DIGEST: A collaborative strategy for clinical performance feedback

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ABSTRACT

The acronym DIGEST (discuss, invite, generate, explore, strategize, time) integrates motivational interviewing (MI) spirit, skill, and style to guide the student and instructor through discussions about clinical performance. This article aligns salient qualities of feedback and self-reflection in a relational approach to formative evaluation that is guided by MI. DIGEST is a strategy to promote self-reflection, provide clarity on areas for performance enhancement, and develop student capacity to integrate insights into subsequent practice.

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Introduction

Conversations about change are an integral part of clinical performance feedback to develop student competency. Motivational interviewing (MI) makes a promising contribution to feedback because the spirit, skill, and style of MI attend to the conversational maneuvers of change, particularly in situations where an individual acts in a helping capacity for another. In the context of clinical nursing education, feedback is broadly understood as sharing observations about performance or behaviors with the aim to enhance clinical growth, increase theory–practice connections, augment skill development and, ultimately, improve client care (Clynes & Raftery, 2008; Gigante, Dell, & Sharkey, 2011; Glover, 2000; Ridlon & Cottrell, 2012). When supervising students in the clinical setting, instructors and students engage in two forms of feedback: formative and summative. The purpose of formative feedback is monitoring student progress while collaborating on strategies to sustain or revise student performance throughout the learning experience (Oermann & Gaberson, 2017). Summative feedback is used for evaluating competence at established junctures in the learning experience, such as at

midterm and final assessments, as a means to determine mastery against a predetermined outcome, benchmark, or standard (Oermann & Gaberson, 2017). Although there is a complementary relationship between summative and formative assessments, MI makes a distinct contribution to formative feedback because it supports a conversation about change that engages instructors and students in a collaborative process that elicits a precise response to performance change.

While a directive approach to feedback may be necessary for an instructor to deploy in urgent or emergent situations, a guiding style invites the student to become self-directed as they explore their experience and talk themselves through the "what" and "how" of improved clinical proficiency. As a means to translate intention into action, authors recognize self-reflection as integral to feedback to engage students with clinical assessment parameters, enlist them to develop meaningful goals, and guide students to determine relevant strategies to meet an outcome (Archer, 2010; Engström, Löfmark, Vae, & Mårtensson, 2017; Mirlashari, Warnock, & Jahanbani, 2017). Despite substantial scholarship on self-reflection and feedback, the application of MI to support students with self-reflection as part of the formative feedback process is unexplored. This article aligns formative evaluation, self-reflection, and MI together in an approach to giving formative feedback described by the acronym DIGEST. The DIGEST (discuss, invite, generate, explore, strategize, time) approach represents a way to mutually engage the student and instructor alike in discussion about clinical performance and action plans on change.

Background

Engaging in formative feedback is a valuable experience for student learning; therefore, instructors have an important role in creating the relational dynamic to facilitate students' critical self-reflection

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and purposeful action on clinical performance (Archer, 2010; Calleja, Harvey, Fox, & Carmichael, 2016; Duffy, 2013; Koharchik, Weidman, Walters, & Hardy, 2015). MI is a person-centered approach characterized by spirit, skill, and style that helps people explore options for change, resolve ambivalence to rouse inner motivation, and mobilize resources to take action on new behaviors (Miller & Rollnick, 2013). Originally developed for use with addictions and expanded to a wide range of health behaviors, MI presents as a relevant, theoretically informed approach to create and sustain a collaborative partnership—something authors recognize as central to formative feedback. In a manner similar to the inner workings of self-reflection, MI is a way to enhance the feedback experience by invoking conversational strategies that help students learn by getting them to articulate their thinking and doing processes so as to hear themselves voice reasons and strategies to move forward with change.

Feedback is integral to professional growth and most beneficial when it is provided in a structured manner (Archer, 2010). As a parallel process to feedback, reflection contributes to a student's ability to interpret assessment information (Legare & Armstrong, 2017), and authors agree that effective feedback should be ongoing and self-reflective (Asselin, Schwartz-Barcott, & Osterman, 2017; Ip et al., 2012; Mirlashari et al., 2017). MI's spirit, skill, and style align with themes in the feedback and reflection literature where a positive collaborative partnership, clear focus on behavior, and critical self-reflection are germane to linking formative assessment with performance development (Duffy, 2013; Koh, 2010; Ramani & Krackov, 2012). The alignment of MI, self-reflection, and feedback makes for a unique contribution to clinical nursing education by guiding instructors through what to include in formative feedback and how to facilitate the instructor–student interpersonal exchange. The DIGEST approach emphasizes clarity and direction on areas for performance enhancement and supports capacity for applying insights proximal to the experience toward subsequent practice.

Formative Feedback

Formative feedback is particularly important to clinical instruction because it provides an assessment of how students are performing while they are learning (Archer, 2010; Koh, 2010). A popular approach to feedback is the "sandwich"; a style of feedback where the observer provides constructive comments in the middle of (sandwiched between) two positive affirmations. Although this process is commonly used, its value is questionable because the process neglects collaboration, excludes self-reflection, obscures critical feedback, and lacks precise guidance needed to sustain or correct behavior (Parkes, Abercrombie, & McCarty, 2013; Plakht, Shiyovich, Nusbaum, & Raizer, 2013). Authors identify three distinct features that link formative assessment with student development: the correlation of positive partnerships with successful learning (Calleja et al., 2016; Engström et al., 2017); the adoption of ongoing, unambiguous performance appraisal as part of a culture of learning (Archer, 2010; Chou, Masters, Chang, Kruidering, & Hauer, 2013); and the cultivation of self-awareness to both effectively integrate and act upon feedback (Archer, 2010; Calleja et al., 2016; Engström et al., 2017; Hattie & Timperley, 2007; Helminem, Tossavainen, & Turunen, 2014). Collectively, the aforementioned contribute to students developing as self-directed, collaborative learners. The application of MI to formative assessment enhances feedback's impact by amplifying the student's self-reflection on clinical skill, drawing out the motivation to change and spurring contemplation into action.

Self-Reflection and Formative Feedback

Self-reflection is yoked to formative feedback; it shapes how the feedback process unfolds and whether students integrate the

information into their practice (Archer, 2010; Mirlashari et al., 2017). Engaging in regular and self-reflective dialogue that is strategy rather than problem focused embeds ongoing feedback in the routine of clinical education. A guided self-exploration of clinical performance helps students make connections between emotional, cognitive, and affective processes so as to integrate and strategically respond to feedback (Asselin et al., 2017; Ip et al., 2012). The instructor plays an important role in creating a culture where self-reflection is a part of a feedback and follows through by facilitating the articulation of students' thinking and doing relative to performance. Ongoing, self-reflective assessment cultivates introspection in the student and promotes deep thinking necessary to both understand a situation and problem solve how to act (Archer, 2010). Through evoking self-reflection, the instructors can foster thoughtful and constructive responses as part of debriefing students' clinical experiences. For self-reflection to be processed by the student in a practical and meaningful way, it should be through a structured and reciprocal approach. The process of providing effective feedback requires clarity of information, a student–instructor partnership, and capacity for self-reflection. The spirit, style, and skill of MI support the interrelatedness of reflection and feedback by deepening the impetus to engage in these processes.

MI and Formative Feedback

MI spirit is a "mind and heart set" embodied by creating a working alliance, accepting what a person brings to the relationship as fuel for growth, demonstrating compassion in pursuit of the other's best interests, and evoking the internal drive for change (Miller & Rollnick, 2013). The skill of MI is grounded in communication techniques, abbreviated as OARS, of using open questions, providing affirmations to acknowledge the positives, making reflective statements to invite exploration, and synthesizing discussion topics in summary statements. The core techniques of OARS are enacted through interrelated processes that constitute MI style and include engaging in a person-centered and empathic communication style, focusing discussion on a particular target for change, evoking the person's own motivations for change, recapitulating an individual's change talk to stimulate readiness for change, and mobilizing intentions through a plan for action (Miller & Rollnick, 2013). Meaningful and enduring change is a broader undertaking than adopting new behaviors in response to feedback; it involves a shift in attitude about doing something differently, the right conditions to allow change to take hold in the person's practice, and the determination (based on past experience and current resources) to act upon a decision (Miller & Rollnick, 2013).

DIGEST guides a motivational approach to formative evaluation that comprises six interrelated features: discussing performance, inviting self-exploration, generating behavioral options, exploring importance of and ability to change, strategizing a plan, and timing implementation (Table 1). Although the DIGEST approach to formative feedback is linear, it is enlivened by salient features of MI that are recursive and guide instructors to engage students in a relational dynamic supportive of collaboration, critical reflection, self-direction, and action.

D – Discuss Performance

Regular discussion about performance promotes open communication and acclimates the student to conversing about behavior (Duffy, 2013). MI spirit, skills, and style make a significant contribution to the dialogue by creating a person-centered and trusting relationship (Miller & Rollnick, 2013). The student–instructor alliance is foundational to students' comfort with discussing their clinical experience (Duffy, 2013; Ramani & Krackov, 2012) and their ability to gain insight about performance. Regular performance consultation,

Table 1
DIGEST approach for formative feedback aligned with MI skills

	Feature	Instructor strategy
D	Discuss	Discuss performance often using OARS skills to engage/sustain a collaborative relationship that develops student insight and focuses on key areas of practice
		Ask the student *"when you think about what goes into [performance/skill] tell me about how things went for you with [performance/skill]"*
I	Invite	OARS skills to invite self-exploration, evoke critical reflection, draw out experience, and maintain communication focus
		Ask the student *"what went smoothly and what was difficult"*
		OARS skills to validate student and introduce instructor assessment or extend student assessment
		Respond to the student, *"I noticed [instructor validation of student assessment] as well and would add [instructor assessment, recommendation for development]"*
G	Generate	OARS skills to thoroughly generate a range of opportunities for change
		Ask the student *"what could be done differently to enhance performance"*
		OARS skills to evoke and review prior experience with development
		Ask the student, *"What changes have you made in your clinical practice in the past that were successful for you?"*
E	Explore	OARS skills to validate student conviction and explore confidence to move forward. Decisional balance to explore benefits/challenges associated with change and evoke self-directed prioritization of behaviors
		Ask the student, *"What would be the benefits and challenges with doing things the same and doing things differently to your [performance/skill]?"*
		OARS skills to evoke self-directed prioritization and focus on action
		Ask the student, *"Of all the things you discussed, which could be most influential for you?"*
S	Strategize	OARS skills to strategize goals and plans for goal setting and articulate a performance/skill development
		Ask the student, *"What do you see yourself testing out and how will you go about it?"*
		OARS skills to clarify an evaluation strategy
		Ask the student, *"How will you know what you try is working?"*
T	Time	OARS skills to determine a time to commence change and assess progress toward performance/skill development goal(s)
		Ask the student, *"When will you start and when shall we meet back to discuss how things are going with [performance/skill]?"*

guided by OARS skills, supports key aspects of formative feedback, such as engaging students to articulate thinking processes, conditioning students to reflect on connections between theory and practice (Engström et al., 2017), and debriefing clinical activities in close proximity to experience (Hattie & Timperley, 2007; Koharchik et al., 2015). The instructor should embed feedback discussions throughout the clinical day and identify quieter areas for the conversation to take place. It is important to acknowledge that, at the outset, the performance communication can be worrisome for the student; however, with regular exposure, the experience becomes natural and rewarding.

I – Invite Critical Reflection and Self-Exploration

Inviting self-assessment of performance helps focus the student's critical reflection (Little, 2015; Sargeant, Mann, van der Vleuten, & Metsemakers, 2009; Quinton & Smallbone, 2014). Through using OARS skills, the instructor evokes self-exploration and draws out the student's past experiences that could be fuel for future initiatives. The instructor embodies MI mind and heart set through genuine interest in and affirmation of those qualities the student brings to the encounter. By acknowledging how student demonstrated many positive behaviors (beyond those for remediation) and through normalizing the developmental curve for clinical skills, the conversation is infused with optimism that brings performance change within the student's reach. Instructor observations are added to the student assessment as affirmations of proficient areas, which can remain consistent followed by summary statements raising areas for development. The integrated approach to amplifying student self-assessment with instructor perceptions nurtures the student's reflection in action and their ongoing self-monitoring (Archer, 2010; Duffy, 2013; Little, 2015). Validating the student's experience as complementary to the instructor's reflects the spirit of MI, reinforces the collaborative nature of formative feedback (Koh, 2010), and provides the instructor with an opportunity to evoke deeper self-exploration on the part of the student in preparation for planning change. Inviting critical reflection and self-exploration highlights the student's strengths, focuses on specific practice behavior(s), and builds momentum for potential activities in support of practice enhancement.

G – Generate Opportunities for Change

Generating and exploring behavioral options to refine performance helps students to consider a wide range of possibilities without prematurely committing to a course of action that may not align with the clinical context. A thorough exploration of performance options is an opportunity for both student and instructor to deliberate on those which align performance aspirations with course—or program—expectations (Donnelly & Kirk, 2010). OARS skills (open-ended questions, affirmative statements, reflective statements, and summary statements) guide how the instructor engages the student to identify potential approaches for change and describe the associated benefits and challenges. When students self-identify performance opportunities, it stretches them to consider a broad array of scenarios and reinforces the instructor–student partnership in the feedback process and (Archer, 2010; Duffy, 2013; Koh, 2010). Consistent with MI spirit and style, it is particularly useful to hear about the student's past experiences with modifying clinical performance as a way for the instructor to understand past successes, how these came about, and whether they provide fuel for change. The instructor's use of OARS skills stimulates students to critically self-reflect as they hear themselves "think out loud" about possibilities for improvement, motivations to change, and capacity to act.

E – Explore Importance and Ability

The student-centered discussion about importance of and ability to undertake change connects critical self-reflection with action (Archer, 2010; Koh, 2010; Ruth-Sahd, 2003; Quinton & Smallbone, 2014) and activates preparatory "change talk." Drawing out the reasons for, worries about, and abilities to adopt a different way of being are qualities of preparatory change talk, a feature of MI that strengthens impetus for and resolves ambivalence about change (Miller & Rollnick, 2013). OARS skills sustain a collaborative discussion so the instructor can evoke self-directed prioritization of next steps and explore the student's resolve to move forward. A mutual dialogue about desire, ability, reason, and need to undertake a different approach develops mutual understanding about both the student's uncertainty connected with change tolerance to persevere with a goal (Miller & Rollnick, 2013). The instructor's recursive use of OARS skills draws out preparatory change talk that guides the student to work through barriers and ultimately gravitate toward initiatives that are both supportive of and realistic for the expected clinical performance.

S – Strategize a Goal and Plan of Action

By focusing the student on describing how they would go about making a change and drawing upon past experience with performance

management, the instructor encourages the student to describe tangible steps that close the feedback loop with actions to "feed forward" subsequent behavior (Archer, 2010; Duffy, 2013; Hattie & Timperley, 2007; Quinton & Smallbone, 2014). The goal setting and planning processes build upon the prior skills used as part of discussing performance, inviting critical reflection, generating options for improvement, and exploring importance for doing things differently. Strategizing a goal with a plan of action is a way to mobilize student commitment in preparation for change (Miller & Rollnick, 2013). The instructor continues using OARS skills to have the student elaborate and provide detail on a specific goal with clear strategies to reach the target outcome. There may be limited practice opportunities to support the student's efforts, and instructors should prepare the student for contingent opportunities to demonstrate skill, such as in simulation or adjunctive clinical activities. Through listening, reflecting, and summarizing, the instructor marshals the student's collective strengths, abilities, and experiences toward a specific aim with a precise strategy that resonates for the student and aligns with the established outcomes.

T – Time for Implementation and Evaluation

The student's self-reflection, timely instructor guidance, and collaborative response create a powerful synergy for acting on feedback (Donnelly & Kirk, 2010; Koharchik et al., 2015). To follow through on the plan of action, the instructor and student should establish the time and circumstance for change to commence and a suitable opportunity to evaluate student progress (Engström et al., 2017; Koharchik et al., 2015). Due to the dynamic nature of the practice environment, the timing of initiation and evaluation may require flexibility, but feedback should take place in close proximity to clinical events. Change is more than a linear sequence; therefore, identifying a time for implementation and evaluation establishes a tangible commitment to ongoing feedback and accountability for acting on feedback.

When communicating with a student about clinical practice, it is important for an instructor to enlist skills that engender a trusting student–instructor collaborative relationship (Duffy, 2013; Koh, 2010; Ramani & Krackov, 2012). At the same time, the instructor must draw out the significance improved performance holds and heighten the student's capacity to follow through on their goal. The DIGEST approach consolidates MI spirit, skills, and style with recommendations from the literature on evaluation and self-reflection in an evidence-informed approach to formative feedback.

Conclusion

Formative feedback is essential for students to self-reflect and assess their practice and calibrate their performance to meet the expected clinical course outcome. The spirit, skill, and style of MI make a meaningful contribution to formative feedback through bolstering a positive student–instructor partnership, sustaining a clear focus on behavior, and engendering critical self-reflection. DIGEST is a novel strategy that synthesizes evidence-informed features of self-reflection with MI theory to support the relational dynamic of formative evaluation. A motivational approach to formative feedback draws upon the collective knowledge, skills, and experiences of both the student and instructor to enhance clinical practice outcomes. In many cases, performance enhancement is an ongoing process, and DIGEST fulfills this need as both a linear and recursive approach for instructors and students to collaborate on the successive approximations leading to clinical competence.

Acknowledgments

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