An exploration of feedback provision in a pharmacy degree programme from students' perspectives

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Abstract

Background: When students across the United Kingdom were asked to evaluate their experience at university, the area they reported being least satisfied with was assessment and feedback.

Aims: To investigate students' views on feedback provision in a pharmacy degree programme.

Method: Students were randomly selected and invited to participate in focus groups to discuss feedback. Discussions were recorded, transcribed verbatim, and analysed using a constant comparison approach.

Results: Fifteen students participated in this qualitative study. Students considered feedback important for improving performance and clarifying mistakes. Participants provided opinions on what was important in relation to feedback and suggested how it could be further developed across the course.

Conclusion: On some occasions, feedback provided failed to meet student expectations. However, several modules were deemed to be excellent and therefore provide examples of good practice which could be utilised within the School and by other universities.

Keywords: *Education, feedback, pharmacy, qualitative*

Introduction

Feedback is widely accepted as a key element within education (Nicol & Macfarlane-Dick, 2006; Race, 2008; Yorke, 2003), having positive effects on learning and achievement (Black & Wiliam, 1998). Indeed, a recent government publication from the United Kingdom (UK) has highlighted the fact that assessment and feedback are fundamental to the learning experience within higher education (Department of Business Innovation and Skills, 2011). From a patient safety and healthcare prospective, feedback can help to correct mistakes (Ende, 1983), positively influence professional performance (Veloski et al., 2006) and improve professional practice (Jamtvedt et al., 2006) including the quality of consultations for non-prescription medicines in community pharmacy (Watson et al., 2009).

Furthermore, National Student Surveys (NSS) are conducted annually across the UK to measure students' satisfaction with various aspects of their university experience. The results of these questionnaire studies are published to help inform prospective students' decisions about which universities to apply to. Hence, given the potential influence of these results, it is in the university's best interest to ensure they obtain high scores. Unfortunately, in recent NSS results, assessment and feedback has consistently scored lowest of all categories (Higher Education Funding Council for England, 2011).

This study aimed to investigate feedback that was being provided by the School of Pharmacy at Queen's University Belfast (QUB). As there was little research conducted in this area, qualitative methodology was used to explore undergraduate pharmacy students' views and perceptions of feedback provision.

Methods

Following ethical approval, focus groups were conducted by one researcher (JH) in February 2011 to discuss feedback provision on the course. The participants were undergraduate pharmacy students enrolled on the QUB pharmacy degree programme. Random sampling was chosen as it adds credibility (reduces bias) within small samples (Patton, 2002). Ten students per year group (levels 1 to 4) were randomly selected and invited via email to participate. The first 5 students in each level who agreed to participate were then selected (i.e. there were to be 4 focus groups; one for each year group). A pilot focus group was conducted with students (n=4) who were not enrolled in the course (Easton et al., 2000) and minor modifications made. The interview outline was based on a topic guide and included the importance of feedback, key attributes of feedback and examples of feedback provision. The guide was developed by reference to relevant literature (Crisp, 2007; Hounsell et al., 2008; Nicol & Macfarlane-Dick, 2006; Yorke, 2003). Interviews were digitally recorded and transcribed verbatim (by JH). Transcripts were anonymised and one-third rechecked against the original recordings by a second researcher (LH), to enhance reliability. The transcripts were read line-by-line, and text which represented a particular idea or concept was

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given a code (Strauss & Corbin, 1990;1998). Constant comparative analysis was performed i.e. transcripts were analysed as the focus groups progressed, so that emergent themes and theories could be tested and included in further research (Strauss & Corbin, 1990;1998). Consensus on the final themes was reached by discussion between the researchers (MH, LH and JH).

Results

Three focus groups were conducted (rather than four) due to the poor response from Levels 1 and 2 (these students participated in one joint focus group, following additional ethical approval). The focus group discussions lasted from 47-77 minutes. The Level 4 focus group had 2 male and 3 female students; the Level 3 focus group had 5 females. The joint Level 1 & 2 focus group had 3 Level 2 students (3 females) and 2 Level 1 students (1 male and 1 female). While there was little difference between the opinions of students across the three focus groups, the participants in the Level 3 and 4 focus groups could provide more examples to substantiate their opinions. All students identified important aspects of feedback. Additionally, participants outlined examples of good feedback provision and also explained why sometimes they were not satisfied with feedback. Quotes from participants are presented in italicized text, accompanied by abbreviations (for example, L1P2 refers to a Level 1 student, who is participant number 2).

Students deemed that feedback was an integral part of the course. Participants largely expected that the university should take responsibility for providing feedback. Several students perceived that providing feedback was less of a priority for some academic staff than others.

"The ownership [sic] is really on the university to provide some sort of feedback. (...) I think it needs to come from above down." (L4P1)

"Sometimes they [academic staff] *don't think of us as their first priority..."* (L1P2)

Students thought that feedback should help them improve performance, correct mistakes, clarify understanding and enable them to compare their marks with that of their peers. Participants thought that feedback should be constructive with rationale for why certain marks were awarded and include suggestions of how to improve. Many discussed how the timing of feedback was important.

"If you make a mistake and it's highlighted to you, you are never going to make that mistake ever again...you remember it." (L3P5)

"You don't want to get to the end of it [an assignment] *and find you're not on track."* (L4P1)

"You need [feedback to be] *constructive. This is how you can improve..."* (L3P4)

A lack of transparency was mentioned. Sometimes students were unsure where and why they lost marks. They thought that staff unjustifiably did not use the entire range of marks available when marking (i.e. they would never award 100%). Additionally, students expressed dissatisfaction with examination feedback and a few suggested that model answers of questions should be provided. Other participants thought that examination scripts (i.e. the booklets used to answer questions) should be returned to students with marks and comments relating to their answer provided.

"It's so hard to know what lecturers are looking for." (L4P4)

"Why did I get 3 out of 5?" (L1P1)

"They have all our past papers sitting in the office. Why don't they just hand them out?" (L4P1)

Feedback provision varied between modules with some of the practice-based modules considered to be excellent in terms of quality and quantity of feedback provided.

"I think all the RTS [Responding to Symptoms] *and PP* [Pharmacy Practice: Proprietary Dispensing] *feedback has always been brilliant."* (L4P3)

As these modules were repeatedly mentioned as exemplars, Table 1 outlines the feedback provision in these classes. Additionally, as part of the module review process (a separate activity done after the research study), students were asked various questions about these modules: 99.2% (124/125) and 99.1% (109/110) 'strongly agreed' or 'agreed' that the quality of feedback was good in Proprietary Dispensing and Responding to Symptoms, respectively. Additionally, when the students in the Proprietary Dispensing module were asked to rank various types of feedback in order of usefulness, the majority ranked verbal feedback after the role play to be the most useful (in comparison to written feedback on work or class feedback).

Table 1:Feedback provision in pharmacy practice modules

Modules:	Proprietary Dispensing; Responding to Symptoms
Staff involved:	Predominantly pharmacist teaching fellows
Core aspect of teaching:	One-to-one role-play involving prescriptions or scenarios. The staff member acts as a healthcare professional or a patient; the student takes on the role of a pharmacist.
Feedback provision:	Prior to summative assessment, students are shown examples of both good and bad practice and the mark scheme is discussed. Verbal feedback immediately after the role-play. Staff typically focus on matters which have resulted in patient safety being compromised. Class feedback is provided before the next session (this typically includes the average mark/mark range in addition to feedback on common or serious errors). At the start of the next class, work is returned. Students receive marks for their work with constructive comments on how to improve and are given time to reflect on their performance prior to further assessment. Periodically, students are given the opportunity to ask (anonymously) about anything that they require further clarification on.

Discussion

This study has exposed a degree of dissatisfaction with the feedback provided. However, the feedback provision in several pharmacy practice modules was deemed to be excellent. Overall, the findings of this study provide valuable information which can be used to further develop the degree programme.

Students considered feedback to be very important, particularly for improving performance, although participants stated that sometimes there was a lack of clarity with regard to required standards. Where goals are clearly defined, committed students will endeavour to narrow the performance gap between their work and the set standard (Kluger & DeNisi, 1996), but must be shown how this can be achieved (Sadler, 1989). Providing exemplars of work with feedback attached (Nicol & MacFarlane-Dick, 2006; Sadler, 1983), may be useful. Additionally, communication between staff and students could be improved via staff-student committees, the School website and online semester booklets.

Participants also considered that feedback should enable mistakes to be rectified. Indeed, correcting student misunderstandings should be a priority for anyone teaching within a healthcare-related discipline because of the potential consequences for patient safety. Additionally, students mentioned about the timing of their feedback. A plethora of literature states that feedback must be 'timely', i.e. given in sufficient time to have an impact upon future performance (Higgins et al., 2002; Rowe & Wood, 2008; Weaver, 2006). Providing detailed constructive feedback in a timely manner may be more difficult in the current climate when reduced resources are available (Collins, 2011). However, meeting expectations, such as providing a class average and range of marks, can be readily implemented across the course without adversely impinging on staff time.

Students were less satisfied with examination feedback but this issue has since been addressed; the provision of more detailed examination feedback is now a mandatory requirement across all modules. However, while providing detailed feedback may seem straightforward, establishing the correct level of detail can be difficult as too much information could be counter-productive (Shute, 2008). Therefore, in a pharmacy practice context, this could mean prioritising attention to issues that address patient safety. Additionally, students wanted model answers and while it is recognised that guidance is necessary, a comprehensive model answer could stifle independent learning and hamper the ability to apply knowledge.

Most participants expected to receive feedback on all work and considered that it should be embedded within the core curriculum; this view largely reflects the opinions of educational research (Archer, 2010; Nicol & Macfarlane-Dick, 2004). Moreover, students saw the responsibility of feedback provision residing in the domain of staff. It is anticipated that student expectations and demands on teaching quality will further increase, given the impending rise in tuition fees (Department of Business Innovation and Skills, 2011). Perhaps a more standardised approach to the provision of feedback could be adopted by the School. Additionally, it may be worthwhile to conduct further research with academic staff to ascertain their views on feedback provision.

In both practice modules, marks for work are given alongside constructive comments, but only after verbal feedback has been provided, in an approach supported by Butler (1988). In addition to individualised feedback, class feedback on the topic is also provided prior to the next class. Therefore, there is sufficient time for corrective steps to be taken before the next assessment. These modules are taught predominantly by pharmacist teaching fellows, whose primary focus is educational, with a limited input from lecturers, who have research responsibilities. Pressures on staff to be 'research-active', along with other factors, have previously been considered as threats to the use of formative assessment (Yorke, 2003).

As a qualitative study, this research has a number of limitations. Firstly, the students who participated may not be representative of their peers. The sample consisted of more females than males, but this was reflective of the student population on the pharmacy degree course. The focus groups were conducted at the beginning of the second semester (February 2011), which did not allow students to assess feedback provision over a full academic year. This may have been a greater issue for Level 1 students and could explain why fewer students in lower levels agreed to participate. Nevertheless, as discussed throughout, similarities were noted between this work and other studies documented in the literature which further enhances the validity of this qualitative study. Reflexivity (Maltereud, 2001) was employed to improve the validity of the findings and focus group discussions were independently analysed by the three researchers. Participants were frank with their views as is evident from the quotations. Additionally, as several modules were deemed to be excellent in terms of feedback provision, this provides useful guidance on good practice which could be further utilised within the School and by other universities. Furthermore, while the work involved pharmacy students, many of the findings are relevant to other higher education and healthcare settings.

Declaration of Interest

The authors report no declaration of interest and received no funding or grant support to conduct this study.

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