

Clarifying students' feedback-seeking behaviour in clinical clerkships

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CONTEXT Why and how do students seek feedback on their performance in the clinical workplace and which factors influence this? These questions have remained largely unanswered in research into workplace learning during clinical clerkships. Research on feedback has focused mainly on feedback providers. Whether and how feedback recipients actively seek feedback are under-examined issues. Research in organisational psychology has proposed a mechanism whereby feedback seeking is influenced by motives and goal orientation mediated by the perceived costs and benefits of feedback. Building on a recently published model of resident doctors' feedback-seeking behaviour, we conducted a qualitative study to explore students' feedback-seeking behaviours in the clinical workplace.

METHODS Between April and June 2011, we conducted semi-structured face-to-face interviews with veterinary medicine students in Years 5 and 6 about their feedback-seeking behaviour during clinical clerkships. In the interviews, 14 students were asked about their goals and motives for seeking feedback, the characteristics of their feedback-seeking behaviour and factors influencing that behaviour. Using template analysis, we coded the

interview transcripts and iteratively reduced and displayed the data until agreement on the final template was reached.

RESULTS The students described personal and interpersonal factors to explain their reasons for seeking feedback. The factors related to intentions and the characteristics of the feedback provider, and the relationship between the feedback seeker and provider. Motives relating to image and ego, particularly when students thought that feedback might have a positive effect on image and ego, influenced feedback-seeking behaviour and could induce specific behaviours related to students' orientation towards particular sources of feedback, their orientation towards particular topics for and timing of feedback, and the frequency and method of feedback-seeking behaviour.

CONCLUSIONS This study shows that during clinical clerkships, students actively seek feedback according to personal and interpersonal factors. Perceived costs and benefits influenced this active feedback-seeking behaviour. These results may contribute towards the optimising and developing of meaningful educational opportunities during clerkships.

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 INTRODUCTION

Feedback plays a crucial role in student learning in the clinical workplace¹⁻³ by encouraging students to think about their performance and ways of improving it with the aim of reducing discrepancies between actual and desired performance.⁴⁻⁶ As well as ensuring high-quality patient care, observation with feedback by clinicians, students and others is essential for the development of competencies in the clinical workplace, which are prerequisite to a student's future work as a professional.^{7,8} Feedback encourages students to perform well, ensures that inadequate performance is identified and can specify which aspects of performance require improvement and what steps students can take to achieve this.⁹ According to Archer, feedback plays a central role in supporting cognitive, technical and professional development.¹⁰ However, feedback in the clinical workplace is often difficult for both supervisors and recipients because the clinical setting is unpredictable and different teaching methods are used within it.¹¹ Despite these challenges, feedback on clinical performance is described as the 'cornerstone of effective clinical training'.⁹ Research into workplace learning has yielded valuable insights into the provision of feedback, but the role of those receiving or actively seeking feedback has remained under-explored.^{12,13} Understanding of students' feedback-seeking behaviours in the clinical workplace may contribute towards optimising the educational value of clinical training.

In organisational and social psychology, numerous studies have examined both the provision and seeking of feedback. In organisational psychology, the term 'feedback-seeking behaviour' was coined by Ashford and Cummings to refer to processes involved in inviting feedback.^{14,15} The theoretical model constructed by these authors proposes three primary motivators of feedback-seeking behaviour: the desire for useful information (instrumental motive), the desire to defend or enhance one's ego (ego-based motive), and the desire to protect or enhance the impressions that others hold of one (image-based motive).¹⁴ The further development of this model in social science research has clarified the processes and outcomes of feedback-seeking behaviour.¹⁶⁻¹⁸ An important notion in this model is that the goals of those seeking feedback determine how they obtain information about their performance.¹⁹⁻²³ Based on self-theories about personal attributes, a learning goal orientation can be distinguished from a performance goal orientation,²⁰ described by Dweck as, respectively, 'a desire to learn new skills, master new tasks,

or understand new things' and 'winning positive judgements of your competence and avoiding negative ones'.²⁴ The relationship between goal orientation and feedback-seeking behaviour is mediated by motivation; in other words, based on a predominant motive, a specific goal is formulated, which then guides the feedback-seeking behaviour.²¹ Goal orientation also determines how the perceived costs and benefits of feedback are weighed in decisions about feedback seeking.^{17,25} The expected benefits are related to the expertise and credibility of the feedback source, which, in turn influences feedback-seeking behaviour.²⁶ For example, individuals with a learning goal orientation are likely to seek an expert's opinion, regardless of their own performance level. Organisational psychology involves the study of human relations and interactions within organisations, such as relationships between employees and executives. Ashford *et al.*²² stated that individual behaviour cannot be separated from the culture in which it occurs and, consequently, the real challenge for further research is to incorporate a cross-cultural perspective. Further research should investigate the ways in which feedback-seeking behaviour differs between settings, including the clinical workplace.²²

As described in the social and organisational psychology literature, feedback-seeking behaviour is a complex phenomenon. Teunissen *et al.* investigated whether an attending physician supervisory style and the resident doctor's goal orientation influenced residents' feedback seeking, specifically with regard to the ways by which residents obtain information about the specific task of working night shifts.¹² The study showed that residents' goal orientations influenced their perceptions of the expected negative effects and potential benefits of asking for feedback. Furthermore, the attending physician supervisory style seemed to partially influence the residents' feedback-seeking behaviour. As the study by Teunissen *et al.*¹² was limited with regard to context and investigated only one outcome measure (i.e. the frequency of feedback seeking), further qualitative research is needed to clarify which other factors play a role in feedback-seeking behaviour in undergraduate clinical education, and specifically how undergraduate veterinary medicine students seek feedback in the clinical workplace. Clinical clerkships are generally considered to comprise a rather unstructured learning environment and different factors have been shown to influence students' learning within that environment.²⁷⁻²⁹ We therefore conducted an exploratory study building on theoretical models from social and organisational psychology to shed light on three research questions. (i) Why do students

seek information about their performance? (ii) What factors influence students' feedback-seeking behaviour? (iii) How do students in the clinical workplace seek information about their performance?

METHODS

Setting

The study was conducted among students in the clinical phase (Years 5 and 6) of the 6-year undergraduate curriculum of the Faculty of Veterinary Medicine, Utrecht University (FVMU), Utrecht, the Netherlands. The Uniform Clinical Rotation Programme in Year 5 comprises 30 weeks of rotations in different clinical departments; Year 6 consists of rotations varying in length from 1 day to 6 weeks in disciplines in line with the student's chosen animal species track (i.e. equine health, companion animal health, farm animal health), in which students work alongside clinicians in an authentic learning environment.

Study design

As relatively little is known about students' feedback-seeking behaviour in the veterinary medicine clinical setting, we designed an explorative qualitative study using an interpretive approach.^{30,31} Our aim was to contribute to understanding of the feedback-seeking behaviour of students in a clinical learning environment by describing our perceptions of that behaviour as they resulted from the analysis of interviews with students. The interviews were structured based on theoretical concepts of feedback-seeking behaviour.^{19–23} We combined inductive and deductive approaches to gain insight into feedback-seeking behaviour. This topic has received rather limited attention in medical education research and therefore we also considered previous work in fields outside medical education.³² We used semi-structured, face-to-face interviews to gain in-depth information and encourage students to openly share their views.³³

Participants and procedure

Between April and June 2011, the principal researcher (GJB) interviewed students who had been

sampled by maximum variation sampling to ensure that the sample included students following a variety of animal species tracks and in various phases of training. The logic and power of maximum variation sampling lie in selecting information-rich cases for in-depth study.³³ Of the 31 students invited by e-mail to participate, 12 did not respond and five declined to participate because they were not interested. Interviews with the 14 participating students were planned by e-mail and conducted at FVMU. The interviews lasted 45–60 minutes and were audiotaped. Within 1 week of the interview, each participant was asked to comment on a one-page summary of his or her interview in order to support a member-checking protocol.³⁴ The summary was written by the principal researcher and reflected participants' answers to the main questions in the interview. Eight participants responded to this request, but made no suggestions for change. To facilitate the identification of new issues in subsequent interviews, data collection and analysis were performed iteratively. Interviewing continued until theoretical saturation was reached.

Interview development

The interviews were structured using questions about students' goals and motives in seeking feedback, characteristics of their feedback-seeking behaviour and factors influencing this behaviour. The questions were based on the research questions and a theoretical framework derived from social and organisational psychology (Fig. 1).^{19–23} Two pilot interviews resulted in minor changes to the wording but not the content of the questions. The main questions were:

- 1 Why do you seek information about your performance of a clinical task?
- 2 Which factors influence the way you seek feedback?
- 3 How do you obtain information about your performance?

Analysis

Verbatim transcriptions of the interviews were analysed using software for qualitative data analysis



Figure 1 Frame of reference for feedback-seeking behaviour^{12,20}

(ATLAS.ti Version 6.2.24; Scientific Software Development GmbH, Berlin, Germany). We used a template analysis method³⁵ involving an iterative process of reducing and displaying the data, culminating in a template consisting of codes representing categories and factors, and the relationships among them. Based on the theoretical framework, we designed an initial template, which was modified in the subsequent iterative process of data collection and analysis. We used the theoretical framework and the conceptual model only in designing the interview structure; we used an inductive approach to analyse the interviews. The analysis resulted in an extensive list of codes, which were categorised. The principal researcher (GJB) coded all transcripts and constructed themes. Using the list of codes, another researcher (PWT) re-coded the eighth interview. The two researchers reached agreement on the discrepancies between their analyses through discussion. After 12 transcripts had been coded, theoretical saturation was reached and the final template was constructed. GJB, two medical education experts (PWT, CPMvdV) and two experts in veterinary medical education (ADCJ, PvB) agreed on the final template after discussion. The coding of the two remaining interviews confirmed the final template.

Confidentiality and ethical considerations

Participation was voluntary and participants were assured of confidentiality. Written informed consent was obtained before the interviews and the study was approved by the ethical review board of the Dutch Association for Medical Education (Nederlandse Vereniging voor Medische Onderwijs [NVMO]).

RESULTS

The participants included students on each of the three animal species tracks. Five participants were in Year 5 and nine were in Year 6. Nine participants were female. The mean age of participants was 26.5 years (range: 23–33 years).

The results for the three main research questions (Why do students seek feedback? What influences students' feedback-seeking behaviour? How do students seek feedback?) are presented consecutively. The main categories to result from the analysis are interrelated, which shows that students dynamically adjust their feedback-seeking behaviour to fit a particular context. The interactions between the categories are illustrated in Fig. 2.

Why do students seek feedback?

Depending on various contextual aspects (e.g. logistics of patient care, type of clinical setting), personal and interpersonal factors that determine feedback-seeking behaviour were found to interact continuously. Feedback-seeking behaviour was determined by the factors perceived by students as most salient.

Personal factors: intentions of the feedback seeker

The analysis indicated that distinctive goals can motivate students in seeking feedback (e.g. receiving positive judgements by demonstrating clinical competence, developing clinical competence and growing as a professional by improving knowledge and skills) and in avoiding feedback (e.g. avoiding negative judgements and avoiding having to demon-

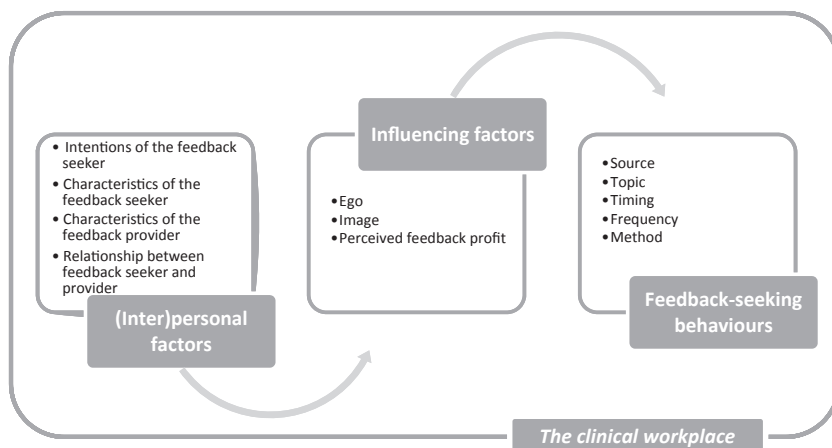


Figure 2 Factors influencing feedback-seeking behaviour in clinical clerkships

strate inferior clinical competence compared with one's peers). Furthermore, students were motivated to seek feedback out of a sense of responsibility towards patients and clients, which stimulated them to seek feedback to improve their clinical competence. One student remarked:

'I feel responsible for a patient's [animal] well-being, and although I am generally inclined to avoid negative judgements, I felt compelled to ask for feedback to optimise my task performance.' (P8)

Students also mentioned that they sought feedback on general competencies, such as communication skills and professional behaviour, because they thought this type of feedback would benefit their personal development outside the clinical setting.

Personal factors: characteristics of the feedback seeker

Feedback-seeking behaviour was also influenced by a student's personal characteristics, such as his or her physical and mental well-being:

'...it also depends on my own state of mind, for example, when I'm tired or not in a good mood, I feel less motivated and have less energy to actively participate and ask for feedback ... in those instances I will assume a more passive role.' (P2)

The extent of a student's interest, experience and confidence concerning a specific clinical topic and his or her self-assessed knowledge and performance of a specific task could stimulate or inhibit feedback seeking, depending on the student's reasons for seeking feedback. The extent to which students felt they were part of a team, their involvement in patient care and their self-perceived communication skills all stimulated students to ask for feedback:

'One of my supervisors treated me as one of the guys. As if I was a graduate veterinarian. This was a very strong motivator for me to participate actively in daily clinical practice and as a result I asked more frequently for feedback.' (P5)

Personal factors: characteristics of the feedback provider

Students indicated that the characteristics of the feedback provider, such as good communication skills, willingness to provide feedback and accessibility to students, encouraged them to seek feedback. They also remarked that asking for feedback was promoted by a safe learning climate, in which students had time to ask questions and supervisors were willing to answer them:

'In my opinion, an experienced supervisor who is in control of the clinical situation and able to create time for learning opportunities is more likely than an inexperienced supervisor to create a safe learning environment for feedback.' (P7)

Supervisors had to seem credible to students and this credibility was enhanced when supervisors observed task performance before giving feedback. Students preferred to ask for feedback from supervisors whom, according to their students' previous experiences or preconceptions, they perceived as skilled and experienced in the task in question.

Interpersonal factors: the relationship between the feedback seeker and provider

The student-supervisor relationship influenced feedback-seeking behaviour in different ways. As the duration of a relationship increased, the student became more likely to ask for feedback. The hierarchical nature of the student-supervisor relationship and the combining by supervisors of the roles of feedback provider and assessor were also important:

'Because at the end of the day our clinical supervisor will judge my performance in the workplace, I feel reluctant to ask for feedback... I very much appreciate the opinion of my supervisor and so this influences my behaviour.' (P4)

What influences students' feedback-seeking behaviour?

The analysis revealed three factors influencing students' actual feedback-seeking behaviour: ego, image, and perceived benefit. The expected negative effects and potential benefits of asking for feedback influenced which personal and interpersonal factors directed feedback-seeking behaviour.

Ego

Before asking for feedback, students weighed the perceived ego costs (i.e. negative emotions resulting from negative feedback) and benefits (i.e. enhanced self-esteem arising from positive feedback). The outcome of this analysis depended on personal and interpersonal factors. Students who were eager to master a specific clinical task were likely to let expected benefits from feedback (credible feedback provider) prevail over expected costs (a loss of confidence as a result of negative feedback). Students who asked for feedback to increase their self-esteem and gain recognition took account of the risk for

damage to their ego by feelings of incompetence imposed by negative feedback or the behaviour of the supervisor. This process is illustrated by this student:

'I feel miserable when I ask for feedback about my clinical performance and my supervisor tells me I should really have mastered this by now. When that happens, I feel stupid, which is bad for my self-esteem and confidence. As a result I don't ask for feedback at all.' (P8)

Image

Perceived image costs and benefits represented another influencing factor. Students felt that in the clinical workplace, peers, clients and supervisors had certain preconceptions (images) about them. This presented students with a choice between seeking feedback in the hope that it would improve their image, or refraining from seeking feedback in order to prevent any potential damage to their image. Based on the interaction between personal and interpersonal factors, students appeared to make an assessment of the potential risks and benefits and to embark on context-specific feedback-seeking behaviour. For example, a student mentioned that she adapted her feedback-seeking behaviour depending on the composition of the group that might witness the feedback (e.g. the number of peers present):

'In our peer group we have created an environment in which we can trust each other and everyone feels comfortable to ask for feedback about their performance. This feeling of trust in which we don't have to fear face-threatening situations has a stimulating effect on the frequency of our feedback-seeking behaviour.' (P3)

If a student decided against inviting feedback, he or she would monitor the behaviour of others in order to evaluate his or her own behaviour while maintaining a positive image.

Perceived feedback benefit

In addition to a weighing of the potential risks and benefits of outcomes relating to ego and image, the perceived relevance, quantity and quality of feedback also impacted students' feedback-seeking behaviour. For example, students placed less value on feedback received from a supervisor who had not observed the subject performing the task in question. Furthermore, the value of received feedback was judged in relation to a student's goal:

'When I perceive a specific clinical topic as not very relevant, I am less motivated to seek feedback on my performance, especially when my supervisor is surly.' (P2)

How do students seek feedback?

Personal and interpersonal factors were influenced by the balance between expected negative effects and potential benefits, which, in turn, gave rise to specific feedback-seeking behaviours.

Feedback source and topic orientation

In the clinical workplace, students obtained information about their performance on a specific clinical task from other students, supervisors (e.g. specialists, residents), clients, nursing staff or a combination of these. Depending on their context-dependent assessment of potential risks and benefits, students would approach a specific feedback source:

'If I want to have an equal discussion about a specific topic, I am more likely to ask for feedback from my peers than from my supervisor.' (P7)

In the clinical workplace, students sought feedback on specific veterinary knowledge, specific veterinary skills and in-depth knowledge relating to a task they were required or had been required to perform. Over time and depending on the task, this behaviour might change:

'When I first started clinical clerkships, I was especially focused on feedback on the relevant skills to perform my tasks, but after a while there was a gradual shift towards gaining in-depth knowledge.' (P10)

Feedback about generic competencies, such as communication skills and professional behaviour, was usually sought from other students in the clinical workplace:

'...for example, when I have to present my work to peers and supervisors, a task I don't like, I ask one or two peers whom I trust to observe me and give feedback on my communication and presentation skills. This information makes it possible for me to improve.' (P1)

Timing of feedback-seeking behaviour

Based on their context-dependent assessment of potential risks and benefits, students determined the

appropriate moment for seeking feedback (e.g. during or immediately after performing a specific clinical task or at a later, more appropriate time). Students were particularly likely to postpone the seeking of feedback when they were worried about costs to their image or ego:

‘In general I am uncertain about my performance and especially when there are other students around I would not ask for feedback about my performance, because I do not want my peers to think negatively about my performance. In that case I will postpone asking for feedback until I am alone with my supervisor.’ (P7)

Frequency of feedback-seeking behaviour

The frequency with which students sought feedback appeared to depend on the outcome of the context-dependent assessment of potential risks and benefits, and therefore varied for different clinical tasks. For example, when a student was learning goal-oriented, motivated by her supervisor to seek feedback, and interested in the topic behind the specific clinical task, she would increase the frequency of asking for feedback. By contrast, when a performance goal-oriented student was confronted with a situation in which his self-image was at stake, his frequency of active feedback seeking would probably decline:

‘When my supervisor gives me the impression that the questions I am asking are stupid, that restrains me from asking for feedback.’ (P5)

Types of feedback-seeking behaviour

Students used two main strategies to obtain feedback: they monitored the behaviour of other students, supervisors and others, and they explicitly asked for feedback from a specific source. When students were concerned that the latter strategy might make them look incompetent (i.e. it might incur ego and image costs), they tended to monitor others and not to use the inquiry strategy:

‘Regarding a subject in which I am not interested or for which I am not well prepared, I am more likely to monitor my peers and the supervising clinician than to actually ask for feedback.’ (P5)

DISCUSSION

We conducted a qualitative study to gain insight into students’ feedback-seeking behaviour in the clinical

workplace. Based on our research questions, we have gained insight into three interrelated categories of, respectively, personal and interpersonal factors, influencing factors, and feedback-seeking behaviours. Personal and interpersonal factors might result in different types of behaviour depending on the influence of the student’s context-dependent assessment of the potential risks and benefits of feedback-related factors. Students used different behavioural strategies and feedback sources to obtain specific types of feedback. We discuss this process and relate aspects of it to the literature.

Students described two broad goals that influenced their feedback-seeking behaviour: a learning goal orientation, and a performance goal orientation. We were able to distinguish two categories of students subject to the latter orientation: students who are motivated to seek feedback because they want to demonstrate their clinical competence and receive positive judgements, and students who are motivated to avoid potentially negative effects of feedback, such as negative judgements and demonstrations of their clinical competence as inferior to that of others. Students with a learning goal orientation focused on improving their knowledge and skills and on reducing uncertainty with the aim of developing their clinical competence and growing as a professional. These findings about goal orientation are consistent with research on feedback-seeking behaviour within the domain of organisational psychology.^{19,20}

In addition to goal orientation, we propose two other personal factors and one interpersonal factor: characteristics of the feedback provider, characteristics of the feedback seeker, and the relationship between the feedback seeker and provider. As far as we are aware, no other studies within human or veterinary medical education research have investigated the influence of the nature of the relationship between the feedback seeker and provider on feedback-seeking behaviour. Therefore, our results extend the current literature, and faculty staff and students should be aware of these relational factors, which influence active feedback-seeking behaviour and as a consequence may enhance learning. People involved with clerkships should be aware that contextual differences (i.e. clinical rotation versus residency training) influence the dynamic between learner and supervisor.

The (inter)personal factors we propose interact continuously and students’ feedback-seeking behaviour is influenced by the factors they perceive to be the most salient in a certain situation, depending on the outcome of a cost–benefit analysis of various

aspects. This interaction between these (inter)personal factors is under-explored within the current literature. Because students take account of earlier experiences with specific feedback-seeking behaviours in subsequent assessments, there is an ongoing interaction between (inter)personal factors, cost–benefit analysis and feedback-seeking behaviours. Our results suggest that the outcome of students' cost–benefit analyses is determined by three categories of factor: perceived costs and benefits to the ego; perceived costs and benefits to image, and perceived feedback profit. These categories appear to be in line with three main motives for seeking feedback identified in other studies: an instrumental motive (i.e. to use feedback as an instrument for achieving a goal); an ego-based motive, and an image-based motive.^{12,21,22,36} Goffman pointed out that individuals perceive feedback as a valuable resource with which to maintain a particular self-presentation.³⁷ Feedback-seeking behaviour can potentially expose uncertainty or incompetence in the learner seeking feedback. The need to maintain a positive self-presentation was recognised by students seeking feedback during clinical clerkships, who mentioned that their perceptions of image-threatening situations as potentially incurring of significant costs decreased the frequency with which they sought feedback.

Based on our analysis, we propose five elements that characterise students' feedback-seeking behaviour in clinical clerkships: source, topic, timing, frequency, and method. Similar categories were described by Ashford *et al.*²² in a review of the organisational and social psychology literature on feedback.

Strengths and limitations

This qualitative study is a first exploration of undergraduate veterinary medicine students' feedback-seeking behaviour within the complex setting of the veterinary medicine clinical workplace. By using an exploratory approach with thematic analysis and building on previous findings and theories derived from other research domains, we were able to shed some light on this behaviour, thereby laying a foundation for further research.

A potential limitation of this study may be that it was conducted in one setting in veterinary medical education. Clinical learning environments in veterinary medical education are in many respects very similar to those in medical education in that students engage in contacts with patients or clients under supervision in an authentic clinical setting. We therefore assume that the present results will be

relevant to other medical settings. However, an interesting distinction between veterinary and human medical education is that in the former, students are on occasion alone with their supervisor and an animal patient.

Although the conducting of interviews is an entirely appropriate method of capturing students' perceptions of their own feedback-seeking behaviour, students' perceptions may not wholly mirror their actual feedback-seeking behaviours. However, this possibility is inherent to the interpretive approach of the study. It is difficult to judge when theoretical saturation has been reached when using an inductive method for data analysis. Each new interview might potentially offer new data and might throw up a new conceptual perspective.

Suggestions for future research

In this study we investigated veterinary medicine students' feedback-seeking behaviour in the clinical workplace. Although our analysis resulted in a comprehensive picture of feedback-seeking behaviour, further studies are required to investigate, for example, the mechanisms of the ways in which individual students weigh different factors in the cost–benefit appraisal for different clinical tasks.

Further research should also investigate the intentions of the feedback seeker, which seem to have an important impact on student behaviour within clinical clerkships and may therefore play a role in students' clinical performance.

Because the relationship between feedback provider and feedback seeker appears to be quite an important determinant of feedback-seeking behaviour and because this aspect has not been examined in other studies, further ethnographic studies may result in valuable insights into the influence of this relationship on students' feedback-seeking behaviour in the clinical workplace.

Implications for practice

The results of this study indicate that students' feedback-seeking behaviour develops as students adjust their behaviour to consecutive experiences of feedback. It is therefore essential that feedback should meet specific requirements that stimulate students to actively seek feedback. As feedback-seeking behaviour increased when the student felt him or herself to be recognised as a member of the clinical team and to be given responsibilities in patient care,

it seems advisable that teachers should develop strategies to make the student feel accepted as a member of the clinical team. Furthermore, as supervisors' behaviour within the clinical setting influenced students' feedback-seeking behaviour, we propose to incorporate factors that influence students' feedback-seeking behaviour in the clinical workplace into feedback training for supervisors and students.

The results showed that the learning climate also promotes or deters students' feedback-seeking behaviour. Developers and facilitators of clinical clerkship programmes should be aware of this and strive to create an environment that facilitates the use of active feedback-seeking strategies by students.

Contributors: all authors contributed substantially to the conception and design of the study. GJB acquired all data and took responsibility for the analysis and interpretation of the data in collaboration with PWT, PvB, CPMvdV and ADCJ. GJB wrote the first draft of the manuscript in collaboration with AS and JPIF. All authors contributed to the revision of the paper and approved the final manuscript for submission.

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