Journal of Medical Education Development, 2018, Vol 11, No 32, 54-68
http://zums.ac.ir/edujournal/

Zanjan University of Medical Sciences

Evaluation of Status of Feedback in Clinical Education from the Viewpoint of Nursing and Midwifery Professors and Students and Relevant Factors

Afsaneh Safaei Koochaksaraei[1], Masoomeh Imanipour[2*], Mehrnaz Geranmayeh[2], Shima Haghani[3]

[1]School of Management and Medical Education, Shahid Beheshti University of Medical Sciences,Tehran,Iran.

[2]Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences,Tehran,Iran.

[3]Nursing Care Research Center, Iran University of Medical Sciences,Tehran,Iran.

Article Info

Article Type:
Original Article

Article history:
Received 08 Dec 2017
Accepted 05 Oct 2018
Published 19 March 2019

Keywords:
Feedback
Clinical Education
Nursing
Midwifery

Abstract

Background & Aim: The main goal of each educational system is successful implementation of the learning process. One of the tools used to achieve this goal is providing effective feedback to students during the learning process. Since clinical education forms majority of medical sciences education (e.g., nursing and midwifery), providing feedback to students during clinical education is of paramount importance. Therefore, this study aimed to evaluate the status of feedback provision in clinical education from the viewpoint of nursing and midwifery professors and students and to determine its relevant factors.

Materials and Methods: This descriptive and analytical research was performed on all BSc nursing and midwifery students (third-semester upward) and all clinical professors in 2016-2017. In total, 198 students and 50 professors were enrolled in the study. Data were collected using a researcher-made questionnaire, validity, and reliability of which were confirmed using content and face validity and test-retest, respectively. In addition, data analysis was performed in SPSS using descriptive statistics and independent t-test.

Results: In this study, 73.2% of students and 74% of professors considered the status of feedback provision in clinical education as moderate, and no significant difference was in the viewpoint of them in this regard (P=0.38). According to the results, the most used type of feedback was oral and individual feedback, and the most important cause of lack of provision of effective feedback included inadequate scientific mastery in the relevant subject, lack of knowledge and skill of professors regarding feedback provision principles, high number of students, and short duration of internship.

Conclusion: Despite the impact of feedback on the effectiveness of education and improvement of the teaching-learning process, the present study demonstrated the status of feedback provision in clinical education is not desirable and different factors are related to this issue. Therefore, it is necessary to design some solutions to improve the abilities of professors in the areas of providing feedback and helping the improvement of clinical education.

**Corresponding author:* Masoomeh Imanipour, *Email:* m_imanipour@tums.ac.ir

This article is referenced as follows: Safaei Koochaksaraei A, Imanipour M, Geranmayeh M, Haghani S. Evaluation of Status of Feedback in Clinical Education from the Viewpoint of Nursing and Midwifery Professors and Students and Relevant Factors. J Med Educ Dev. 2019; 11 (32) :54-68

Introduction

The main purpose of any educational system is the successful implementation of the learning process, and one of the tools to achieve this goal is to provide effective feedback to students about their activities during the learning period (1, 2). Despite the existence of many definitions of feedback in various sciences, the most common and comprehensive definition of feedback in medical education is particular information provided to the learner to enhance reflection on his performance. This information is provided by teachers to learners to modify or improve their performance components (3, 4). In fact, the feedback is an important and vital infrastructure for learning. When learners comprehend their performance and learn how to make it more efficient, they will learn faster and better (5, 6). According to research, feedback is effective in deepening learning, motivation and self-confidence, self-controlled learning, and increasing the ability to use learning (7, 8).

During the teaching-learning process, teachers play an important role in transforming student experiences into proper preparation and recognition. However, the effectiveness of this role is not possible without providing appropriate feedback during training (1). Since clinical education is a vital part of medical education, it is essential to provide regular feedback on learners' performance in order to make full use of clinical experiences (9). Several studies have shown that immediate and direct feedback in the clinical setting leads to improved student performance (10-12). In other words, the development of skills in the clinical environment depends on receiving appropriate feedback. Without feedback, proper performance is not strengthened and learners' mistakes are not corrected (13).

Lack of feedback in the learning environment is associated with uncertainty about the effectiveness of education in professors and ambiguity about learning the content by students. Ultimately, patients are the ones who pay for this problem and may receive inadequate care and treatment (13). Meanwhile, providing feedback in clinical learning environments seems to be difficult and challenging (6, 9), in a way that some evidence suggests that many professors overlook providing feedback to students due to lack of proper understanding of this concept or suitable operational skills to provide effective feedback (4). Even if they are able to provide feedback, they do not favorably observe all principles in three areas

of content, method, and feedback providing skills (11). In this regard and based on the results of various studies, while professors declare they repeatedly provide feedback to the learners, the report's of learners show otherwise. Therefore, it seems that as long as the consensus is not reached among professors and students on the definition and use of principles and standards of feedback as an educational tool, the effectiveness of clinical education will be threatened (3, 14, 15).

This issue is particularly important because inadequate use of the feedback process leads to its failure, causes feelings such as anger, disgrace, defensive status, humiliation, rejection, and debilitation in students (1, 15).

Accordingly, considering the importance and role of feedback in clinical education, and since its quality improvement needs a continuous review of the present situation of feedback and recognition of possible weaknesses, this study aimed to assess the qualitative provision of feedback in clinical education from the viewpoint of professors and nursing and midwifery students. In addition, we decided to determine some factors related to feedback so that they could be regarded by faculty members and authorities as a basis for the elimination of current deficiencies and possible barriers.

Materials and Methods

This descriptive and analytical research was performed on all students of the third semester and higher (BSc in nursing and midwifery) in Tehran University of Medical Sciences, Iran and all nursing and midwifery professors, who participated in clinical teaching of these students. Due to the limited research community, all faculty members and eligible undergraduate nursing and midwifery students (third semester and higher) were used for sampling in the academic year of 2016-2017. The research tools were a researcher-made questionnaire, designed based on a valid scientific study of the literature (16-20). This questionnaire encompasses two parts: the first part consists of 23 items scored on the Likert scale from the always (score=5) to never (score=1), which assesses the quality and how to provide feedback to students in clinical education. The score range of this section of the questionnaire is 23-115, which was calculated on a scale of 100, and the final score was divided into three levels of over 75% (favorable), between 50-75% (moderate) and below 50% (weak). It should be noted that

five items (6, 14, 15, 20, and 22) were designed to be inconsistent with the original items (12, 4, 1, 13, 8) and were scored reversely. The second part contained seven closed questions, where professors and students identified the factors associated with the current status of feedback based on their views and experiences. The validity of the data collection tool was determined by content and face validity. To confirm the formal validity, five students and five professors were asked to carefully read the questionnaires and evaluate questions and alternatives in terms of clarity and appearance and express their opinion about vague items.

Afterwards, the necessary modifications were made in the questionnaires. Content validity was also evaluated by a survey of experts. In this regard, 11 experts and medical education specialists checked and confirmed the questionnaire items in terms of necessity, relevance, simplicity, and clarity (CVR=0.78 and CVI=0.92). The reliability was assessed by retest with a one-week interval. To this end, questionnaires were distributed among 10 students and 10 professors, who were evaluated again one week later, and the correlation coefficient was calculated between two times (r=0.74 for students and r=0.76 for professors).

After receiving approvals from the ethics committee (code of ethics: 758) and confirming the validity and reliability of the tool, the objectives of the research were explained to the participants and written informed consent was obtained prior to the research. Following that, questionnaires were distributed among professors and students and were collected in a short space of time. From 277 eligible students, 198 completed the questionnaires (response rate=71.48%), and from a total of 71 professors, 50 individuals participated in the research (response rate=70.42%) Ultimately, data analysis was performed in SPSS version 16 using descriptive statistics and independent t-test.

Results

In the study, 70.42% of the participants were professors and 71.48% were students. The majority of the two groups were female (94% of professors and 63.6% of students). Most professors in the study were within the age range of 40-49 years with a work experience of 12.19±8.59 years. In addition, 50% of the professors had a rank of instructor. Furthermore, most students participating in the study were within the age range of 21-22 years (46.5%) (Table 1). According to the

results, 73.2% of students and 74% of professors assessed the quality of feedback provision in clinical education at a moderate level (50-75%). According to the independent t-test results, no significant difference was observed between the viewpoints of students and professorsinthis regard (P=0.38)(Table 2).

Table 1: Characteristics of Professors and Students

Variable			N	%
Gender	Student	Female	127	63.6%
		Male	71	42.8%
	Professor	Female	47	94%
		Male	3	6%
Age (mean±SD)	Student		21.85±2.21	
	Professor		43.08±6.99	
Major	Student	Nursing	166	83.83%
		Midwifery	32	16.16%
	Professor	Nursing	38	76%
		Midwifery	12	24%
Academic Rank of professors	Instructor		25	50%
	Assistant Professor		23	46%
	Associate Professor		2	4%
Work experience of professors (years)	Less than 10		22	44%
	10-20		17	34%
	More than 20		11	22%

Table 2: Status of Feedback in Clinical Education from the Viewpoint of Students and Professors

Feedback status	Student		Professor	
	N	%	N	%
Undesirable (< 50%)	7	3.5	0	0%
Moderate (50%-75%)	145	73.2	37	74%
Optimal (>75%)	46	23.2	13	26%
Total	198	100	50	100%
Mean±SD	68.79±11.53		70.31±8.09	
Independent T-test result	t=0.879 df=249 P=0.380			

In this study, while 38% of the professors believed that they would provide feedback to students during each clinical course multiple times, only 27% of the students reported receiving frequent feedback during the course. Overall, 34% of professors and 23.9% of students believed that feedback would be provided in a timely manner and without

delay. Regarding privacy in providing feedback and creating a private environment, 28% of the professors declared that they always offer feedback to students confidentially. Nevertheless, most students (36.3%) disagreed with this issue and believed that feedback was provided confidentially only occasionally.

This was also an issue in terms of respecting the students during the provision of feedback, meaning that while most professors (71.4%) believed that they always offered feedback to students respectfully, only 28.5% of the students confirmed this issue. In addition, just 24.7% of the students confirmed the provision of both negative and positive feedback by professors, the majority of whom (53.1%) declared this issue. Moreover, 35.4% of students believed that professors offered feedback based on the statements of others about their performance and not based on their objective and direct observations. In the end, only 18.2% of students regarded the feedback to be constructive (Table 3). This study also showed that the most commonly used feedback in clinical teaching was oral and individual feedback. In terms of the positivity and negativity of feedback, 44.9% of the students believed that feedback was more negative and the main emphasis was on correcting the job. Meanwhile, 80% of professors believed they offered more positive feedback to strengthen and encourage the work (Table 4).

In terms of the factors associated with feedback provision, the professors and students had a similar opinion. In this respect, low scientific proficiency, lack of sufficient knowledge and skill in offering effective feedback and low work experience of professors were among the factors expressed by participants. However, professors believed that other factors also contributed to the current situation of feedback, such as the high number of students in each internship group and short duration of an internship with a professor, which reduced the possibility of providing effective feedback. On the other hand, students expressed other issues (e.g., unfavorable student evaluation system and lack of motivation of professors) as factors related to the current status of feedback in clinical education (Table 5). In general, 64.8% of students were dissatisfied with the current status of feedback in clinical education despite the fact that most of them (38.2%) assessed the role of feedback as importance in better learning.

Table 3: Students' and Professors' Views on Quality of Feedback Provision in Clinical Education

	Item	Professors (Always)	Students (Always)
1	High frequency of feedback provision	38%	27%
2	Timely feedback provision	34%	23.9%
3	Simple and understandable feedback	49%	22.7%
4	Friendly and private feedback provision	28%	27.9%
5	Providing a descriptive feedback, instead of judging	42.9%	26.3%
6	Delivering feedback just in case of errors	26.5%	27.6%
7	Giving time of reflection after feedback provision	38%	28.1%
8	Giving encouraging and motivating feedback	34%	26.4%
9	Giving feedback based on student's learning needs	30%	27.9%
10	Giving feedback based on direct observation	26%	25.6%
11	Feedback provision on student's personality traits	40%	26.5%
12	Expressing both positive and negative aspects of student's performance	53.1%	24.7%
13	Giving evidences based feedback, instead of personal views of professors	46%	30.8%
14	Giving corrective feedback in front of others	40.8%	23.6%
15	Feedback provision just at the end of internship course	28.6%	20.4%
16	Giving feedback along with developmental recommendations	34%	24.9%
17	Giving feedback with respect to student	71.4%	28.9%
18	Re-evaluation of student's performance after feedback provision	42%	25.6%
19	Giving overall and ambiguous feedback	26%	20.6%
20	Giving feedback based on others' views	30%	35.4%
21	Comparing students with together while feedback provision	36%	23%
22	Usage of negative and critical words during feedback	59.2%	31.2%
23	Delivering corrective feedback	26%	18.2%

Table 4: Types of Feedback in Views of Professors and Students

Types of Feedback	Professors	Students
Written	8%	11.1%
Oral	78%	72.7%
Individualized	94%	28.3%
Grouped	36%	21.2%
Negative	80%	44.9%
Positive	90%	16.2%

Table 5: Priorities of Related Factors of Feedback Provision in Clinical Education from in Views of Professors and Students

Priority	Professors		Students	
	Factors	%	Factors	%
1	Number of students	58%	Low clinical experiences of professors	53.5%
2	Low scientific mastery of professors	57.1%	Low scientific mastery of professors	45%
3	Low knowledge and skills of professors in providing effective feedback	57.1%	Low knowledge and skills of professors in providing effective feedback	45%
4	Short duration of an internship course with a professor	47.9%	Undesirable student evaluation system	43.4%
5	Low clinical experiences of professors	46.9%	Low motivated professors	41.9%

Discussion

According to the results of the present study, most professors and students assessed the status of feedback provision in clinical education as moderate. In a study by Tayebi et al., the status of feedback provision in clinical education was evaluated from the viewpoint of mentors and students. According to the results, the feedback provision status of students was moderate (2). In other words, the feedback quality is not in accordance with the relevant standards, since a more detailed examination of our findings demonstrated that the percentage of observing the principles and standards of effective feedback in all items was relatively low and not acceptable, and

required improvement. In their study, Haghani et al. also concluded that while feedback may be of a desirable level in quantitative terms, it needs improvement regarding quality (11).

These findings more demonstrated the need for centralization and evaluation of factors related to feedback provision and finding solutions to improve the current condition into a desirable condition more than before. This is mainly due to the fact that only receiving feedback based on standard principles will affect the efficiency of the learning-teaching process and improve the clinical performance of students (21). The feedback that is poor and inappropriate will be condemned to failure and will have adverse consequences (1, 15).

According to the results of the present study, oral feedback was the most commonly used type of feedback in clinical education, which has also been confirmed by other studies, demonstrating a lower level of written feedback offered to students by professors (2, 22). Monadi Ziarat et al. reported that providing oral feedback was more cost-effective, compared to written feedback (23), which might be the cause of greater tendency of professors toward provision of oral feedback to students. According to our findings, other factors involved in selecting the type of feedback by professors include a high number of students and the low duration of the interaction. The feeling of a need for a longer duration to provide written feedback is an issue that is inconsistent with the high number of students in each internship group and short duration of the course, thereby limiting the choice of the professors.

While it is believed that the quality of providing feedback is more important than its presentation (23), since the type and method of providing feedback can create different effects in learning and education (24), professors in clinical education must decide which type of feedback is more effective for a particular student and try to use a variety of feedback methods (25). It should be noted that the use of written feedback can have useful benefits, such as reducing misapprehension and the possibility of neglect (26). Therefore, it is desirable that professors use a variety of feedback in line with their position, and managers and educational planners are expected to enable professors to do so by correcting and changing the current planning.

Our findings also revealed that professors often used individual feedback, which is consistent with the results obtained by Ziaei

(22) and is in accordance with the standard principles of feedback (16, 20, 27). However, mere provision of individual feedback is insufficient and it is important that feedback is offered in a sincere and friendly atmosphere while respecting the student's character (28). Meanwhile, it was indicated in the present study that while the professors used individual feedback, a small percentage of students stated that they would receive feedback in a private, respectful and friendly environment. Since the goal of providing feedback is to improve the performance of students, eliminate their defects or strengthen their positive points, we must definitely respect the position of students and adhere to the standard condition regulations (21, 29).

Otherwise, according to the available evidence, the teachers' concerns about the students' negative reactions and the fear of destroying the relationship between the teacher and the student can have a negative impact on the teacher-student relationships (30). On the other hand, it should be noted that the emphasis on the anonymity of feedback and its provision for each person individually does not mean that group feedback is not applicable. Sometimes it is necessary to offer feedback to all learners. In these cases, group feedback can be used instead of individual feedback to save time and provide more coordinate and accurate training (24). Therefore, if professors obtain the necessary skills of providing various types of feedback and learn the principles of offering accurate and effective feedback, they can use different forms of feedback in an appropriate manner appropriately in accordance with the conditions and facilities and use the educational outcomes of feedback to the benefit of students.

According to scientific literature, feedback can be presented with the aim of correcting erroneous work (negative feedback) or encouraging good work (positive feedback) (24). In the present study, most of the professors believed that they had used more positive feedback. Other studies have also shown that professors refuse to provide negative feedback to students because they are reluctant to create a tough encounter as they assume that a negative critique will be formed by giving negative feedback (30). Due to the desire to eliminate emotional reactions, professors only offer positive feedback in most cases (28). In the current research, there was a difference between the views of professors and students in this area, where students believed they had mostly received negative feedback, and there were few cases

of positive feedback offered because of performing a job accurately. This difference can indicate that there is probably no common understanding between professors and students about the meaning of negative and positive feedback. Another reason could be the lack of fully understanding the sense of positivity in the feedback provided by the professor.

For example, the use of inappropriate words and phrases by the professor or scolding students and targeting their personal traits, rather than providing feedback based on their performance, lack of observing the privacy of students providing feedbacks in front of others (e.g., patients, classmates, or the staff) or lack of attention to both positive and negative aspects of student performance during the course of the feedback can create a negative feeling toward feedback and lack of comprehending the positivity and encouragement intended by the feedback. Therefore, it seems that in addition to familiarizing professors with different types of feedback, as well as their position and application, attention must be paid to effective feedback providing methods and skills related to this issue. It should be noted that in the present study, the viewpoint of professors and students were expressed through self-declaration. Therefore, it is suggested that more objective methods (e.g., direct or indirect observation) be used in future studies to collect data so that it could be determined whether professors use positive feedback or only provide negative feedback as expressed by students.

Basically, since the teaching-learning process in the clinic is a complex process, occurring in an environment that consists of different individuals and elements, feedback can also be affected by several factors. In the current study, it was observed that various barriers exist to this path based on the viewpoint of professors and students, such as inadequate scientific mastery in the relevant subject, low experience, insufficient knowledge level and skill of professor of feedback providing principles, disproportionate number of teacher-student in clinical education, short time of work between professors and students, which leads to ineffective interpersonal relationships and reduced possibility of providing several feedbacks along with the ability to reflect on the feedback, and even inappropriateness of student evaluation system.

Other studies have also mentioned factors such as the high number of students, the short duration of the internship, and other tasks of

teachers as barriers to providing effective feedback to students (2, 31). Improper teaching of feedback provision principles to professors, unfavorable learning environment, and insufficient time of professors are among the factors related to the provision of ineffective feedback (9, 12). Another issue that prevents providing accurate feedback to students is the fear of destroying the professor-student relationship (16, 32). The undesirability of feedback provided in the present study, along with the reveal of these factors and obstacles, calls for a review of executive processes and policies and educational planning. In terms of the overall student satisfaction, the current research demonstrated that most students were not satisfied with the current status of feedback provision in clinical education. Student dissatisfaction has been reported in other similar studies (33, 34).

Regarding the current dissatisfaction of students, it seems that despite the passing of several decades of offering feedback in medical education and the presence of unlimited scientific evidence about the useful role and effects of feedback in clinical education, it seems that there is still a long way to achieving proper feedback in educational processes. Our results emphasized the necessity of serious attention to this issue and improving the conditions with the help of a team encompassing professors, educational authorities and clinical directors and even students.

Conclusion

In the current research, the status of feedback in clinical education is moderate, based on the statements of both groups of professors and students. In addition, there is still dissatisfaction in this field. Therefore, providing solutions to improve the condition and enhance the level of feedback as an education process component seems necessary. However, considering some relevant factors, such as unawareness and insufficient skill of professors or a disproportionate number of students time of internship, these solutions must involve a wide range of various aspects of professors' abilities regarding the principles of effective feedback provision. By doing so, students could be familiarized with the feedback process in order to improve their comprehension and develop the culture of feedback in educational environments and reviewing the clinical-educational processes of students to have more effective planning.

Acknowledgments

This article was extracted from a master's thesis on medical education at Shahid Beheshti University of Medical Sciences (code of ethics:758), presented in 2017. Hereby, we extend our gratitude to all managers of Shahid Beheshti University of Medical Sciences for their help to approve this thesis, and all professors and students of Tehran University of Medical Sciences for assisting us in performing the research.

References

1- Brookhart SM. How to Give Effective Feedback to Your Students. ASCD. 2008.

2- Tayebi V, Tavakoli H, Armat M. Feedback delivery situation and related factors in clinical education of the students & staff members' points of view in North Khorasan University of Medical Sciences. *J North Khorasan Univ Med Sci*. [Orginal Research]. 2011;3(1):69-74.

3- Van de Ridder J, Stokking KM, McGaghie WC, Ten Cate OTJ. What is feedback in clinical education? *Med Educ*. 2008;42(2):189-97.

4- Schartel SA. Giving feedback–An integral part of education. *Best Pract Res Clin Anaesthesiol*. 2012;26(1):77-87.

5- Blair A, Curtis S, Goodwin M, Shields S. What feedback do students want? J Politics. 2013;33(1):66-79.

6- Boud D ME. Rethinking models of feedback for learning: the challenge of design. *Assessment & Evaluation in higher education*. 2013;38(6):698-712.

7- Koh LC. Refocusing formative feedback to enhance learning in pre-registration nurse education. *J Nurs Educ Pract*. 2008;8(4):223-30.

8- Boud D ME. What is the problem with feedback. Feedback in higher and professional education: Understanding it and doing it well. 2013:1-10.

9- Clynes MP, Raftery SE. Feedback: an essential element of student learning in clinical practice. *J Nurs Educ Pract*. 2008;8(6):405-11.

10- Sargeant JM, Mann KV, Van der Vleuten CP, Metsemakers JF. Reflection: a link between receiving and using assessment feedback. *Adv Health Sci Educ Theory Pract*. 2009;14(3):399-410.

11- Haghani F, Rahimi M, Ehsanpour S. An Investigation of" Perceived Feedback" in Clinical Education of Midwifery Students in Isfahan University of Medical Sciences. *IJME* 2014;14(7):571-80.

12- Rahimi M, Ehsanpour S, F H. The role of feedback in clinical education: Principles, strategies, and models. *Journal of Medical Education & Development*. 2016;10(4).

13- Archer J. Feedback: it's all in the CHAT. *Med Educ*. 2013;47(11):1059-61.

14- Bienstock JL, Katz NT, Cox SM, Hueppchen N, Erickson S, Puscheck EE. To the point: medical education reviews-providing feedback. *Am J Obstet Gynecol*. 2007;196(6):508-13.

15- Dinmohammadi M, Jalali A, Bastani F, Parvizi S, Borimnejad L. Feedback: An Essential Element of Clinical Education. *IJME* 2010;9(3):278-82.

16- Cantillon P, Sargeant J. Giving feedback in clinical settings. *BMJ*. 2008;337(nov10_2):a1961-a.

17- Anderson PA. Giving feedback on clinical skills: are we starving our young? *J Grad Med Educ*. 2012;4(2):154-8.

18- Molloy E, Boud D. Seeking a different angle on feedback in clinical education: the learner as seeker, judge and user of performance information. *Med Educ*. 2013;47(3):227-9.

19- Archer JC. State of the science in health professional education: effective feedback. *Medical education*. 2010;44(1):101-8.

20- Norcini J, Burch V. Workplace-based assessment as an educational tool: AMEE Guide No. 31. *Med Teach.* 2007;29(9-10):855-71.

21- Adcroft A. The mythology of feedback. *High Educ Res Dev*. 2011;30(4):405-19.

22- Ziaee S. The Quantity and Quality of Feedback in Clinical Education from the Viewpoint of Midwifery Students. *DSME*. 2016;3(1):35-47.

23- Monadi Ziyarat H, Fakharzadeh L, Hojjat S, Khazni S. Effect of Oral Feedback on Learning Consequences of Nursing Students. *edu str med sci*. 2015;8(2):82-75.

24- Hattie J, Timperley H. The power of feedback. *Rev Educ Res*. 2007;77(1):81-112.

25- Emmerson S, Tillard G, Ormond T, Ramsay R, Moore B. Questions posed within written feedback in clinical education: A research note. *The Open Rehabilitation Journal*. 2011;4(1).

26- Goli S, Rezaei H, Haghani F, Goli M. A Review of Feedback in Midwifery Education. *Iran J Med Educ*. 2017;17:92-101.

27- AH A. Ten tips for receiving feedback effectively in clinical practice. M*ed Educ Online.* 2014;19(25):141.

28- Kim J-Y, Na BJ, Yun J, Kang J, Han S, Hwang W, et al. What kind of feedback do medical students want? *Korean J Med Educ*. 2014;26(3):231-4.

29- Chowdhury RR, Kalu G. Learning to give feedback in medical education. *Obstet Gynecol*. 2004;6(4):243-7.

30- Boud D. Feedback: ensuring that it leads to enhanced learning. Clin Teach. 2015;12(1):3-7.

31- Prystowsky JB, DaRosa DA. A learning prescription permits feedback on feedback. *Am J Surg*. 2003;185(3):264-7.

32- Saedon H SS, Balakrishnan A, Imray CH, Saedon M. The role of feedback in improving the effectiveness of workplace based assessment: a systematic review. *BMC Medical Education*. 2012;12(1):25.

33- McIlwrick J, Nair B, Montgomery G. "How am I doing?": many problems but few solutions related to feedback delivery in undergraduate psychiatry education. *Acad Psychiatry*. 2006;30(2):130-5.

34- Moadab N, Mohammadi E, Bazrafkan L. The Status of Feedback Provision to Learners in Clinical Training from the Residents and Medical Students' Perspective at Shiraz University of Medical Sciences, 2014. *IJVLMS*. 2015;6(1):58-63.