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The Impact of Standardized Patients' Feedback on the Students' Motivational Levels

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Abstract

In this study, we focused on the impact of standardized patients' feedback on the motivational levels of learners for learning communication skills. A control group post-test design was used. The students had two standardized patient encounters in addition to training and debriefing sessions. The students in the study group received face-to-face feedback after the first encounters; but not the control group. We used the motivation dimension of Motivated Strategies for Learning Questionnaire. The standardized patients' feedback effected students' motivational levels. The students who received feedback had lower levels of test anxiety, and higher levels of self-efficacy.

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Keywords: Motivation; learning strategies; communication skills; medical students; standardized patient.

1. Introduction

Communication is essential to almost all aspects of healthcare, from history taking to providing information to the patient (Van Dalen et al., 2001). Several methods and techniques can be used in communication skills training. Training with standardized patients is one of those methods. The aim of this instructional method is to make students interview with the ones acting as a patient in a real environment (Yoo & Yoo, 2003). The advantage of training with standardized patients is to provide feedback to the students from the patient's perspective (Black & Church, 1998; Kurtz, Silverman & Draper, 1998).

Effective feedback is the basic component of the clinical training. Frequent and clear feedback provides students to be more effective and to participate more in the training process (Howley & Martindale, 2004). The previous studies demonstrated that feedback had an important impact on the students' performances, and stimulated their learning (Mass, Shah, Daly & Sultana, 2001; Hodder, Rivington, Calcutt & Hart, 1989).

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Evaluation of the students' communication skills by the standardized patients are recommended as they are the ones participating in the physician-patient encounters (Cooper & Mira, 1998). Meanwhile, unlike tutors' and students' feedback, there are very few descriptive and experimental studies on standardized patients' feedback. The studies on this issue showed that in case the standardized patients are carefully trained, they can provide duly, constructive and focused feedback (Howley & Martindale, 2004).

Medical education relies heavily on the students' motivation to become physicians. Motivation and learning are strictly related (Mann, 1999). The students explain new learning issues using their motivational beliefs. Motivational beliefs clarify the values and judgements about topics, events and objects (Boekaerts, 2002). Motivation effects the learning of new behaviors, and the continuation of learning. In this study, we focused on the impact of standardized patients' feedback on the motivational levels of learners for learning communication skills. The research question is as follows:

- Does the standardized patients' feedback effect the motivational levels of students in communication skills?

2. Methodology

Research design: A control group post-test design was used in the study.

Subjects: This study was conducted with Year I students in 2006-2007 academic year at Hacettepe University Faculty of Medicine. There are 24 small groups of 13-14 students in communication skills training program. The students were randomly distributed to the groups. The students were randomly chosen for study and control groups. Oral consents of the subjects were provided at the beginning. The number of the subjects was 284, with participation rate of 87%.

Instruments: The motivational dimension of the Motivated Strategies for Learning Questionnaire which was developed by Printch et al. (1994) was used in the study. The questionnaire has 31 statements and 6 sub-dimensions (intrinsic goal orientation, extrinsic goal orientation, task value, self-efficacy, test anxiety and control belief) (Pintrich, Smith, Garcia & McKeachie, 1991; Pintrich & Garcia, 1995). A seven-point Likert scale was used in the questionnaire.

Program design: The communication skills training was designed as a 16-hour program for both study and control groups:

- Session I (1 hour): We explained the program and the forms to be filled.
- Session II (5 hours): The students discussed the basic principles of communicating with patients, watched the educational videos and discussed them, and reviewed the principles of giving feedback.
- Session III: The students had the first 10-minute standardized patient encounters in Training and Assessment Center. All the encounters were digitally captured and archived.
- Session IV (5 hours): All the videos of group members were watched, and students were given feedback by their peers and the tutor.
- Session V: The students had second 10-minute standardized patient encounters, and they were captured and archived.
- Session VI (5 hours): All the second videos of group members were watched, and students were given feedback by their peers and the tutor.

The feedback provided by standardized patients differed in study and control groups. In the study group, standardized patients gave face-to-face feedback at the end of the first encounters; but not in the control group. At the end of second encounters, the standardized patients provided face-to-face feedback to both study and control groups. Giving feedback took five minutes in all encounters.

The questionnaire was used two times among the study: After first and second encounters.

Data analysis: We used t-test to evaluate the differences between the average scores of motivational levels of both groups for all sub-dimensions.

3. Results

After the first encounters, there is a significant difference between study and control groups in the sub-dimension of test anxiety ($p=0.028$). After the second encounters, the students of the study group who received feedback after the first encounters, got lower scores in the sub-dimension of test anxiety ($p=0.016$), and got higher scores in the sub-dimension of self-efficacy ($p=0.027$).

4. Conclusion

In our study, we found out that the students who received feedback had lower levels of test anxiety, and higher levels of self-efficacy. Those results showed that standardized patients' feedback effected students' motivational levels in two sub-dimensions.

Feedback effects students' prospective learning when the students use the evidence of their success (Brookhart & DeVoge, 1999). Feedback on performance provides learners to evaluate their development in achieving the goals, and to guide their studies. Feedback is important for being motivated in not only achieving a skill but also going on learning (Mann, 1999). In our study, standardized patients' feedback provided the students information about their performances. Lower levels of test anxiety and higher levels of self-efficacy in the study group who received feedback from the standardized patients indicated the same results.

It is important to implement standardized patient encounters to communication skills training programs as receiving feedback from standardized patients in communication skills training effects students' motivational levels and learning, and helps them to become lifelong learners.

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