Students' perceptions of feedback received in a competency-based clinical program with a programmatic approach to assessment

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Abstract

OBJECTIVE: This qualitative research focused on students' perception of feedback received in a clinical program with a programmatic approach to assessment. The mini-CEX is a common used tool to give students feedback during clinical clerkships. Students require meaningful feedback during clinical education in order to improve practical skills. However, recent literature has not provided insight in students' perceptions of feedback received by the mini-CEX as being part of a programmatic approach to assessment.

METHOD: Between July and September 2018 twenty-one semi-structured interviews were conducted with veterinary students. Participants were year five and six students from three different clinical tracks. They were asked about their perceptions of feedback received by the mini-CEX. Template analysis was used to analyze the qualitative data.

RESULTS: Data analysis revealed six themes important to students' perceptions of feedback received by the mini-CEX. Observation, feedback quality, teacher characteristics, professional learning culture, supervisor continuity and the perceived stake of feedback were mentioned as important.

CONCLUSION: Students' perceptions of feedback received during clinical clerkships depends on multiple factors. First, direct observation by the teacher is essential to provide meaningful feedback. Next, feedback must be given by teachers themselves and focused on personal learning goals to be useful. In a professional learning culture longitudinal student-teacher relationships are important in order to create meaningful feedback. The intended formative purpose of the mini-CEX is disrupted by being part of the summative assessment. These results can contribute towards the utility of feedback received by mini-CEX in clinical education.

KEYWORDS: Students' perception, feedback, professional learning culture, programmatic approach to assessment

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Introduction

Veterinary education, especially during clinical clerkships, is based on acquiring a sufficient level of practical skills relevant in primary care. Students need meaningful feedback to improve their skills in order to become a skilled veterinarian.[1-6] Understanding students' perceptions of feedback received during clinical clerkships is therefore essential to create an improvement focused learning environment.[6]

To discuss feedback, first there has to be consensus about its definition. The following definition for feedback is derived from a literature research by de Ridder et al.: *'Specific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance'*.[7] This definition provides focus for constructive feedback. To explain this definition the following can be said about feedback: Tasks that are suitable for feedback need to be observable. Feedback has to discuss the difference between student's performance and a given standard. Therefore, a clearly formulated standard is required to create objective feedback. For example, a protocol where specific tasks and performance levels are explained can be used to give feedback. Furthermore, the content must include suggestions on how to improve the clinical skills.[7]

The purpose of feedback can be divided into formative and summative. Summative feedback is used in decision-making and is often expressed by a grade. Formative feedback is focused on learning and is often part of a longer learning path as an essential requirement to improve students' performance.[4] To provide formative feedback it is important that there is a trustful relationship between student and supervisor.[8] Also, sufficient time to discuss the feedback and develop an action plan is required.[9-11]

Feedback should reduce discrepancies between current performance and a desired goal. To make feedback effective in stimulating learning, given feedback should be as meaningful as possible.[6,11] According to Hattie et al. meaningful feedback should answer three questions; where am I going, how am I going and where to go next?[5] Describing observed tasks, explaining failures and providing specific options for improvement is the most valuable way of providing feedback.[12,13]

The effectiveness of feedback can be explained in terms of; 1) perception, 2) impact and 3) credibility.[14] **Perception** of feedback is influenced by intention, delivery, relation to criteria and use of grades.[14] Delivery can be oral or written. The setting can change between one-to-one or in a group. Using grades can provide focus but also requires explanation to be useful.[14] Only applying grades is a poor form of feedback, as additional explanation makes feedback meaningful.[11] **Impact** of feedback depends on timing and significance.[14] Providing feedback early in a semester can help to improve performance later in the semester. Valuable feedback describes which subjects are going well and which subjects need more attention. Suggestions on how to improve performance are necessary to make feedback significant.[15] **Credibility** depends on students' perceptions of the feedback provider. Ability and preoccupations influence credibility.[14] Valuable teachers directly provide students with constructive feedback in combination with responsibility for patient care.[3] Teachers also influence students in their feedback-seeking behavior.[16] Teachers with well-developed didactic skills, willingness to

provide feedback, and accessibility to students encourages students to ask for feedback.[3] Potential benefits and potential negative effects in combination with personal factors and factors related to student-supervisor relationship determine feedback-seeking behavior.[16] Personal factors are student's intentions to seek feedback, student's characteristics, and teacher's characteristics. Potential benefits and costs are based on students' ego and image in combination with the potential profits according to received feedback. Potential profit depends on relevance, quantity and quality of received feedback. Feedback-seeking behavior is about timing, frequency, and the specific feedback topic.[16]

Veterinarians are playing an important role in our society and in the relationship between animals and humans. To fulfill the needs of our society a broad number of competencies are required.[17] Competency-based veterinary education is developed to meet these requirements.[18] The purpose of assessment is gradually changing from assessment of learning to assessment for learning. [6,19] A programmatic approach to assessment is an example that tries to emphasize this focus on learning. A programmatic approach to assessment combines low-stake formative assessments for learning with high-stakes summative decisions about students' progress. Individual feedback moments are used to create meaningful feedback to increase students' performance. Aggregation of many feedback moments are used for high-stakes decision-making.[11]

The mini-clinical evaluation exercise (mini-CEX) is a common way to provide formative feedback during clinical clerkships.[11,20,21] The mini-CEX is developed to provide students with feedback during interaction with patients. A supervisor observes the student's performance and scores it in a structured document to provide formative feedback.[20] The diversity of supervisor, setting, and observed tasks provide validity for the high-stakes assessment by the portfolio assessment committee.[20,22] Research done by Bok et al. in 2018 demonstrated that the mini-CEX can be reliably applied in competency-based education with a programmatic approach to assessment.[23]

A variety of research has been conducted concerning students' perceptions of feedback in the clinical workplace. However, students' perceptions of feedback that is documented in a mini-CEX as being part of a programmatic approach to assessment is an unclarified issue. An exploration of this topic is needed to improve feedback for learning.

The aim of this research is to learn about students' perceptions of feedback received by the mini-CEX in a competency-based clinical program with a programmatic approach to assessment. A qualitative approach using semi-structured interviews is chosen to encourage students to share their perceptions. The research aimed to find implications for practice to increase the value of feedback provided by the mini-CEX in clinical clerkships. The research question was:

What are students' perceptions of feedback received by the mini-CEX in a competency-based clinical program with a programmatic approach to assessment?

Method

This study was conducted with students of the master program Veterinary Medicine at the Faculty of Veterinary Medicine, Utrecht University, The Netherlands (FVMU). The master program at FVMU is organized around three clinical tracks; companion animal health (CAH), equine health (EH) and farm animal health (FAH). Students have to choose a clinical track and work side by side with their supervisors and clinical staff. All students have to collect mini-CEX forms during their general clinical clerkships. The mini-CEX applied at FVMU is based on the competency framework for veterinary professionals. This framework consists of seven domains: veterinary expertise, communication, collaboration, entrepreneurship, health and welfare, scholarship and personal development.[6,24] The feedback provider has to score development on these domains on a 1-5 scale. At the end of the mini-CEX the supervisor also rates student's performance with a final judgement about student's performance. The provision of narrative feedback for every relevant domain is emphasized. [25]

At FVMU the Master program is designed with a programmatic approach to assessment. The individual mini-CEX has a formative purpose to students.[22,26] All collected mini-CEXs are included in a portfolio. High-stakes decisions are based on many individual data points.[11] A single mini-CEX form is focused on providing formative feedback to stimulate improvement. All assessment information together has to be in line with the program outcomes to graduate.

Study design

To gain trustful, in-depth and valuable information, semi-structured interviews were conducted. A one-on-one setting allowed participants to openly share their experiences and opinions. Semi-structured interviews were chosen because of possibilities to gain in-depth information in combination with a guiding framework to structure the interviews.

Participants

Interviews were conducted with students in the final years of the master's program at FVMU. Fifth- and sixth-year students were chosen because they have gained experience with the mini-CEXs for at least a year. Students who started their master's program in April 2017 and earlier were invited. To ensure a variety of students, students from of all three different tracks were invited. In total 50 students were randomly invited. Twenty-one students participated in this study. Twenty-nine people did not confirm application. Three were already graduated, four were not available in the research period and twenty-two did not responded to the invitation.

Interview development

The interview questions were about student's experiences with the use of the mini-CEX and the way they perceived feedback. An interview guide covered the main topics. The interview guide was discussed with HB and tested in a pilot interview. After the pilot interview minor adjustments were made to optimize to interview guide. The interview guide consisted of the following questions:

1. How do you perceive feedback received by the mini-CEX?

2. What influence has the teacher on your perception of the received feedback?

3. Which characteristics of a teacher are important in providing valuable feedback?

4. What makes feedback meaningful to you?

5. What circumstances do you prefer in receiving feedback?

Interview procedure

The interviews were arranged by e-mail and took place at FVMU. Admission was provided with an information letter (Appendix 1). Participation was voluntary for all participants. An informed consent (Appendix 1) was signed by all interviewees. KH interviewed the participants between July 30th and September 7th 2018. Duration of the interviews varied between 30 and 50 minutes. Twenty-one students were interviewed. The interviews were taped and verbatim transcriptions were written. Participants were asked to review and confirm their transcripts. Minor modifications were made to achieve agreement about the transcripts.

Data analysis

The data was analyzed using template analysis. Template analysis is a way of thematically analyzing qualitative data. The first step in template analysis was to read the transcript once from begin till the end. Second, the data was coded. All parts that seemed to be important to answer the research questions were given a code. The third step was to create an initial template. This step consisted of clustering the codes given to the text. Different codes were clustered in meaningful groups called themes.[27] Analysis occurred directly after each interview. The initial template consisted of six themes representing the most important issues in the data. KH was responsible coding the data. After nineteen transcripts theoretical saturation was achieved. The initial template was several times discussed with HB to complete the final template. Two additional interviews were conducted to check the final template. Their transcripts confirmed the final template.

Ethical considerations

All participants received an information letter and confirmed the informed consent (Appendix I) before the interviews. Participation to the interviews was voluntary. Confidentiality to personal data was ensured.

Results

During July, August and September 2018, twenty-one interviews were conducted. Of the twenty-one participating students, sixteen were female and five were male. Age varied between 23 and 27 years old, with an average of 24,5 years. Interviewed students started their Master's Program between January 2016 and January 2017. Six participants followed the Companion Animal Health track, nine participants the Farm Animal Health track and six participants the Equine Health track.

Data analysis revealed six main themes relevant to students' perceptions of feedback received by the mini-CEX. The six themes will be explained and illustrated by quotes. At the end of this section, table 1 provides an overview of the six themes.

Observation

Direct observation of students' performance by a teacher was mentioned as essential to provide constructive feedback. Participants preferred to be observed by a teacher because of their technical ability. Participants described situations they were provided with feedback, without observation of their practical skills by a teacher. If participants were not directly observed by a teacher they were not provided with meaningful feedback.

''*If the teacher has not seen my performance, he is not able to provide useful feedback (I-12).''*

''*If observation is done by a peer, I receive less qualitative feedback from my teacher (I-17).''*

Feedback quality

Personal feedback was experienced as valuable by the participants. Different components were mentioned by participants as important to provide personal feedback: Involvement of personal learning goals, references to observed skills, and conformation of positive elements along with points of improvement. Explanation of feedback, written or oral, gave participants the opportunity to create new learning goals.

''*If feedback contains positive elements and points for improvement, I am motivated to work on it.(I-16).''*

''*If a mini-CEX does not contain any explanation, it means nothing to me (I-07).''*

Written feedback

Written feedback was experienced as an essential part of the mini-CEX. According to participants, narrative feedback had to contain points of improvement and references to the observed skills. To create new learning goals participants mentioned referring to the observed task and giving ideas for improvement as important. The most valuable written feedback was written by the supervisor.

''*Detailed written feedback about what I have done and what to improve is important (I-18).''*

''*If you have to write down your own feedback in a mini-CEX, teachers did not use their own words. At that point I feel not provided with the teacher's feedback (I-16).''*

Oral feedback

Talking about feedback was mentioned as useful by participants. A conversation provide participants the opportunity to ask questions and to explain their way of handling the task.

According to participants, oral illustration of feedback made the context and meaning of feedback clearer. A feedback dialogue enabled participants to create useful learning goals.

''*A conversation about feedback is important for me because feedback is about my personal development and a conversation gives opportunities to improve myself (I-9).*''

''*Talking about feedback gives me the opportunity to ask for useful feedback (I-02).*''

Teacher characteristics

Participants mentioned the teacher as essential to create meaningful feedback. Pro-activity to students, didactic skills, and ability were mentioned by participants as important qualities. Next, encouraging students of their practical skills was mentioned as motivated.

''*Some teachers make you feel stupid if you are not directly able to answer a question. I do not ask feedback from these teachers (I-5).*''

''*I think it is important for supervisors to help students doing a task, to explaining cases and being enthusiastic (I-12).*''

Professional learning culture

According to the participants, the clinical workplace had to be optimized to provide and receive feedback. Participants preferred an explicit feedback moment in an one-to-one setting or the presence of well-known students. Next, discussing explicit expectations between teacher and student, and give students the feeling of being part of the clinical team were mentioned as important.

''*A one-to-one setting makes feedback more specific, because there is a moment of time to discuss the feedback. (I-14).*''

''*During pleasant collaboration with my supervisor I dare to ask questions (I-4).*''

Supervisor continuity

A prolonged period of supervision made participants well-known with supervisors and made them feel more comfortable asking questions. A mini-CEX provided during a longer period of teaching was mentioned as valuable by participants. If feedback was based on a longer period of time, participants had a feeling of being reviewed on their real level of experience. According to participants, a long period of supervision gave the opportunity to show improvement and more likely resulted in meaningful feedback.

''*During a long period of supervision I feel comfortable with my supervisor because we discuss a lot and are also making jokes (I-5).*''

''*Feedback received after a week of supervision fits with my own ideas of my level of experience. It gave me useful learning moments (I-5).*''

Participants appreciated being observed by an unknown supervisor to receive feedback concerning their first impression. According to the participants, being evaluated on a single case provided more specific feedback. But, a mini-CEX given during short-term supervision was experienced as more summative and stressful by participants. The opportunity to show improvement in performance was not involved during these short periods of supervision.

'*'If you see a supervisor for the first time, he can observe your first impression (I-13).''*

''A mini-CEX related to one patient makes me feel stressed, and give me less valuable feedback (I-04).''

Perceived stake of feedback

According to the participants, a single mini-CEX can also be perceived as summative. The involvement of mini-CEXs in the high-stake summative portfolio assessment was important for participants. In order to receive positive feedback, participants tried to influence the circumstances when they asked for feedback. Participants mentioned that they also tend to focus on the obligated numbers of mini-CEXs to pass their final summative assessment.

''The portfolio defined my final judgement, therefore I experience the mini-CEX as summative (I-17).''

''Mainly the green bullet in the portfolio is important to me (I-03).''

Table 1: Six themes important to students' perceptions of feedback

Observation	Feedback quality	Teacher characteristics

• Direct observation of clinical performance by the feedback-provider	• Connection with students' learning goals
	• Explicit recognition of students' strengths
	• References to observed skills
	• Students must be able to create new learning goals
	• Written feedback
	  • Written by the teacher
	• Oral feedback
	  • An opportunity for feedback dialogue
		• Pro-activity to students
		• Giving responsibility to students
		• Didactic skills
		• Ability

Professional learning culture	**Supervisor continuity**	**Perceived stake of feedback**

• Explicit expectations from teacher to students
• Take a moment of time to discuss feedback
• Students want to be member of a clinical team
	• Long period of teaching
	  • Measuring improvement
	  • Feedback on students' actual level of performance
	  • Students create a collaborative role with supervisors
	• Short period of teaching
	  • Students receive feedback about their first impression
	  • Provided feedback related to a single case
		• Students perceived a single mini-CEX as high-stake

Discussion

This qualitative study was conducted to gain in-depth information about students' perception of received feedback by the mini-CEX in a competency-based clinical program with a programmatic approach to assessment. Analyses of the qualitative data revealed six themes important to students' perception of feedback received by the mini-CEX. Direct observation, feedback quality, teacher characteristics, professional learning culture, supervisor continuity

and perceived stake of feedback were mentioned as important. These six themes all contribute to establish meaningful feedback in the clinical workplace (figure 1). In the following section the six themes will be related to the existing literature and relations between them will be discussed.
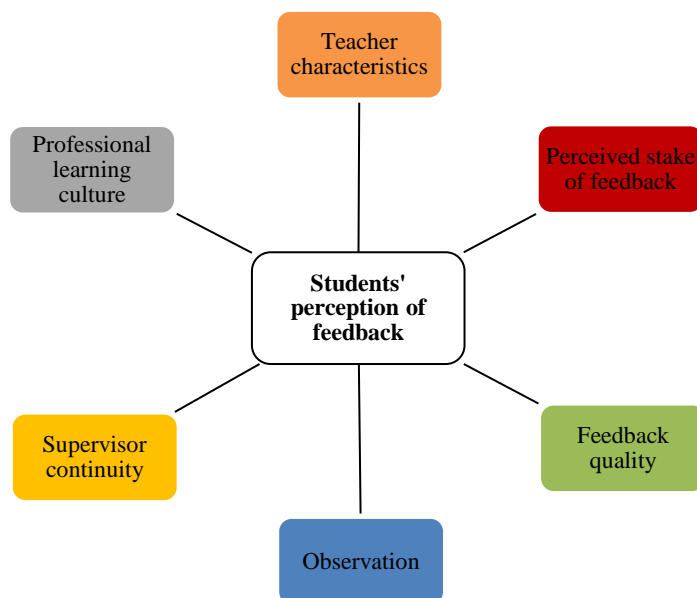
Figure 1: Six themes contribute to students' perception of feedback

Importance of observation

Direct observation of clinical skills is a crucial step in providing meaningful feedback. The mini-CEX is developed to provide meaningful feedback directly after observing students' clinical skills by a teacher.[22] One-to-one observation is mentioned as one of the most beneficial aspect of the mini-CEX.[28-30] Also participants described observation by a teacher as an essential step to create meaningful feedback. Participants described situations in which peers did the observation of clinical performance. In these situations the teacher has not seen students' performance. However, only after direct observation teachers are able to provide constructive feedback, because feedback should contain references to the observed task. Therefore, direct observation of student's clinical performance by a teacher is essential to provide effective oral and written feedback. [29,31]

Teachers have a crucial role

Participants described the teacher as a key player to provide meaningful feedback. Literature showed that high quality supervision is positively correlated with effective feedback and successful clinical clerkships.[32] As mentioned above teachers have a responsibility to directly observe students and give meaningful feedback.[11] Excellent teachers are knowledgeable, supportive to students, accessible for questions and helpful.[3] Feedback-giving behavior of teachers is influenced by personal, student-related, and context-related factors.[9] Personal factors are individual beliefs about feedback in clinical workspace, experience with student

evaluations, physical and mental well-being and the ability to create an optimal learning environment. The relationship between teacher and student also influence teachers' feedback-giving behavior. A trustful relationship between student and teacher is important to create formative feedback. Motivated, well-prepared and experienced students are given more responsibilities.[9] High workload and negative perceptions of colleagues are context-related factors influencing teachers' feedback-giving behavior.[9]

Supervision continuity improve feedback quality

Supervisor continuity is important for the opportunities to receive meaningful feedback. According to the literature, students in longitudinal clerkships described their relationship with teachers as more collaborative compared with students in short-term clerkships.[33] Participants in this study also mentioned their relationship with teachers as more collaborative during long-term supervision. A trusting relationship is necessary to create learning goals, a safe learning environment and to stimulate feedback-giving and seeking behavior.[8,9,16,34] Sharing responsibility and trustful relationships make students more likely to ask for feedback and to share their reflections and weaknesses.[16,35] Furthermore, feedback given during a longer period of teaching is not based on a single case assessment and is mentioned as more personal by participants. Longitudinal clerkships make it possible for teachers to give feedback based on more than one performance and improve the quality of observation.[36] A single case assessment given during a short period of teaching cannot measure change or growth. Longer student-teacher relationships provide the opportunity to follow up on students' performance.[11,35]

The formative purpose of the mini-CEX is disrupted

Participants mentioned feedback received by a mini-CEX as summative. Especially, a single case assessment is experienced as summative. The portfolio has both formative and summative purposes. A single mini-CEX is supposed to provide formative feedback. But this intended purpose of a single mini-CEX is influenced by being part of the longitudinal high-stakes assessment. Participants' main focus was to complete the required number of mini-CEX forms and to receive positive feedback. Participants were more likely to ask for feedback when they were confident about the specific task or at least well-prepared. According to literature, students' perception of the assessment stake seems to be related to their opportunities to make choices in the clinical workplace related to their assessments.[37] Students' ability, self-confidence, the learning environment, and the student-teacher relationship decide whether or not students use these opportunities to make choices related to their assessments. Next, opportunities for follow-up and improvement are important to make an assessment perceived as low-stake. If a teacher is experienced as motivating for learning and students feel comfortable, they perceived the mini-CEX as more low-stake assessments.[37]

Implications for practice

The results of this research indicate that students' perceptions of received feedback by the mini-CEX depends on several factors. To improve the impact of feedback received by the mini-CEX in a programmatic approach to assessment I suggest the following implications for practice. At the end of this paragraph table 2 gives an overview of the implications for practice.

Provide students and teachers with training about the application of the mini-CEX and their purposes can help to maximize learning in the clinical workplace.[38] The results showed that teachers did not always observe students during clinical performances and participants were confused about the perceived stake of received feedback. These results showed that the application of the mini-CEX is not optimized. This is also found in a previous study about the mini-CEX in dermatology setting.[39] To fit the purposes of the mini-CEX feedback-provider and feedback-seeker have to clearly understand the meaning and purposes of the mini-CEX.[37] Feedback seeking and giving are skills that need to be developed.[6] To increase the value of feedback received by mini-CEX we have to invest in the users of the instrument.[11] Increase the opportunities for training in using the mini-CEX and giving meaningful feedback are required for both teachers and students

The formative purpose of a mini-CEX has to be in line with students' perception of the received feedback. Because students' learning is influenced by the perceived stake of an assessment.[40] To perceive the mini-CEX as formative it is important to facilitate more clarity about the programmatic approach to assessment. If students do not know what is expected, assessments are perceived as summative. Next, providing students with responsibilities to make choices about assessments lower the perceived stake.[37] For example, which task is observed and which format is used have to be chosen by the student. Also opportunities to collect mini-CEXs have to be controlled and initiated by students to lower the perceived stake.[37]

To enhance the quality of feedback received by the mini-CEX student-teacher relationships have to be longitudinal. Data analysis revealed a central role for the teacher in students' perception of feedback and the professional learning culture. Investment in long-term student-teacher relationships is important to provide meaningful feedback. Longitudinal relationships improve the quality of observation by the feedback-provider.[36] Students in longitudinal clerkships described their role with the teacher as collaborative and these students were given more responsibility.[33] Follow-up on previously provided feedback is possible during longitudinal clerkships and needed to improve feedback quality and lower the perceived stake of feedback received by mini-CEX.[9,37]

Table 2: Overview of the implications for practice

Improvement of students' perception of feedback
• Provide training about the purpose and use of the mini-CEX for students and teachers • Give students responsiblities to make choices about their assessments • Invest in long-term student-supervisor relationships

Strengths and limitations

A potential limitation of this study is the single-institute research design. All participants studied their Bachelor's and Master's program at FVMU. Students' point of view may be faculty or clinical track dependent. However, clinical settings at FVMU are in many aspects

similar to those at other medical clinical programs. Therefore, we assume that the present findings will be relevant to other medical clinical programs.

Students did not clearly consider their perceptions of feedback prior to the interview. This resulted in overwhelming them with in-depth questions about their perception of feedback received by mini-CEX. However, all given answers were confirmed by participants after sending them the transcript. Furthermore, each new interview could give new data to our constructed template. However, we conducted two interviews to check the final template after theoretical saturation had been achieved. The control interviews confirmed the final template.

Suggestions for future research

Although our research resulted in six themes important to students' perception of received feedback more research is needed. Further research could investigate different factors correlated to the student-supervisor relationship and the perceived stake of feedback in a clinical workplace with a programmatic approach to assessment, because providing students with formative feedback is essential to improve the clinical skills needed in primary care.

Conclusion

Students' perceptions of feedback received by the mini-CEX depends on multiple factors. This study revealed six themes important to students' perceptions of feedback received in a competency-based clinical program with a programmatic approach to assessment. Observation, feedback quality, teacher characteristics, professional learning culture, supervisor continuity and perceived stake of feedback were the themes identified to be important to create meaningful feedback.

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Appendices

Appendix I: Information letter and informed consent

Information letter

Informatiebrief deelnemers onderzoekstage:

''Optimalisering van het gebruik van de klinische praktijkbeoordeling in de master Diergeneeskunde''

-Wat is het doel van het onderzoek?

Het doel van het onderzoek is om het gebruik van de klinische praktijkbeoordeling (KPB) in het masteronderwijs te optimaliseren.

-Hoe wordt het onderzoek uitgevoerd?

Het onderzoek wordt uitgevoerd door het interviewen van studenten in de master Diergeneeskunde. Naar aanleiding van uw vordering in de studie en batchnummer bent u uitgekozen voor deelname. Het interview zal zich richten op uw ervaringen met de feedback gekregen middels een KPB. De focus zal liggen op de interpretatie van feedback gerelateerd aan ervaringen met begeleiding. Het interview zal 30-45 minuten duren en plaatsvinden in een één-op één setting. Tijdens het interview zal er een geluidsopname plaatsvinden. Na afloop van het interview wordt de opname uitgewerkt en krijgt u een samenvatting van de uitwerking van uw interview toegestuurd. Het uitgewerkte interview dient u door te nemen en indien akkoord voorzien van een handtekening te retourneren. Indien niet akkoord dient u contact op te nemen met Kim Hopman (k.m.i.hopman @students.uu.nl / T:06 228 99 118). Er zal vertrouwelijk omgegaan worden met de informatie uit uw interview.

- Wat wordt er van u verwacht?

Deelname aan een interview in de periode van 30 juli tot en met 20 augustus a.s. en goedkeuring van uw uitgewerkte interview.

- Welke risico's zijn er mogelijk?

Er zijn geen risico's verbonden aan deelname in dit onderzoek en het heeft geen consequenties voor uw studievoortgang.

- Wat zijn de mogelijke voor- en nadelen van deelname aan dit onderzoek?

U heeft zelf geen direct voordeel van deelname aan dit onderzoek. Voor de toekomst kan het onderzoek wel nuttige gegevens opleveren. Er zijn geen mogelijke nadelen aan verbonden.

- Wat gebeurt er als u niet wenst deel te nemen aan dit onderzoek?

Deelname is vrijwillig. U mag uzelf na het verlenen van toestemming voor deelname alsnog terugtrekken uit dit onderzoek. U hoeft hiervoor geen reden op te geven. *Wanneer u zich wilt terugtrekken dient dit te geschieden door een mail te sturen naar Kim Hopman (k.m.i.hopman@students.uu.nl). Vanaf het moment dat u akkoord bent gegaan met de uitwerking van het interview is terugtrekken niet meer mogelijk.*

- Wat gebeurt er met uw gegevens?

Wij zijn verplicht uw onderzoeksgegevens (uitwerking van het interview) minimaal vijf jaar te bewaren. Daarvoor geeft u toestemming als u meedoet aan dit onderzoek. Als u dat niet wilt, kunt u niet meedoen aan dit onderzoek.

Het onderzoeksteam zal toegang hebben tot uw interview.

-Zijn er extra kosten/is er een vergoeding wanneer u besluit aan dit onderzoek mee te doen?

Nee

- Wilt u verder nog iets weten?

Heeft u verder nog neem gerust contact op met Kim Hopman, via e-mail: k.m.i.hopman@students.uu.nl of telefonisch: 06 – 228 99 118.

<Ga door naar de informed consent, zie volgende pagina>

Informed consent

''Optimalisering van het gebruik van de klinische praktijkbeoordeling in de master Diergeneeskunde''

- Naam:
- Datum:
- Ik heb de informatie voor de proefpersoon gelezen. Ik kon aanvullende vragen stellen. Mijn vragen zijn afdoende beantwoord. Ik had genoeg tijd om te beslissen of ik wel of niet meedoe.
- Ik weet dat meedoen geheel vrijwillig is. Ik weet dat ik op ieder moment kan beslissen om toch niet mee te doen. Daarvoor hoef ik geen reden op te geven. *Wanneer u zich wilt terugtrekken dient dit te geschieden door een mail te sturen naar Kim Hopman (k.m.i.hopman@students.uu.nl). Vanaf het moment dat u akkoord bent gegaan met de uitwerking van het interview is terugtrekken niet meer mogelijk.*

- Ik weet dat de leden van het onderzoeksteam toegang hebben tot mijn afgegeven interview en dat vertrouwelijkheid gegarandeerd is.
- Ik geef toestemming om het onderzoeksmateriaal (afgenomen interview) nog maximaal 5 jaar na afloop van dit onderzoek te bewaren voor eventuele nadere analyses. Na 5 jaar worden de gegevens vernietigd.
- Ik geef toestemming voor deelname aan dit onderzoek. <ja> <nee>
- Handtekening: