

2015

Using video of student-client interactions to engage students in reflection and peer review

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Recommended Citation

Lewis, Abigail; Moore, Catherine; and Nang, Charn, Using video of student-client interactions to engage students in reflection and peer review, *Journal of University Teaching & Learning Practice*, 12(4), 2015.

Available at: <http://ro.uow.edu.au/jutlp/vol12/iss4/7>

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Introduction

Employers in the 21st century seek graduates with a demonstrated ability to be independent, self-managing, lifelong learners (Yorke, 2011). In line with other health professionals, there is a need for speech pathologists to be lifelong learners in order to maintain currency of knowledge and competence to work with a range of people who have different communication and swallowing difficulties (Speech Pathology Australia, 2011). In this paper we explore student responses to a tutorial activity designed to promote lifelong learning skills. The activity is framed around situated learning theory, and capitalises on the affordances of video and a structured reflective process to extend opportunities for students to learn from their authentic clinical practicum experiences; enhance student skills in reflection, evaluation and feedback; and promote self-efficacy and lifelong learning.

Situated learning theory postulates that learning is enhanced in authentic contexts and by communicating with peers and experts about and within those contexts (McLoughlin & Luca 2002). In health related fields, such as speech pathology, an authentic context is experienced at a clinical facility where services are provided to real clients, for example, at clinics, hospitals and schools. The authentic context is essential for clinical courses to be accredited with relevant professional organisations.

Despite the value of practicum experiences, the opportunity for students to enter into deep, reflective dialogue with peers and experts about such experiences is constrained by the individual nature of each experience and the difficulty students have in accurately remembering and sharing their experience. Video offers an opportunity for students to not only re-live the experience themselves, but also to learn vicariously from the experiences of others. Students' self-efficacy can be enhanced through observing others who are similar to themselves, engaged in successful performance and through receiving persuasive feedback on positive aspects of their own performance (Donnelly, 2007).

Literature review

Yorke (2011) showed that key components to the development of clinical skills include the opportunity for students to apply their knowledge and develop skills in authentic workplace environments. Also, for genuine learning to occur, there needs to be a link between the curriculum and the practicum. To bridge the gap between theory and practice, Kolb described that a 'transformation of experience' (1984, p. 38) needs to occur and being able to learn from experience in this way equips students to be lifelong learners. This transformation occurs using the tool of reflection, described later.

Developing a capacity for self-directed learning

Boud (1988) suggested that one of the tasks for higher education in the 21st Century is to develop students' capacity for self-directed learning. This means they need to develop a capacity to evaluate and make "complex judgements about their own work and that of others" (Boud & Falchikov, 2006, p. 402). Current assessment practices in higher education do little to equip students for a lifetime of assessing their own learning (Boud, 2015), and may in fact undermine the development of students' capacity to judge their own work (Boud & Falchikov, 2006) and consequently their development as lifelong learners. In educating students for a future of lifelong learning, it is university educators' responsibility to:

... wean them away from any tendency towards over-reliance on the opinions of others. Ultimately, in real world contexts, they must be able to judge or evaluate the adequacy, completeness or appropriateness of their own learning (Candy, Crebert & O'Leary 1994, p. 150)

Most university students are products of an education system in which evaluation of academic performance was done by others. Students have been subject to the assessment actions and decisions of others and have been given feedback on what others perceive to be important with little focus on the process of learning or how students can continue to learn (Boud & Falchikov 2006). Developing reflective practice is one way of supporting students to continue to learn for themselves from their ongoing experiences as a practitioner.

Reflection

Reflective practice has long been identified to be a key component in facilitating learning and the development of clinical competency, first highlighted by Dewey in the 1933 '...there can be no true growth by mere experience alone, but only by reflecting on experience' (as cited in Lincoln, Stockhausen & Maloney 1997, p. 100). Reflective practice is defined as 'a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to a new understanding and appreciation' (Boud, Keogh & Walker 1985, p. 19). Early stage students spend considerable time planning and then evaluating their performance against the plan after the client's session, that is, they reflect *on* action. With more experience, later stage students are more able to adapt in the session whilst with the client as they are simultaneously able to reflect and act, they reflect *in* action (Boud 2001; Schön 1987).

The definition given above by Boud and colleagues highlights the importance of exploring both thoughts and feelings in order to learn for the future. Emotions are an important factor to consider in the learning process (Pekrun et al. 2002), in particular positive emotions are thought to facilitate the development of reflection (Mann, Gordon & MacLeod 2009). As James, Collins and Samoylova (2012, p. 238) stated:

... what people feel and whether or not they express their feelings, or the thoughts that they have in response to those feelings, plays a role in the development of reflection... there is a particular role for positive emotions in the development of reflection.

Reflection is difficult for both students and practitioners, as Mann and colleagues (2009) found in their systematic literature review. In particular, achieving deeper reflective levels, where the reflector plans for behavioural change in the future, does not always occur. While this review noted that further research is needed to provide stronger empirical evidence for strategies to develop reflective practice, there is some evidence it can be developed. Enablers include the use of a portfolio; linking reflection to learning from complex problems; facilitation, support and mentoring from practising clinicians and/or educators; and reflecting in a group context. For example, Platzer, Blacke and Ashford (2000) investigated the use of small groups for the development of reflective practice for nurses and found that the mutual support of group members helped to develop reflective thinking and the group setting itself modelled professionalism. Therefore, a supportive, relevant and safe environment, creating a space conducive to positive emotions, facilitates deep reflection. Barriers to the development of reflection include time constraints to allow for deep reflection and that students do not always have authentic practice experience on which to reflect.

Environments and activities that increase student engagement also impact on students' learning (Trigwell & Ashwin, 2006). Research on the concept of student engagement has identified three aspects of engagement that combine in the process of learning: behavioural engagement; emotional engagement; and cognitive engagement (Fredricks, Blumenfeld & Paris 2004). When students are engaged in a task which aligns with their interests, values and their personal motivational goals, they are ideally positioned to learn. Krapp (2005) argued that positive emotions directly affect motivation, while Pekrun and colleagues (2002) noted that positive mood facilitates holistic thinking and problem-solving. The relationship between learning and emotions is complex, however, 'students' academic emotions are closely linked to their learning, self-regulation, and scholastic achievement' (Pekrun et al., 2002, p. 100).

Cumulative emotional experiences create a lens through which individuals become aware of, and interpret, events (Vygotsky, 1994). The differing emotional experiences of individuals in turn relate to the cognitive meaning they make of a situation (Vygotsky, 1994). Smagorinsky (2011, p. 337) referred to the concept of meta-experience, noting that "people frame and interpret their experiences through interdependent emotional and cognitive means, which in turn are related to the setting of new experiences". This means students' perception of experiences during their clinical practicum affects their individual growth. Video affords an opportunity to review those experiences and reflect on them. Harlin (2014) noted that student teachers who saw themselves teaching were surprised by certain habits, resulting in reflection about these and often an intention to change. The use of constructive processes of peer review of practice, that include the use of video, increases the quality of that practice (Morehead & Shedd, 1997). The potential for reflection increases with the use of video (Goldman et al., 2014; Wright, 2008). When students use video to have a second look at their practice, it can lead to what Charteris and Smardon (2013) called a second think: an opportunity to think deeply and gain additional insights into their practice.

Feedback and evaluation

In conjunction with reflective practice, feedback provided to the student is inextricably linked with the development of clinical competency. However, it is not often that the two processes of reflection and feedback are discussed together. Boud and Molloy (2013, p. 3) defined feedback as

... a process whereby learners obtain information about their work in order to appreciate the similarities and differences between the appropriate standards for any given work, and the qualities of the work itself, in order to generate improved work.

Feedback is integral to learning (Carless et al. 2011), both in education and in a workplace setting (through performance management processes), yet in most higher education institutions the growth in student numbers has reduced feedback to written comments that take the form of a monologue, where it was previously part of a larger system of student-teacher interaction that included discussions about the quality of student work (Nicol, 2010). In the integrated workplace setting or practicum that forms the context of this study, time constraints make it difficult for workplace supervisors to engage in lengthy discussions with students. This may result in supervisors giving task focused feedback, rather than process or self-regulation focused feedback that supports students to learn themselves (Boud, 2015). Students, therefore, often have difficulty understanding and defining the quality of their own practice in relation to standards (Boud & Falchikov, 2006). They struggle to identify key areas for improvement and how to effect such improvement (Frykholm, 1996).

Research has identified characteristics of effective feedback and the ways feedback can be used to enhance independent learning (Nicol & Macfarlane-Dick, 2006). The feedback loop needs to be completed for feedback to impact on learning (Boud, 2015). Learners need to act on the feedback and change their behaviour. What learners choose to change and how they go about doing so is the result of an evaluation or self-reflection on the feedback received. In addition, there has been a growing recognition in the higher education sector that evaluation and feedback play a critical role in students' learning (Reinholz, 2015).

Feedback may be provided from an external human source such as a peer, clinical supervisor or tutor, from whom learners should actively seek feedback. Providing feedback to peers has been found to enhance the quality of students' own work (Li, Liu & Steckelberg 2010). Feedback helps a learner make realistic and valid judgments about their own performance (Boud, 2015). Conversations with peers provide a dialogic learning culture which facilitates changed behaviours (Youens, Smethem & Sullivan, 2014). Feedback may also come from observation and evaluation of own behaviours with the use of non-human sources, such as through technology.

In this activity students only gave positive feedback on themselves and others. This was to ensure the environment was safe (important for depth of reflection), and also to build on the recent evidence of the effectiveness of video-reflexive ethnography where video is used to increase the reflexivity of health care clinicians and students (Iedema & Carroll, 2011; James, Collins & Samoylova, 2012). The increasing prevalence, accessibility and ease of use of digital video devices has resulted in a growing body of evidence that video can be a useful tool in fostering reflection and skill development in the areas of teacher education and professional training (Charteris & Smardon, 2013; Fanning & Gaba, 2007). Sherin, Linsenmeier and van Es (2009) found that the use of video for reviewing, analysing and discussing critical incidents in teaching facilitates an expansion of professional vision (noticing salient features of classroom interactions), and an improvement in pedagogical reasoning (how noticed features are interpreted). Mann and colleagues (2009) found that students do not readily have the opportunity to reflect in-action due to time constraints while undertaking clinical practicum. Thus, recording a video of one's own clinical performance to be viewed and evaluated at a later time could be one way to solve this problem. Video gives the opportunity for a "second look" and a "second think" about practice, leading to reflection that may go beyond consideration of practical skills to engagement with theoretical frameworks as students consider not only 'how to do it' but also why it should be done, and perhaps even question whether it should be done at all (Collett 2007). This has been used successfully within a speech pathology context (e.g., James, Collins & Samoylova 2012).

Furthermore, viewing video footage of one's clinical practice, in conjunction with peers, facilitates independent student analysis of practice in a supported environment (Snoeyink 2010). Students need to feel a sense of autonomy, acknowledgement of achievement from peers, feedback, social relatedness and support from peers (Pekrun et al. 2002). Peers could facilitate group discussion and to ensure that the environment was supportive, the focus of the activity can target strengths only. This was an important aspect of this study as the sense of competence is a key element of professional identity that can easily be undermined during early formation if there is an over-abundance of negative feedback (Cattley 2007).

The choice to engage students in a reflection on a video of themselves with a real client was designed to enhance depth of reflection, lifelong learning, learning from peers and to develop confidence and self-evaluation through the focus on skills rather than deficits. This project aimed to explore how successfully this activity met these aims.

Context

The Bachelor of Speech Pathology at Edith Cowan University (ECU) in Western Australia is a four year course to train students to work with children and adults with communication and / or swallowing difficulties. Students are required to develop competence in a range of areas across both adults and children in order to graduate as entry-level speech pathologists deemed eligible to practice by Speech Pathology Australia (Speech Pathology Australia, 2011). In the third year of the course, students commence their first major practicums. Students are expected to reach an intermediate level of competency by the end of Year 3 of their studies. By the end of Year 4 of their studies they are required to be at entry-level competency in order to graduate.

The Year 3 practicums are Clinical Practicum 1 in semester 1 (February-May) and Clinical Practicum 2 in semester 2 (August-October). In these supervised practicums, students attend clinic once a week for a full day, for 12 weeks per semester to develop skills in assessment and intervention of people with communication difficulty. Students complete one semester focused on adults with acquired communication difficulties and the other semester in schools with children experiencing communication difficulties. Each semester, half the student cohort works with adults and the other half with children. Concurrently, students are supported with a weekly 2-hour tutorial, an on-campus activity facilitated by a university educator.

In semester 2, 2014, a novel peer review activity using videos was trialled in the tutorials. Students recorded interactions with their actual clients at clinics and brought them to the tutorials for peer review and discussion.

Aims of study

The aims of the study were to evaluate (for quality assurance purposes) student responses to a unique activity where students and their peers positively evaluated a video of an interaction they recorded of themselves with a client, while on clinical practicum. The activity was developed to engage students in reflective practice drawn from an authentic context, an important skill for any allied health practitioner (Mann, Gordon & MacLeod, 2009).

The evaluations occurred in the university setting, moderated by a university educator. The study aimed to address the following questions:

- Is the activity feasible (easy for students to understand and complete)?
- Is the activity useful (students report learning from the activity)?
- Are there any strongly negative emotions associated with completing the activity?
- Are students satisfied with the activity?

Methodology

Participants

Twenty students, in the second semester of the third year of a speech pathology degree at Edith Cowan University participated in the video feedback activity. After some short clinical experiences in first and second year, students commence their first major practicums in first semester third year, as described previously. These clinical practicums are supported with 2-hour university tutorials facilitated by an academic whose role is the Clinical Coordinator of the

program (first author). The peer review activity took place during the second semester of third year and twenty students took part (the whole cohort).

Procedure

Before clients are seen by students they give consent to be audio or video recorded for student learning purposes. In August 2014 students were required to record a video of themselves during an interaction with a client whilst on their practicum. Students recorded themselves with personal devices such as smart phones and *iPads*. The clinical supervisors were asked to support the students in collecting this video.

Students were then instructed to review the video and choose a segment or segments up to a maximum of two minutes that depicted them showing their best clinical skills. They brought their chosen segment to the university tutorial and were allocated to groups of four, with other students attending different practicums (at different sites and possibly with a different client age group). One student gave the context for their video and then played their segment. This student then explained how this video showed their best skills whilst the other students in their group were instructed to give non-verbal or brief verbal positive feedback to encourage the student to continue evaluating their skills (see Appendix A for the detailed instructions given to the students). When the student had finished, the group was instructed to allow some silent thinking time. Then the other group members added their comments on the positive aspects of the student's performance noted in the video. Group members could also relate this to their own experiences during their practicum. A further thinking time enabled the presenting student to give a summary of their learning from the group discussion. The group as a whole were instructed to write down some key points they gained from engaging in the activity to be collected by the tutor for evaluation of the activity. The process of watching one video and discussion took 15 to 20 minutes. Each subsequent week a different student took a turn showing a video and engaging in discussion with the other members of the group. The tutor moved around the room checking on each group's progress without engaging in the groups or distracting them from the activity.

At the end of four tutorials (over four subsequent weeks) each student had shared a video and students were asked to complete questionnaires for quality assurance purposes. Students used a Likert scale to rate 17 statements from strongly disagree (1) to strongly agree (5). Statements covered four areas:

1. feasibility (did students understand what to do and find it easy to complete?);
2. usefulness for learning (did students learn from the activity, did it support reflection?);
3. emotions associated with activity (did students experience strong negative emotions that may impact on learning?); and
4. overall satisfaction.

In addition three open-ended questions were also given:

1. What were the most useful aspects of the activity?
2. What changes would you make to the activity?
3. Do you have any other comments?

The key points written down by the students were collected for analysis and the tutor also kept brief notes each week. The notes related to the process of the activity and how students appeared to be responding to the activity.

Analysis

Results from rating the statements were combined to give an average score. The percentage of students who agreed or strongly agreed with the statements was also calculated. Qualitative data from the open-ended questions (31 comments) was thematically analysed using Braun and Clarke's (2006) five phases. The responses were collated and the entire data-set coded by the first author (phases 1 and 2). The analysis was data-driven, codes were organised into themes and sub-themes with a thematic map developed (phases 3 and 4). The themes and map were examined by the other two authors in light of the data set. The themes were named and related to the quantitative data (phase 5). Appropriate examples of each theme were selected for the final paper (phase 6). The key points given by the students were also thematically analysed using the same process.

Results

Of the twenty students who engaged in the activity, nineteen completed evaluation forms giving a response rate of 95%. The average scores in the four areas of the questionnaire are depicted in Figure 1, showing that students were positive about the feasibility and usefulness of the activity, they did not have strongly negative emotions whilst completing the activity, and overall were satisfied with the activity. In Figure 1, and the details for each statement given in Table 1, ratings are interpreted as follows: below 3 is a negative response, 3 is neutral and above 3 is a positive response to the statement given. The statements related to the experience of negative emotions associated with the activity are interpreted the opposite way: below 3 means the student did not experience negative emotions, 3 is neutral and above 3 means the student did experience negative emotions.

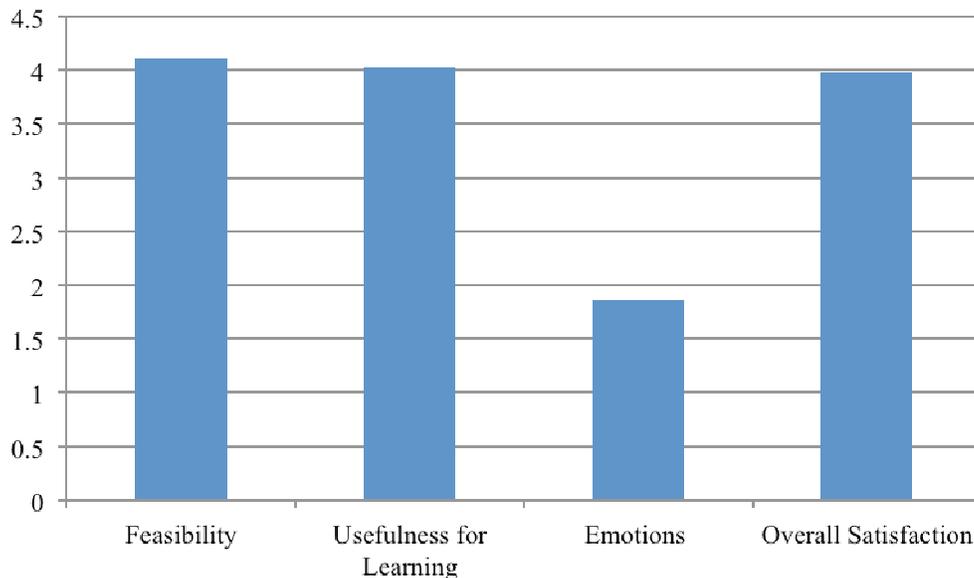


Figure 1: Average score in each area of questionnaire

Table 1: Quantitative results

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5	Average rating	% agreement
<i>Feasibility</i>							
The instructions given were clear and useful – I knew exactly what to do	0	0	0	10	9	4.50	100
The time given for the activity was appropriate (adequate time for all stages)	0	2	2	11	4	3.90	79
It was easy to record a video	0	1	4	7	7	4.10	74
It was easy to find part of the video to share with the group	0	1	4	8	6	4.00	74
<i>Average for category</i>	4.10						82%
<i>Usefulness for learning</i>							
I was able to highlight my positive skills in the video	0	0	2	12	5	4.20	89
My peers were able to give me additional positive information about my skills	0	0	0	9	10	4.50	100
I was able to find positive skills in peer videos	0	0	2	8	9	4.40	89
I was able to reflect on my own skills after listening to my peer	0	1	3	10	5	4.00	79
I found this activity developed my skills for prac	0	0	5	11	3	3.90	74
The activity helped me linked the theory to my practice	0	2	8	8	1	3.40	64
I learnt new information from this activity for prac	0	0	3	12	3	3.80	79
<i>Average for category</i>	4.00						82%
<i>Emotions associated with activity</i>							
I found the activity confronting when it was my video	3	4	5	4	3	3.00	37
I found the activity stressful when it was my video	7	3	7	1	0	2.00	5
I was anxious completing the activity when it was my video	6	3	6	4	0	2.40	21
<i>Average for category</i>	2.50						21%
<i>Overall satisfaction</i>							
I want to engage in this activity again this semester	1	3	5	7	3	3.40	52
I enjoyed watching my peers' videos	0	0	0	11	8	4.40	100
I found this activity interesting and relevant	0	0	3	11	5	4.10	84
<i>Average for category</i>	4.00						79%

Overall 31 answers were given for the open-ended questions. Responses fell into three main themes: feasibility, usefulness and satisfaction. There was also one comment giving an emotional response to the activity. These results will be presented along with the relevant closed question responses.

Feasibility

The responses to the four statements asking about the process show the vast majority of students (average 82%) were positive about the instructions and the time given for the activity as well as recording and selecting a part of the video to show to their peers. Four sub-themes emerged from the open-ended questions related to feasibility: venue, process, feedback and timing. Examples for each of these sub-themes will be given.

The venue of the tutorial (a tiered lecture theatre) was criticised as inappropriate for the activity:

In a different (room) where people can sit around a table, would make the group work easier.

One student found the process was not always followed:

The process is difficult to stick to, (it) generally went: video → discussion of own video → discussion of good points.

In the tutor's notes she noted that each week students but did seem to move through the process quickly and that periods of silence did not appear to be followed. One student concurred with this observation:

Have more time to reflect on the video

Some students wanted changes to the process for example one student wanted a more detailed context for the video:

It would be good to know before watching the clip what management goals/session goals were being addressed.

Under feedback, some students wanted the tutor's feedback as well or to be able to give or receive negative as well as positive feedback:

I'm not sure why there's no space for constructive criticism. I'd like to get some suggestions from other students.

Some students requested a different timing for the activity, either later in the semester, showing a different activity (i.e. intervention rather than assessment) or more opportunity to see videos:

*I would like to do videos throughout the semester ...
Making it later in semester would make it easier to reflect on positives.
When doing my video I found that I had improved a lot and would have liked to show that video as well.*

Usefulness

There were seven statements related to the usefulness of the activity for students and again the vast majority were positive about the learning from the activity (average 82%). The tutor noted each week students willingly engaged in the activity although initially the less confident students were more reluctant to show their video. The focus on positives only in the video appeared to be less threatening to students.

Although the ratings were positive, not all the statements were rated at the same level. Students were the least positive that the activity helped them link theory to practice (64%), yet only described skills noticed in the key points (presented below). Students were more positive that the activity developed their skills for their practicum (74%) but this was not as high as the other statements.

Four sub-themes related to usefulness were found in the free text comments: giving feedback, receiving feedback, reflection, and seeing their peers.

Students enjoyed giving feedback and it helped them learn an important skill but also reassured them about their own level of skills:

It tied in well with prac where my clinical educator has been helping us develop better peer feedback skills.

Identifying therapy micro-skills in peers' performance.

Being able to compare and contrast what I'm doing in treatment with what my peers are doing – very reassuring, I was 'normal'.

One commented on the timing of the video impacting the ability to give feedback:

I would like to see videos of intervention as videos on formal standardised assessments do not show much interaction ...

Receiving positive feedback from their peers enabled students to see additional strengths in their own performance and see how to improve.

I didn't realise there were as many positive things I did in the video. The feedback also helped me build my self confidence in myself.

Getting feedback from peers – reassuring that you are on the right track, and that you look fine.

As already discussed above, several students wanted to give and receive constructive criticism, not only positive feedback.

The activity of reviewing and playing videos developed the ability to reflect.

Being able to reflect on my own performance and actually see how I communicate ...being able to reflect effectively.

I saw my flaws when recording it, but the instruction stated I had to discuss the positive aspects, and I realised I wasn't as bad in the video as I had initially thought.

Even just having to reflect on a 2-5 min segment; by being forced to do this you pick up new things that you don't remember when you reflect on prac after a 60 min session.

Students valued seeing their peers carrying out client interactions and making comparisons with their own skills:

Being able to compare and contrast what I'm doing in [treatment] with what my peers are doing – very reassuring, I was 'normal'.

Emotional response

Three questions probed negative emotions in students during the activity. Three of the statements were related to students' emotions when presenting their video, particularly stress, anxiety and feeling confronted. These statements were negative, so the average ratings of the students can be understood as above three is agreeing with the statement, 3 neutral and below 3 disagreeing with the statement. In this table students did not find the activity stressful at all (5%) or anxiety-provoking (21%) but they were neutral about how confronting the activity was average score 3, 37% agreement.

There was only one comment in the open-ended responses related to emotions:

Recommendations from peers was not confronting, they respected my feelings.

On the contrary a student reported enjoying the activity:

I just enjoyed it.

Overall satisfaction

Finally, three questions asked students to rate their satisfaction with the activity. Majority positive 79%, but only just wanted to complete again, 52% positive.

Most of the changes suggested were to do with process only. There were fewer changes. A student commented on enjoying the activity and another found it 'very helpful'.

Key points

No guidance was initially given to students about what to write in the key points after each tutorial activity; however students requested further clarification and asked if they could relate it to micro skills. In the two weeks prior to the video activity, students were required to attend two lectures covering micro-skills in a different unit of study (Professional Issues in Speech Pathology). The lectures covered the therapeutic relationship and counselling micro-skills. The micro-skills identified were active listening (including paraphrasing and summarising, reflecting back, and appropriate use of silence), using verbal and nonverbal encouragers (or giving feedback), asking questions (using open and closed questioning), using selective feedback (reframing and relabelling, making interpretations giving suggestions and confronting), professionalism, body language (facial expression, intonation, gestures), proxemics, eye contact and touch (from the textbook for the unit, Flasher & Fogle). The tutor agreed they could record these as key points if they wished. All the key points listed were related to skills noticed in the videos. Analysis of the key points (n = 56) identified three main themes of skills: establishing and maintaining a relationship, micro skills, and clinical skills.

Under establishing and maintaining relationship students listed rapport-building skills, conversation skills, engaging the client and focusing on the client:

Finding common ground that both clinician and adult client enjoy (building rapport)
Good topic cohesion, moving from one subject to another smoothly
Keep engaged to help the child focus on the activity

From the list of micro-skills taught in the counselling unit, students specifically mentioned active listening, using verbal and nonverbal encouragers (feedback), appropriate use of questions, professionalism and body language (gestures, intonation, eye-contact, touch, general body language). Here are some examples:

Give feedback specifically on what was done well
Gave child enough time to answer questions without leaving too much silence
Used quiet yet confident voice ...
Good body posture, open demeanour, friendly

Under clinical skills students' key points fell into two categories: skills related to carrying out assessments and skills related to intervention. The following are examples:

Acknowledging patient whilst recording
Good choice of activity – engaging and appropriate
Good use of modelling techniques for articulation
Reinstructed and re-modelled skilfully to not appear mean

Discussion

The questionnaire items related to the feasibility of the activity were rated positively by students ($M = 4.10$). Therefore, the activity seems to be easy for students to complete in a tutorial as part of a university unit. Factors to consider are the venue (that it is appropriate for a tutorial activity of this nature), and making sure students are very clear on the process and the reasons for the process, so it is followed more carefully. Students seemed to work through the activity quickly, perhaps not taking the time to reflecting deeply. More guidance and training on the skills to watch and the kinds of reflective questions to ask to scaffold deeper levels of reflection may help this. Having a facilitator in each group would be ideal but would then increase the costs for the activity.

Generally students were also positive about the usefulness of the activity, with an average rating of 4 for the questionnaire items relating to this dimension. The highest scoring items related to the opportunity for students to receive and give feedback to peers as well as identifying their own skills. Therefore as a tool, the video was useful in facilitating peer feedback and self-reflection. The free-text comments showed students noticed more positive things about their performance, built their self-esteem and were reassured they were on the same track as their peers. The positive focus seemed to be valued by the students, yet some wanted constructive criticism as well as positive feedback – either from themselves or from others. This is an interesting finding, as the positive focus was to ensure the environment was safer for deep reflection, yet students seem to be conditioned to using constructive criticism, towards themselves and others. A more in depth discussion with students, in a focus group for example, would explore whether students would reflect as openly if they knew they were going to be critiqued. Or perhaps students want to be sure their peers know they have noticed their faults and what to improve for the next client interaction.

The lowest scoring statement under usefulness was: the activity helped me link the theory to my practice ($M = 3.40$). Students did not see strongly a curriculum-practicum link, yet analysis of the key points written by students showed they were all related to relationship and clinical skills, most taken directly from a taught unit. Students, then, are not seeing this as theory-practice link. Their focus is on the evidence based practice theory required to assess and treat clients, rather than the relationships theory required to successfully build and maintain relationships with clients. This is common across allied health practitioner students who do not necessarily see the importance of relationship and counselling skills in their future career.

Overall, students did not report that they were particularly stressed, anxious or confronted with the peer evaluated video activity. Interestingly, only one comment in the open-ended responses related to emotions, showing that the emotional response wasn't an issue for students overall, either positively or negatively. It may be that students did not notice or record their emotions during the activity. It is interesting that although emotions are an important part of reflection, none of the key points written by students related to emotions – again some guidelines and scaffolding might support this aspect of reflection.

Students were very positive in their questionnaire responses to the activity and taken in conjunction with their comments the activity appeared to be a positive and enjoyable experience for them. However, only just a majority wanted to engage in the activity again (52%), some were neutral and some were against repeating the activity. This may imply that for some students the activity is more difficult than for others, or perhaps students do not see the benefit of repeated reflections on their clinical activities.

In summary, preliminary data from the questionnaire and the qualitative comments demonstrate that the evaluation of one's own skills in conjunction with peers and using video as a tool is feasible and useful for student learning. The students provided insightful feedback as to how the activity could be improved for next time. However, more detailed information is required from students (for example in a focus group) to explore some of the anomalies in the data.

Using video playback in small peer groups as a tool for engaging in peer feedback, supporting students to be more effective at self-evaluation and enhancing learning from and reflection on practice has merit and would benefit from further investigation.

Critique of study and next steps

This pilot study has small numbers ($n = 19$) and so results need to be interpreted cautiously. Providing more detailed information to students and practice in a whole class activity would build their skills in analysing videos and facilitating depth of reflection in their peers. Stronger links with the unit Professional Issues in Speech Pathology would also help students see the links with the wider curriculum.

To more accurately analyse what is happening in the tutorial activity, it would be necessary to record the students so more in depth analysis of depth of reflection and peer discussion could occur. A focus group following the activity would also give more detailed qualitative feedback from the students.

The ultimate goal for a video facilitated feedback and reflection activity is for the learner to act on the feedback to result in some change in behaviour (Boud & Molloy, 2013). Future studies should follow participants over the longer term to collect data to determine if any change has occurred in

their clinical practice. It would be useful for clinical supervisors to be involved in the study to record any changes in the students' skills following the activity, such as an increased ability to engage in reflective practice.

Summary

This paper outlines student responses to the feasibility, usefulness and overall satisfaction of a tutorial activity that aimed to develop reflective practice as a tool for lifelong learning, as well as their emotional reactions to it. Overall it appears that using video can engage students in reflection that improves their learning. Qualitative data clearly showed students were linking theory with their practice, but students were not seeing this themselves. It may be useful to build opportunities for metacognition into future processes to enhance students' awareness of their learning and their ability to articulate learning to future employers.

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Appendix A: Instructions to students

Preparation

Record a session with a client (ensure the client has signed the consent form for videoing). Watch the session at home and find one or two parts with the greatest success where you felt you were at your best. This may be one or two segments of a maximum of 2 minutes – it can be shorter.

Playing video to group

- Give a short context for the video (e.g. this is an assessment session with a 4 year old boy at x school etc.), keeping client confidentiality.
- Play this best segment to your group.
- Tell the group why you feel this is the best part of your session. What is going on in the session at that point? What skills are you showing? What is going on for the client? How are they engaged in the session? What skills are they showing and why? Talk about the video noting positives and strengths.

Process for group

- Play video, watch in silence
- After video student talks about it
- Group give non-verbal/brief verbal positive feedback to encourage student to keep talking
- Allow silences and thinking time
- When the student has finished talking, silence for all to think
- Group reflect back to student – I noticed this strength, this reminded me of strengths in myself or others, I wonder..., what if..., this made me think of this for the future etc.
- When all have had the opportunity to speak, silence
- Student gives a summary back of their learning from watching the video and any plans for future sessions
- Each write 1 or 2 key points down from the activity to be shared with wider group

Student responsibilities:

- Bring the video highlight
- Engage in the process thoughtfully and professionally
- Respond to the questions given

Group responsibilities:

- Be respectful and professional
- Give positive and supportive feedback to encourage student to keep thinking and talking
- Demonstrate good listening skills
- Ask clarifying questions if necessary