & Raizer, 2013).

Marriot and Galbraith (2005) listed a range of types of feedback, including written, verbal, individual, group, direct, indirect, peer and via audio/video assistance. These authors also delineated differences in method, content, timing and provision of feedback and advocated that the most effective feedback is specific, accurate, irrefutable, objective, behavioural, usable, desired by the receiver, credible, appropriate to the student’s level of experience, descriptive rather than evaluative and given privately, immediately and routinely. These authors argued that feedback should allow opportunities for response and interaction, and the type of feedback utilised should vary depending on the facilities available, the task being appraised, the learning style of the recipient and the time available (Marriott & Galbraith, 2005). Other authors listed narrative feedback, rating scales and competency assessment forms as meaningful methods for feedback (Ho & Whitehills, 2009). Krakov (2011) argued that contemporary feedback is a two-way process where the student shares responsibility. This contrasts with the previous hierarchical one-way models of feedback. This is echoed by Schartel (2012), who advocated that for best results, the sender and receiver of feedback must work as allies. However, in one study, medical students (n = 352) conceptualised feedback as a one-way process, as information given to them rather than something that occurred with them and included them (Urquhart et al., 2014). Wells and McLoughlin (2014) concluded that feedback can be a complex and difficult process to undertake, but it is a fundamental part of the learning process. Indeed, feedback is recommended to be an everyday component of the teacher–student relationship. Common methods include the feedback sandwich model (the positive, followed by the negative, followed by the positive) and the Pendleton model, which starts with asking the student to positively

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self-evaluate his or her performance (Pendelton et al., 2003). The teacher then agrees and elaborates, followed by the student self-evaluating poor performance and the teacher identifying the improvements required (Cantillon & Sargeant, 2008).

Research has identified that feedback is considered to be a key feature of quality practice placements for occupational therapy students (Kirke, Layton, & Sim, 2007; Rodger, Fitzgerald, Davila, Millar, & Allison, 2011), and the ability to both provide and receive feedback has been suggested to be an attribute of an excellent practice educator (Rodger et al., 2014). However, practice educators in one Australian study reported that Generation Y occupational therapy students can be quick to question feedback and have difficulty receiving critical feedback (Hills, Ryan, Smith, & Warren-Forward, 2012). Despite this, little research on the topic of Generation Y occupational therapy student preferences in regards to feedback in practice education has been undertaken.

### Study aim

The aim of this study was to explore Generation Y occupational therapy students' views and preferences regarding feedback in practice education.

### Method

This study forms part of a large mixed-methods study informed by the pragmatic paradigm. Pragmatism is a deconstructive paradigm that rejects concepts such as "truth" and "reality" (Tashakkori & Teddlie, 2003). Following the pragmatic paradigm allows the researcher to eschew methodological orthodoxy in favour of methodological appropriateness; there is an overriding concern for "what works"? (Patton, 2002). This paper reports on the qualitative descriptive component of the study, which used semi-structured face-to-face, telephone and Skype interviews. Participants were invited to choose their preferred interview method, as at many points in the university calendar some students are away from campus and in distant practice education. Sturgess and Hanrahan (2004) compared face-to-face interview transcripts with telephone interview transcripts and found no significant differences, concluding that telephone interviews can be used productively in qualitative research. Approval from the University of Newcastle human research ethics committee was provided (approval number H-2014-014).

Using purposive sampling, third- and fourth-year students in one Australian semi-metropolitan university were sent invitations to participate via email. These cohorts had experienced two or more 8-week blocks of practice education placements and were, therefore, well-positioned to report on their experiences. The email provided information about the study as well as the interview options. It also included a consent form and the participant information statement, which specified that students who were born in or after 1982, who could be classified as Generation Y, were invited to participate. Interviews took place in 2014, lasted between 25 minutes and 1 hour and were conducted by one author (CH). During the interviews, participants were asked to describe their practice education experiences and the factors that were most beneficial to their learning during those experiences. Interviews were audio recorded, transcribed verbatim by the interviewer and returned to participants for member checking to ensure credibility (Denzin & Lincoln, 2000).

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## Participants

Twenty-two interviews were undertaken—10 were face-to-face, 11 were by phone and one was via Skype. Of these, 11 were third-year students (nine females and two males) and 11 were in their fourth year (seven females and four males). Most participants were aged between 20 and 25 years ( $n = 18$ ). The remaining four participants were aged 25, 28, 29 and 32 years, respectively. All participants fitted the definition of a Generation Y cohort.

## Data analysis

Transcripts were read repeatedly (by CH) with a focus on the research aim. A reflective journal was maintained to keep track of emerging themes and possible interpretations (Morse, Barrett, Mayan, Olson, & Spiers, 2008). This contributed towards the trustworthiness of the data analysis and minimisation of author bias. This was particularly important as the author analysing the transcripts (CH) had previously been responsible for coordinating occupational therapy students' practice education experiences at the university where the study took place. Confirmability was ensured by maintaining a clean audit trail and independent coding (by CH), followed by discussion and consensus with the other authors (Jones, Torres, & Arminio, 2013). Where direct quotes are used in reporting the findings, amendments are only made for grammatical purposes. The analysis identified four overarching themes, with one theme including feedback. This paper reports on the theme that included feedback, with other findings reported separately.

## Findings

Coding of interview transcripts generated 12 subthemes that sat under the four main themes. Each theme and subtheme is summarised in Table 1.

Table 1  
*Themes and Subthemes*

Theme	Subtheme
1. Feedback is important for student learning	1. Feedback builds my confidence. 2. Feedback confirms that I am on track. 3. Feedback needs to be consistent.
2. Student preferences on the provision of feedback	1. Improving how feedback is provided 2. The importance of reflection and self-evaluation in feedback 3. The value of written feedback
3. When to provide feedback	1. Immediately after an event 2. In supervision sessions or each week 3. The need for informal feedback and formal evaluation 4. Opportunistic feedback
4. The role of the team in providing feedback	1. Feedback from other occupational therapists 2. Feedback from the wider team

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***Theme 1: Feedback is important for student learning***

Students reported that feedback is integral to their teaching and learning in practice education and that without it they are unclear whether they are progressing adequately. Participants stated that feedback influenced their confidence and confirmed their competency attainment:

*I think it's been really good. It [feedback] helps me to know where I'm sitting in terms of almost ranking myself at a suitable level. If there's no feedback, I'm not sure whether I'm doing it correctly, and she [the educator] hasn't said anything or if I'm doing it wrong and she [the educator] hasn't said anything so even just small little feedback like yep, you are on track, that's all good, it really helps to cement my knowledge. It gives me confidence to keep going throughout the placements. (Student 13)*

The participants felt that feedback should be consistently provided in order to be helpful. They valued feedback that was realistic, positive and, when appropriate, negative:

*You're not going to learn if the supervisor is always giving you positive feedback even if you are doing the thing correctly. It's always good to have a little bit of criticism in there but like, constructive, if it's going to help your placement. Then they're more than in their right to do it. Then I think that's more beneficial to a student. Then, you think you're doing a really good job and you're not really. Like they're just saying, yeah you're doing a good job but like, good job really doesn't add up to anything. (Student 15)*

Students also identified the importance of feedback combined with clear expectations of what they need to achieve in placement.

***Theme 2: Student preferences on delivery of feedback***

Students were clear that feedback should be given using language that identifies areas of strength but, more importantly, identifies areas for improvement that need to be focused on. Negative or critical feedback on its own was not considered valuable for learning and development. Feedback was appreciated even in the smallest of areas. One student called these “little corrections”, where necessary development or progression were described. This was described by students as “giving pointers for improvement”. For example:

*“Well, this is the area you can improve on” and maybe giving a few pointers as to how you can improve. I found that I was given critical feedback, but I wasn't really told how I could improve on that. And I guess I had to sit and think about it myself. (Student 1)*

Students called this “constructive feedback”. Pointers included suggesting strategies that students could try next time around as well as giving specific instructions on what should be completed next. Students said it was important that they be given opportunities to apply this feedback and practise the task again.

Students reported the importance of the way that feedback is delivered, saying they do not want to be told they are “wrong” or feel negative about themselves. Students valued those supervisors who asked them to reflect and self-evaluate prior to giving feedback so that they could demonstrate their insight into their performance. For example:

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*My supervisor usually says to me, “How do you think you went with that?” and I just say what I think I was able to do well and what I needed improving with and then she either agrees or disagrees and just gives me her own feedback and then she just kind of asks me what I feel I can do next time. It’s a better format. (Student 17)*

Students identified that on occasions they seek an opportunity to self-evaluate with their supervisor as a way of checking if they are correct. In other words, they make a definitive decision and follow this up with the action of telling the educator how they think they performed and asking the supervisor if this was correct. One student called this “checking in” with the supervisor.

Some students valued the opportunity to record their self-evaluation or create questions that were generated as a result of this self-evaluation so that they could consult their supervisors during more formal supervision time. The formal written “halfway” evaluation (halfway through an 8-week block) was an appreciated feedback opportunity, but students did not value feedback provided in writing that had not previously been given verbally, or feedback that was given on performance not seen by the supervisor.

### ***Theme 3: When to give feedback***

Students reported that they most valued feedback that was given immediately after an event, as this meant that the information was “fresh in their mind”.

*Yeah, and in my mind, again, if I get on the spot feedback straightway that’s then stored in my memory, in that situation sort of thing, so next time I go into the situation it’s already grouped together. Ok, I didn’t do this or I want to be doing this. That’s really beneficial. (Student 12)*

This personal one-on-one time with their supervisor was described as very important, and the location did not matter. Locations reported by students included after leaving the room, in the office or in the car, and feedback related to all work tasks, not only client interaction—for example, documentation.

Students also valued feedback in formal supervision sessions or on a weekly basis, and they felt that this time should not be rushed or skipped. For example:

*I think that immediate feedback is important but maybe for issues or if you are learning skills that are a bit bigger, it is useful to have weekly feedback. (Student 7)*

In fact, students reported that they were happy to receive feedback on their performance at any time, and the importance of feedback on student learning is summarised in this example:

*I thrive on feedback, and any feedback I will take. So whenever they had a positive comment or an area of strength or an area of improvement, I would really hold onto those comments, and I would often go and write them down and summarise them for myself so that I could think back on some of the areas to work on, and note some of my key strengths and areas for improvement and develop a plan to target those areas more specifically. (Student 17)*

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***Theme 4: The role of the team in giving feedback***

Supervisors were reported as key individuals in providing feedback, and students reported that it was important that feedback is consistent, especially if there is more than one supervisor or where supervision is shared. Students also valued feedback from other occupational therapists who were not their supervisors as well as other team members. For example:

*Feedback from her [the educator] and feedback from the nurses and even just chatting to the other OT's and they'd say yeah, you know, she's really happy you're doing well.*  
(Student 3)

Students appreciated when supervisors encouraged the team to provide feedback, as they felt this was supportive and had a positive impact on the student's feeling of belonging to the team. For example:

*Just saying that I'm a good person to work with and I'm a good team member, just those sort of things.* (Student 21)

One student reported there were challenges when participating in team meetings, in particular, reporting on a client/s. This student valued the fact that the educator took the time to discuss this with the team and asked the team to give the student more time to present his case and also provide feedback to the student on his performance at the end of the meeting. The student felt that this was a key strategy in his competency development in this area as he felt the team was so supportive and provided good feedback.

**Discussion**

This study has revealed insights into the teaching and learning preferences of one group of occupational therapy students in relation to the importance of receiving feedback in practice education. This finding is consistent with other studies in the literature as well as students' perspectives in nursing and medicine (Plakht et al., 2013; Urquhart et al., 2014). Whether this need and preference for feedback has increased for this generational cohort is unknown, as there is a paucity of research on this topic for generational comparison. Although one contemporary American study on feedback on professional behaviour, which captured occupational therapy student views, did report that students preferred "positive feedback", which is contrary to the findings of this study (Scheerer, 2003). Whether these differences are cultural, situational or generational is unclear. Nevertheless, these findings confirm the criticality of feedback in practice education from students' perspective.

Students reported that they valued feedback at any time but particularly appreciated immediate feedback. This finding concurs with research into the attributes of an excellent practice educator in occupational therapy (Rodger et al., 2014). Generational commentators would purport that this is an aspect of the Generation Y personality, in that they prefer immediacy. However, contrary to the purported generational personality, students in this study did not prefer praise but preferred regular feedback coupled with discussion on how to improve. Providing formative feedback is a part

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of the educational experience and is said to encourage the development of expertise, particularly when a competency or outcomes-based approach is used, which is the case in practice education (Duffy, 2013; Krakov, 2011; Ramani & Krackov, 2012). Ho and Whitehills (2009) found that 19 randomly assigned speech therapy students achieved significantly higher ratings on a clinic assessment when they received immediate verbal feedback compared with students receiving delayed written feedback.

Whilst students in this study preferred immediate feedback that identifies both their strengths and areas of deficit, they also expressed that how this is delivered is important. Generation Y authors have identified that students have difficulty in accepting criticism, a finding also reported in one study of Generation Y occupational therapy students (Hills et al., 2012). Higgs, Richardson and Abrandt Dahlgren (2004) acknowledged that giving feedback that preserves dignity and facilitates ongoing communication between both educator and student, and also leads to behavioural change, is challenging. Ende (1983) discussed the concept of “vanishing feedback”, where the educator neglects to raise an issue in fear of a negative response. However, Plakht et al. (2013) reported on a study with nursing students that found that high quality negative feedback enabled students to appropriately self-evaluate, whereas high quality positive feedback led to students over self-evaluating their abilities. Students in the current study have a preference for feedback that is meaningful to their learning and development and, therefore, have a preference for feedback that identifies their weaknesses. Whether this is a need to achieve, a generational characteristic or a recognition that feedback is needed to progress to and attain competency is open to interpretation. However, Ende (1983) proposed that educators consider “neutral feedback” instead of positive or negative feedback to reduce the emotional reactions to value statements—in other words, statements about observed actions or decisions made by students rather comments about the students themselves. For example, instead of using “you were great in that presentation”, using “your presentation was detailed and comprehensive”, an approach echoed and supported by students in this study. Nevertheless, while further research is indicated into the delivery and response to feedback, practice educators may need to consider the importance of relaying messages that are integral to the student achieving behavioural change in a constructive manner.

Students in this study valued “constructive feedback” that identified areas they need to work on. Constructive feedback is a descriptor often used in the literature without clear definition. According to Duffy (2013), constructive feedback includes words associated with the term “constructive”, such as helpful, practical, productive, useful and valuable. Occupational therapy students, when describing attributes of their best educators, identified constructive feedback as positive, constructive, balanced, encouraging and timely (Rodgers et al., 2014). Constructive feedback in this study appears to focus on feedback that enables students to identify what they need to work on, called “pointers” by some students. Molloy (2009) found that in physiotherapy, both educators and students reported difficulty in providing and receiving constructive feedback due to the emotive elements implicit in performance appraisal. This author advocated that educators focus on strategies for change rather than deficits in learner performance, a sentiment echoed by participants in this study.

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Whilst this study did not capture the content of feedback, the emotional response of students to feedback or the students' ability to listen and act upon feedback, it does provide information on Generation Y students' preferred method of feedback. For students in this study, the importance of having the opportunity to both self-evaluate and reflect prior to being given feedback was identified. This is contrary to the popular "sandwich model", which describes first giving positive feedback followed by negative feedback and finishing with positive feedback, a model which is delivered by the educator and received by the student. Cantillon and Sargeant (2008) proposed that feedback should be a "conversation about performance" rather than a one-way transmission of information. One model these authors advocated is the "the reflective feedback conversation". This begins with the educator asking the student to share any concerns regarding recently completed performance. The learner then describes his or her concerns and what he or she would have liked to have done better. The educator follows up with his or her views on the performance of concern and offers support. Finally, the educator asks the student to reflect on what might improve the situation and elaborates on the student's response, adding correction if necessary and checking the student understands (Cantillon & Sargeant, 2008). Cantillon and Sargeant added that this model encourages self-assessment and confirms what improvement will look like. This appears to match the process used by some educators in this study, which students described as most valued.

But there is one further important step that students identified in this study: clarity from the educator regarding the level of performance attainment expected at the end of the placement. In other words, students need to be clear about what they are working towards, this enables students to set realistic goals (Molloy, 2009). Generational commentators advocate that whilst students can be self-directed learners, they also desire the maximum result, which often means being goal orientated and assessment driven (Wood, Baghurst, Waugh, & Lancaster, 2008). Twenge (2009) argued that Generation Y have high expectations and have more ambition than skills and that educators need to both encourage and steer students in the right direction, especially as there is growing evidence of increased stress, anxiety and mental health difficulties in this cohort. Twenge suggested that the key to success with this group is to set realistic expectations and give regular and explicit feedback. These recommendations appear to be echoed in student preferences in the current study.

In addition to feedback from the practice educators, students reported valuing feedback from other therapists and from the multidisciplinary teams. The preference and desire to work collaboratively in groups is a purported generational preference for this cohort (Oblinger & Oblinger, 2005). Bok et al. (2013) researched feedback seeking behaviour of medical students and found this behaviour increased when the student felt that he or she was a recognised member of the clinical team and was given responsibilities in patient care. Krakov (2011) noted that team and peer feedback is part of the changes in contemporary teaching and learning and should be central to the feedback "toolkit". Duffy (2013) concurred and reminded healthcare professionals that they do not work in isolation, and therefore providing feedback to colleagues, relatives and carers is an important aspect of contemporary practice. It appears that this generational cohort are well placed for multidisciplinary work, as they reported that they valued the feedback

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of other team members. Practice educators may therefore consider requesting that team members provide feedback to students both formally and informally, but there is also an opportunity to prompt, facilitate or suggest to students that they seek feedback from other team members.

Feedback is therefore a universal term for a multidimensional set of communication interactions focused on student performance. Molloy (2009) argued that the teaching of feedback philosophy and skills should be integrated into university curricula to ensure that students build progressive mastery of these skills, but it could also be advocated that educators need to address their own mastery of these skills, in particular, as it is most probable that educators will be from older generations. Indeed, Ramani and Krakov (2012) suggested that educators should reflect on their feedback skills and create staff-development opportunities on the topic of giving and receiving feedback as well as making feedback part of institutional culture. The recommendations listed below, whilst being insights from one group of students, may be informative for those involved in exploring best practice.

### **Recommendations for educators regarding feedback**

- Provide immediate “neutral” feedback after performance, wherever possible, that includes “pointers” about how to improve
- Encourage team members, patients or carers to also provide feedback
- Develop a “reflective feedback conversation” that encourages student self-evaluation and student forward planning, where both students and educators have an equal contribution
- Ensure that students are aware of the expectations of the placement and that feedback relates to these expectations
- Provide verbal feedback prior to formal or written feedback
- Ensure protected time for feedback in supervision in addition to informal feedback
- Do not avoid discussing poor performance, as this is essential for students to progress.

### **Limitations of this study**

This qualitative study has gathered perspectives from one group of occupational therapy students. Whilst it is not generalisable, the students who participated in the study were members of the larger cohort group under study, and the authors are confident that these students were competent and knowledgeable on the topic, based on their lived experiences.

### **Conclusion**

The results of this study indicate that that Generation Y occupational therapy students have a clear idea of what they believe constitutes quality feedback. In addition to their preference for immediate feedback, students expressed a preference not for praise but

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for self-evaluation and guidance from their educator on what they need to improve. These students appear to thrive on feedback from their educators but also from other team members. They suggested that feedback should focus on both their strengths and areas for improvement but also allow time for self-evaluation prior to receiving it. This study may begin to inform educators who want to develop their feedback skills on both language and approach to feedback. In addition, the meaningful insights and clear recommendations provided by the students in this study could be used to inform curricula, the practice of clinical educators and the educational approach of universities more broadly.

## References

- Bennett, S., Maton, K., & Kervin, L. (2008). The “digital natives” debate: A critical review of the evidence. *British Journal of Educational Technology*, 39(5), 775–786. doi:10.1111/j.1467-8535.2007.00793.x
- Bok, H. G., Teunissen, P. W., Spruijt, A., Fokkema, J. P. I., Van Beukelen, P., Jaarsma, D. A., & Van der Vleuten, C. P. M. (2013). Clarifying students’ feedback-seeking behaviour in clinical clerkships. *Medical Education*, 47, 282–291.
- Borges, N. J., Manuel, R. S., Elam, C. L., & Jones, B. J. (2006). Comparing Millennial and Generation X medical students at one medical school. *Academic Medicine*, 81(6), 571–576.
- Borges, N. J., Manuel, R. S., Elam, C. L., & Jones, B. J. (2010). Differences in motives between Millennial and Generation X medical students. *Medical Education*, 44(6), 570–576. doi:10.1111/j.1365-2923.2010.03633.x
- Boudreau, M. L. (2009). Is there a generation gap in occupational therapy? *Occupational Therapy Now*, 11(2), 16–18.
- Cantillon, P., & Sargeant, J. (2008). Teaching rounds: Giving feedback in clinical settings. *BMJ*, 337(7681), 1292–1294. doi:10.1136/bmj.a1961
- Clynes, M. P., & Raftery, S. E. C. (2008). Feedback: An essential element of student learning in clinical practice. *Nurse Education in Practice*, 8, 405–411. doi:10.1016/j.nepr.2008.02.003
- Crampton, S. M., & Hodge, J. W. (2009). Generation Y: Unchartered territory. *Journal of Business and Economics Research*, 7(4), 1–6.
- Denzin, N. K., & Lincoln, Y. S. (2000). The discipline of practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 1–29). Thousand Oaks, CA: Sage.
- Duffy, K. (2013). Providing constructive feedback to students during mentoring. *Nursing Standard*, 27(31), 50–56.
- Ende, J. (1983). Feedback in clinical education. *Journal of the American Medical Association*, 250(6), 777–781.
- Eraut, M. (2006). Feedback. *Learning in Health and Social Care*, 5(3), 111–118.
- Health Education and Training Institute (HETI). (2012). *The learning guide: A handbook for allied health professionals learning in the workplace*. Sydney, NSW, Australia: Author.

## GENERATION Y VIEWS AND PREFERENCES ABOUT FEEDBACK PROVISION

- Henry, R. K., & Gibson-Howell, J. (2011). A comparison of Millennial dental hygiene: Student and faculty classroom expectations. *Journal of Dental Hygiene*, 85(3), 229–239.
- Higgs, J., Richardson, B., & Abrandt Dahlgren, M. (2004). *Developing practice knowledge for health professionals*. Edinburgh, Scotland: Butterworth-Heinemann.
- Hills, C., Ryan, S., Smith, D. R., & Warren-Forward, H. (2012). The impact of "Generation Y" occupational therapy students on practice education. *Australian Occupational Therapy Journal*, 59(2), 2–7. doi:10.1111/j.1440-1630.2011.00984.x
- Ho, D. W. L., & Whitehills, T. (2009). Clinical supervision of speech-language pathology students: Comparison of two models of feedback. *International Journal of Speech–Language Pathology*, 11(3), 244–255.
- Howe, N., & Strauss, W. (2000). *Millennial's rising: The next great generation*. New York, NY: Vintage Books.
- Jones, S. R., Torres, V., & Arminio, J. (2013). *Negotiating the complexities of qualitative research in higher education: Fundamental elements and issues*. New York, NY: Routledge.
- Kelly, P. J. (2010). Age of entitlement: How does physician assistant education change to accommodate the Generation Y student? *The Journal of Physician Assistant Education*, 21(4), 47–51.
- Kirke, P., Layton, N., & Sim, J. (2007). Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students. *Australian Occupational Therapy Journal*, 54, S13–S22.
- Krakov, S. K. (2011). Expanding the horizon for feedback. *Medical Teacher*, 33, 873–874.
- Larkin, H., & Hamilton, A. (2010). Making the most of your fieldwork opportunity. In K. Stagnitti, A. Schoo, & D. Welch (Eds.), *Clinical and fieldwork placement* (pp. 159–170). Melbourne, Australia: Oxford University Press.
- Mannheim, K. (1952). *Essays on the sociology of knowledge*. London, England: Routledge & Kegan Paul.
- Marriott, J., & Galbraith, K. (2005). Instructor, observer and provider of feedback. In M. Rose & D. Best (Eds.), *Transforming practice through clinical education: Professional supervision and mentoring* (pp. 58–67). Sydney, Australia: Elsevier.
- McGlynn, A. P. (2008). Millennials in college: How do we motivate them. *The Education Digest*, 73(6), 19–22.
- Molloy, E. (2009). Time to pause: Giving and receiving feedback in clinical education. In C. Delaney & E. Molloy (Eds.), *Clinical education in the health professions* (pp. 128–146). Chatswood, NSW, Australia: Elsevier.
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2008). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13–22.

## GENERATION Y VIEWS AND PREFERENCES ABOUT FEEDBACK PROVISION

- Nimon, S. (2007). Generation Y and higher education: The other Y2K. *Journal of Institutional Research*, 13(1), 24–41.
- Oblinger, D. G., & Oblinger, J. L. (2005). *Educating the Net Generation*. Washington, DC: EDUCAUSE.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pendleton, D., Schofield, T., Tate, P., & Havelock, P. (2003). *The consultation: An approach to learning and teaching*. Oxford, England: Oxford University Press.
- Plakht, Y., Shiyovich, A., Nusbaum, L., & Raizer, H. (2013). The association of positive and negative feedback with clinical performance, self-evaluation and practice contribution of nursing students. *Nurse Education Today*, 33, 1264–1268. doi:org/10.1016/j.nedt.2012.07.017
- Prendergast, D. (2009). Generational theory and home economics: Future proofing the profession. *Family and Consumer Sciences Research Journal*, 37(4), 504–552.
- Raines, C. (2003). *Connecting generations: The sourcebook for a new workplace*. Menlo Park, CA: Crisp.
- Ramani, S., & Krackov, S. K. (2012). Twelve tips for giving feedback effectively in the clinical environment. *Medical Teacher*, 34, 787–791.
- Rodger, S., Fitzgerald, C., Davila, W., Millar, F., & Allison, H. (2011). What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives. *Australian Occupational Therapy Journal*, 58(3), 195–202. doi:10.1111/j.1440-1630.2010.00903.x
- Rodger, S., Thomas, Y., Greber, C., Broadbridge, J., Edwards, A., Newton, J., & Lyons, M. (2014). Attributes of excellence in practice educators: The perspectives of Australian occupational therapy students. *Australian Occupational Therapy Journal*, 61, 159–167. doi:0.1111/1440-1630.12096
- Ryan, S., & Paterson, M. (2010). Trends in health professional education: Changing student populations. In L. McAllister, M. Paterson, J. Higgs, & C. Bithell (Eds.), *Innovations in allied health fieldwork education* (pp. 17–28). Rotterdam, The Netherlands: Sense.
- Schartel, S. A. (2012). Giving feedback: An integral part of education. *Best Practice and Research in Clinical Anaesthesiology*, 26(1), 77–87. doi:10.1016/j.bpa.2012.02.003
- Scheerer, C. R. (2003). Perceptions of effective professional behavior feedback: Occupational therapy student voices. *American Journal of Occupational Therapy*, 57(2), 205–214.
- Sternberg, J. (2012). “It’s the end of the university as we know it (and I feel fine)”: The Generation Y student in higher education discourse. *Higher Education Research & Development*, 31(4), 571–583. doi:10/1080/07294360.2011.559193

## GENERATION Y VIEWS AND PREFERENCES ABOUT FEEDBACK PROVISION

- Strong, J., Hughes, C., Wilson, W., Arnott, W., Isles, R., & Bennison, A. (2012). Perceptions of feedback among undergraduate and postgraduate students of four health science disciplines. *Internet Journal of Allied Health Sciences & Practice*, 10(4), 1–7.
- Sturgess, J., & Hanrahan, K. J. (2004). Comparing telephone and face-to-face qualitative interviewing: A research note. *Qualitative Research*, 4(1), 107–118.
- Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social and behavioural sciences*. Thousand Oaks, CA: Sage.
- Turner, T. L., Thammasitboon, S., & Ward, M. A. (2012). Physician know thy learners: A 5-year description of learning styles across the generations. *Academic Pediatrics*, 12(3), e1–e16. doi:<http://dx.doi.org/10.1016/j.acap.2012.03.028>
- Twenge, J. M. (2006). *Generation me*. New York, NY: Free Press.
- Twenge, J. M. (2009). Generational changes and their impact in the classroom: Teaching generation me. *Medical Education*, 43(5), 398–405. doi:10.1111/j.1365-2953.2009.03310.x
- Twenge, J. M. (2012, May 2). Millennials: The greatest generation or the most narcissistic. *The Atlantic*. Retrieved from <http://www.theatlantic.com/national/archive/2012/05/millennials-the-greatest-generation-or-the-most-narcissistic/256638/>
- Urquhart, L. M., Rees, C. M., & Ker, J. S. (2014). Making sense of feedback experiences: A multi-school study of medical students' narratives. *Medical Education*, 48, 189–203.
- Wells, L., & McLoughlin, M. (2014). Fitness to practice and feedback to students: A literature review. *Nurse Education in Practice*, 14, 137–141. doi:10.1016/j.nepr.2013.08.006
- Wood, J., Baghurst, T., Waugh, L., & Lancaster, J. (2008). Engaging students in the academic advising process. *The Mentor: An Academic Advising Journal*. Retrieved from <http://www.psu.edu/dus/mentor/080903jw.htm>