- 1 Background:
- 2

3 Feedback is defined as a process through which learners make sense of information from

4 various sources and use it to enhance their work or learning strategies (Carless 2015).

5 Providing learners with feedback is an integral part of teaching and can have a powerful

6 influence on student learning (Dowden et al 2013). On midwifery programmes, feedback is

7 continuous from practice supervisors and assessors (Nursing and Midwifery Council [NMC]

8 2023a), service users (MORA 2020) in clinical practice and theoretical assessments marked

9 by academic educators. Feedback from practice experiences is often verbal with

10 accompanying written text from practice supervisors and service users in their Midwifery

11 Ongoing Record of Achievement (MORA 2020). Feedback from theoretical assessments

12 includes formative and summative feedback but this project focuses on feedback for

- 13 summative assessments.
- 14

There is a wide range of evidence from the NSS surveys (Killingback et al 2019) that suggests
feedback is often rated lower than other aspects of teaching and learning.

17

18 Feedback is a critical component of the learning process, providing learners with valuable

19 insights into their performance, identifying areas for improvement, and promoting reflective

20 practice. However, traditional methods of delivering feedback, such as written comments

and face-to-face group discussions, often lack engagement, specificity and may not

22 effectively support learners in understanding and applying feedback to enhance their

23 learning (Henderson et al 2019). These methods can also be time consuming for lecturers

24 and impersonal for the student.

25

26 The purpose of feedback is to enable the student to progress and meet the programme 27 learning outcomes and ultimately to be a safe and competent practitioner in midwifery 28 (NMC 2023b; 2019). Assessments should be designed throughout the programme to provide 29 regular insight into student progression in both theory and clinical practice (NMC 2023b). 30 The transition through healthcare degree programmes is complex (Matheson 2018). Due to 31 concerns over the shortages in the midwifery workforce (Royal College of Midwives [RCM] 32 2023a) it is imperative that midwifery students are supported to complete their course on 33 time to join the maternity workforce.

34

35 Attrition from midwifery programme is hard to ascertain, however prior to the pandemic, Lovegrove (2018) reported midwifery attrition averaged around 13.6% and that there was 36 37 increasing improvement in retention trends between 2009 - and 2025. Current data 38 indicates that around a third of healthcare students (including midwifery) want to leave 39 their course in the England based National Education Training Survey (NETS) (NHSE 2023). 40 Further, reports on financial hardship whilst studying (RCM 2024), and course workload (Hamshire et al 2018; NHSE 2023) are significant challenges for student midwives. These 2 41 42 factors are noteworthy as feedback provides insight for the student on their progress (Yorke 2002). Unhelpful feedback that is not encouraging and predominantly negative, may also 43 44 cause emotional distress for the learner (Paterson er al 2020). If feedback is demotivating 45 and not helpful, this may contribute to future failure (Race 2020), further distress and even 46 withdrawal from the course (Ajjawi et al 2019).

47

48 Traditionally, feedback for summative essays in midwifery education is provided in a written

49 format. Individual feedback is provided by in text comments and then an overall summary

50 linking the grade to a marking rubric (Chan and Ho 2019). Feedforward points help learners

- 51 to improve on future work (Race 2020). Effective and engaging assessment feedback (Race
- 2020) is essential for the professional development and academic success of midwiferylearners.
- 54
- 55 The integration of digital health technologies in feedback delivery offers innovative solutions
- 56 to enhance learner engagement, making the feedback process more interactive,
- 57 personalized, and effective (Pinto & Leite 2020). Digital health technologies refer to the use

of digital tools and platforms to deliver assessment feedback in a manner that enhances

- 59 engagement, personalization, and efficiency. These technologies can include learning
- 60 management systems such as Blackboard, Moodle, or Canvas that allow educators to
- 61 provide feedback on assignments, quizzes, and other assessments digitally (Turnbull et al
- 62 2020). These systems can offer various forms of feedback, including written comments,
- 63 audio recordings as utilised in this strategy, and even video feedback. The benefits,
- 64 challenges, and future implications of utilizing digital health technologies to enhance
- assessment feedback in midwifery education were explored as part of an evaluation of a
- new communication strategy implemented in a Midwifery programme in the Northwest ofEngland.
- 68

69 **Rationale For the Project:**

70

Learners often report dissatisfaction with written feedback (Deeley et al 2019) stating 71 72 concerns with content and ambiguous and unclear comments. Timeliness is also a 73 contentious issue with learners who have stated that feedback often occurs too late in a 74 project to be used (Race 2020). Feedback is made available when the assignment has been 75 marked but learners often do not look back and utilise the feedback in a meaningful way 76 (Henderson 2019). This traditional method of providing written feedback to assessment is 77 also viewed by assessors as a laborious task increasing workload in an already challenging 78 and demanding profession (Myyry et al 2019). This is compounded as cohort sizes have 79 increased to meet the future workforce needs (NHS 2023). 80

81 **Project Implementation:**

- 82
- 83 The use of verbal feedback was implemented using the Blackboard Virtual Learning
- 84 Environment for academic essays to enhance learning and feed forward for learner
- 85 midwives. These learners had previously received written feedback for past theoretical
- assessments. The aim of the evaluation was to explore the use of verbal feedback to
- 87 improve learner's engagement which was then assessed via an evaluation tool.
- 88
- 89 The project focussed on verbal feedback for a summative assessment. We were keen to
- 90 explore a new innovative method to support and inform learners in academia whilst
- 91 promoting the use of new technology. Digital technologies are increasingly used in the NHS
- to communicate with service users (NHS 2019) however Morris et al (2023) found that the
- 93 healthcare workforce did not have the digital capability to support digital transformation.

- 94 This method of receiving and internalising feedback has the potential to support learners in
- 95 their experience of using digital technologies in their clinical practice.
- 96
- 97 In 2019 a pilot study was performed to trial the use of audio feedback to a cohort of 66 98 learner midwives undertaking a written assessment related to public health. Results from 99 this suggested that further exploration of this method of assessment would be beneficial. 100 In 2022, audio feedback was used for assessments to two cohorts of learner midwives 101 (n=129). Both assessments were 1500-word essays related to leadership and were assessed using The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies 102 103 (FHEQ) (Quality Assurance Agency 2024) level 5 and a personal development plan (FHEQ) at level 6. These were established modules and the Blackboard sites also had short online 104 courses provided to help students understand how to access, and use their feedback 105 106 received from previous module assessments.
- 107 There were 8 lecturers in total 4 on each team. Two lecturers (one on each team) had
- 108 previous experience of verbal feedback. The remaining 6 lecturers had no previous
- 109 experience of verbal feedback. Two lecturers on each team had some previous marking
- experience with 1 marker on each team being new to all marking. A marking guide was
- provided for all markers to ensure consistency and equity in award of marks and to support
- the new markers on both teams; internal moderation was undertaken prior to the release ofthe feedback.
- 114 The voice comment on Blackboard at the top of the feedback summary was used for the
- audio feedback with a maximum of 3 minutes speech available. The markers used their
- voice tone and inflection (Thomas et al 2017) to provide warmth and interest in all aspects
- of the essay. Prior to commencing marking, the markers met to discuss how their voice may
- be used to convey non verbal feedback that motivates, provides authenticity and supports
- 119 understanding of the message (Killingback et al 2019).
- 120
- 121 Markers provided individual written in text feedback followed by a verbal report for the
- 122 overall feed forward summary. The audio feedback related to both positive and negative
- aspects of the essay, including content and academic writing style and three feedforward
- 124 points were included for future submissions.
- 125 A template was used for consistency of marking and descriptors attributable to the marking
- 126 criteria were used accordingly. Markers made a record of the time spent providing feedback
- 127 for each learner so that comparison could be made on efficiency of verbal feedback.
- 128
- 129 Assignment submissions were anonymised.
- 130

131 **Recorded Script:**

132

Hello there - I am pleased to say that you have met the aims of the assessment and passed! Well, done!

Now listen to the feedback that we have provided and go over your essay carefully using Quick Marks to identify where you can develop your work in future. We have provided you with examples and advice here that will help if you follow this.

You selected a useful example of leadership in practice to review and you have demonstrated (*descriptor*) knowledge and understanding of most issues and concepts in relation to several leadership styles that you have witnessed in practice.

You have also demonstrated *(descriptor)* critical evaluation of how different leadership styles are adapted within the health care setting. You have reflected on the leadership style that you have witnessed and the rationale for the use of each style is also (descriptor).

There is *(descriptor)* evidence of structure and planning here too.

You have presented (*descriptor*) arguments here and demonstrated (*descriptor*) evidence of reading. You have used your reading (*descriptor*) to support your arguments. Your reading is (*descriptor*) Your referencing is (*descriptor*)

Going forward, here are 3 pointers that will help you to improve your future work.

a) b)

u)

c)

Overall, this is a *(descriptor)* submission. This essay and the work preparing for it will help you to develop your own leadership style in practice in the future. I have enjoyed reading this reflection. Well done again!

133

134 **Evaluation Method**.

- 135 This education innovation was evaluated using an anonymous online evaluation
- 136 questionnaire using the QualtricsXM platform. Open ended questions were used to ask
- 137 learners which method of feedback they preferred and why. Ethics favourable opinion was
- 138 not required as this is an education evaluation.
- 139
- The anonymous online evaluation was emailed to both cohorts (n=129) after release of theirmarks. A reminder email was sent after 2 weeks.
- 142
- 143 The results of the quantitative questions were collated descriptively on the Qualtrics
- 144 Platform. Responses to the open questions were typed and collated into broad themes using
- 145 thematic analysis principles (Braun and Clarke 2021).
- 146
- 147

148 **Evaluation Questionnaire**

Do you find written feedback or verbal feedback more detailed and clearer?
 a) Written
 b) Verbal

c) Both Equallyd) NeitherPlease explain your answer:

2. Which type of feedback do you feel more personally connected and motivated by? a) Written Feedback

b) Verbal Feedback

c) Both Equally

d) Neither

Please explain your answer:

3. Which type of feedback do you find easier to retain and reference later?

a) Written Feedback

b) Verbal Feedback

c) Both Equally

d) Neither

Please explain your answer:

4. Which feedback method do you prefer for quick and efficient communication of feedback?

a) Written Feedback

b) Verbal Feedback

c) Both Equally

d) Neither

Please explain your answer:

5. If given a choice, which feedback method would you prefer to receive?

a) Written Feedback

b) Verbal Feedback

c) Both Equally

d) Neither

Please explain your answer:

6. How satisfied are you with the feedback you receive in your preferred format?

a) Very Satisfied

b) Satisfied

c) Neutral

d) Unsatisfied

e) Very Unsatisfied

Please explain your answer:

| 149 | |
|------------|--|
| 150 | |
| 151 | |
| 152 | Results. |
| 153 154 | In total, 31 responses were received (24% response rate). The response rate was low possibly due to the timing of the project. Students were preparing to qualify as midwives or |
| 155 156 | moving into their final year, so this project may not have been a priority for them. |
| 157 158 | 17 (54.8%) learners preferred the verbal feedback to the traditional written method. |
| 159 | Three themes emerged from the comments section of the questionnaire: |
| 160 | Personal connection and motivation |
| 161 | Communication Clarity and Detail |
| 162 | Retention and Accessibility |
| 163 | |
| 16/ | Personal Connection and Motivation: |
| 165 | Verbal feedback cultivated a stronger personal bond and boosted motivation by facilitating a |
| 166 | direct engagement and emotional involvement |
| 167 | |
| 168 | Using the questionnaire data, learners stated that verbal feedback felt more personal and |
| 160 | individualised. They found the recordings easier and quicker to listen to and they |
| 170 | appreciated the personal approach. Some felt that written feedback often feels 'conied and |
| 171 | appreciated the personal approach. Some feit that written recuback often recis copied and |
| 172 | assessor which they found motivating and reassuring |
| 172 | assessor which they found motivating and reassuring. (1) liked bearing a voice it folt more perception. It beloed mo to link into the eccay. |
| 174 | Three field fing a voice it feit more personable. It helped field of the essay more. I liked the fact that I was able to understand my good points and had points. |
| 174 175 | more cloarly ' |
| 175 | more cleany. |
| 170 | |
| 170 | Communication Clarity and Dataily |
| 170 | Communication Clarity and Detail. |
| 100 | information, but learners felt that verbal foodback gave clarification on points that they did |
| 180 | not understand. |
| 182 | Text can be misinterpreted, and I found some feedback in the past could be |
| 183 | taken negatively or in the wrong way. The verbal feedback I found was more |
| 184 | useful and felt more personalized than notes." |
| 185 | |
| 186 | Using the questionnaire data, students felt that the tone and nuance in the feedback |
| 187 | conveyed encouragement and emphasis more effectively than written words, helping them |
| 188 | to grasp the significance of the feedback. |
| 189 | |
| 190 | |
| 191 | Retention and Accessibility: |
| 192 | Written feedback was easily retained and accessible for future reference, enabling learners |
| 193 | to revisit and reflect. However, the direct and personal delivery of verbal feedback boosted |
| 194 | retention and understanding for learners. |
| 195 | |

| 196 | 'Verbal feedback was a lot more understandable, it felt more personal from the |
|-----|--|
| 197 | marker to me. It made it easier for me to understand where I require |
| 198 | improvement.' |
| 199 | |
| 200 | • 'I liked that I could have a more personal response from the lecturer, but it made it |
| 201 | harder to go back and go over what she said because you had to just listen to the |
| 202 | whole audio again, with reading you can obviously re read over and over different |
| 203 | sections. But it was fine it didn't massively affect me and was fine.' |
| 204 | |
| 205 | |
| 206 | All learners found the feedback easy to access. Learners also found the written in- text |
| 207 | 'Quick Marks' helpful for improving future academic work. |
| 208 | |
| 209 | 14 (45.1%) of learners preferred the traditional method of written feedback. |
| 210 | Questionnaire data revealed learners felt it was easier to read feedforward comments than |
| 211 | to listen to a whole three-minute recording. This was particularly important for those |
| 212 | learners who did not achieve a pass grade. Learners found that they needed to listen to the |
| 213 | feedback several times to elicit the pertinent information. |
| 214 | |
| 215 | • 'I struggled to process what was being said. I prefer written feedback as I can |
| 216 | read over it.' |
| 217 | • 'It was really difficult to keep track of the three improvement points for |
| 218 | future work. Also, to refer back we would have to listen to the whole audio each |
| 219 | time. It is much better to have this written to guickly and easily refer to.' |
| 220 | • 'I like to have it written to easily flick back and read my areas of improvement |
| 221 | without having to listen to a 3-minute video.' |
| 222 | |
| 223 | |
| 224 | |
| 225 | Marker Preferences: |
| 226 | |
| 227 | Markers were asked to complete a simple evaluation questionnaire. They were divided in |
| 228 | their preference for verbal feedback. Experience of marking appeared to have an influence |
| 229 | on this with the more experienced markers preferring verbal feedback as they found it a |
| 230 | quicker process. Four of the more experienced markers found it easier to perform and |
| 231 | stated that the change from traditional feedback was refreshing and broke the monotony of |
| 232 | traditional marking. The experienced markers felt they would like to use this method again. |
| 233 | For four of the less experienced markers this process took longer. They also experienced |
| 234 | more glitches with the technology and had to re-record some feedback if the original failed, |
| 235 | which was more time-consuming. |
| 236 | One marker felt they needed longer than 3 minutes to provide feedback for learners who |
| 237 | did not achieve a pass grade. They felt the time limit was restrictive. As a result, the four less |
| 238 | experienced markers would not choose to use this method again. However, all markers |
| 239 | acknowledged that the feedback templates were useful in terms of providing equitable |
| 240 | feedback for learners and indeed they are now utilized for both written and verbal |
| 241 | feedback. |
| 242 | |

243 Future Use of Verbal Feedback:

244

245 Despite the limited feedback received, verbal feedback has become an integral part of the 246 midwifery programme and serves as the main feedback method for several modules at our 247 university. Based on feedback from learner evaluations, learners who do not attain a passing 248 grade (40%) now also receive a written summary of the feedback to assist them with

249 resubmissions.

250 It is acknowledged that some learners can more carefully process and internalize written

- 251 feedback, whereas verbal feedback may be quickly forgotten or overlooked. Written
- 252 feedback is permanent and can be referred back to. Having written comments allows
- learners to review the feedback multiple times as well. Carey et al (2017) found that most
- students considered that verbal feedback was as important as written feedback in a large
- 255 survey evaluation of feedback with all undergraduate students at one UK based university.
- The digital audio format also enables learners to listen repeatedly to the feedback and has been noted to enable improved clarification of key points (Paterson et al 2020; Race 2020).
- This provides an inclusive element (Matheson 2018) for those who prefer audible formats.
- 259 Paterson et al (2020) completed a systematic review of student needs and preferences for
- academic feedback and suggested that multimodal styles of feedback (written and verbal)
- 261 may be more acceptable. Student's value personalized, individual, empowering, and timely
- feedback that is also manageable and easy to deal with for future assessments (Race 2020).
- 263 Feedback provided in audio files can be explained succinctly and more easily than in writing
- 264 (Race 2020), and the use of voice has demonstrated that students may feel that they are
- acknowledged and recognised as an individual (Killingback et al 2019). Furthermore,
- 266 Killingback et al (2019) noted that it is easier to praise students using verbal techniques
- which promotes confidence and motivation in the learner.
- 268

As cohort sizes continue to increase (NHS 2023), it is important that lecturers explore more efficient ways of working to be able to manage their own workloads (RCM 2023b). It is noteworthy that the experienced lecturers in this project found the verbal process quicker.

272

273 Currently, verbal feedback is restricted to a general summary for our midwifery learners,

- facilitated by the use of a marking template for simplicity. In the future, there may be
 potential to expand this to include all feedback, including personalized in-text comments.
- 275 276
- It is recommended that this style of feedback is explored further as the personalised
 element of this was favoured by several learners in this small project. Other digital methods
 such as video recorded feedback should also be explored (Page 2020)
- 279 such as video recorded feedback should also be explored (Race 2020).
- 280

281 Digital Learning:

- 282
- 283 In recent years, the integration of digital health technologies has revolutionized various
- sectors of healthcare, and midwifery is no exception. For midwifery learners, understanding
 and utilizing digital health tools and technologies has become increasingly essential in
- 286 providing efficient, accurate, and patient-centred care (Peacock & Slade 2022).
- 287 Digital health provides opportunity for midwives to provide better quality, safer and a more
- efficient service (Jiminez et al 2020). For services to take full advantage of these systems it
- is important that the workforce is digitally literate and conversant with the technologies

- available to them. Introducing digital learning to learner midwives helps them to develop 290 291 skills in digital health that they will require as practitioners in an advancing modern world.
- 292

293 Digital health technologies offer a plethora of benefits in midwifery care, enhancing both 294 the quality and accessibility of services provided to women and birthing people (Mathews et 295 al 2019). One of the significant advantages is the ability to provide personalized and patient-296 centred care through digital platforms. Mobile applications and online portals offer women 297 access to comprehensive information, resources, and support throughout their pregnancy 298 journey. These platforms empower women to take an active role in their care, promoting 299 informed decision-making and self-management of their health (Ngo et al 2020).

300

Benefits of Digital Health Technologies in Assessment Feedback: 301

302

303 Digital health technologies offer several advantages in delivering assessment feedback to

304 midwifery learners, transforming the traditional feedback process into a more interactive, 305 personalized, and effective experience. One of the primary benefits is the use of digital

306 platforms and online portals to provide real-time feedback to learners. Interactive digital

307 platforms allow educators to provide timely and constructive feedback on student

308 assignments, clinical performance, and competency assessments, facilitating immediate 309 reflection and learning (Pinto et al 2020). One of the major benefits is the use of voice to

demonstrate praise, boost confidence and address individual needs in a compassionate 310

format (Kiliingback et al 2019). This provides opportunity to mitigate emotional distress 311

312 when feedback illustrates that the learners has not gained as high marks as expected

(Paterson et al 2020). Experiencing feedback in this format, will also provide experiential 313

learning which may be translated into future practice using digital technologies for 314

315 communication in maternity care (Healthcare Communications 2021).

316

317 **Challenges of Digital Health Technologies in Assessment Feedback:**

318

319 There is potential therefore for digital technologies to depersonalize the feedback process 320 and reduce the quality and depth of feedback provided to learners (Carless et al 2022). 321 While digital platforms offer opportunities for real-time and multimedia feedback delivery, 322 it is essential to ensure that the feedback remains personalized, constructive, and tailored to 323 individual learner needs and learning styles. Educators must receive adequate training and 324 support to effectively utilize digital health technologies and maintain the human touch in their feedback approach, and thus fostering a supportive and collaborative learning 325 326 environment. Our experience indicates that generating verbal feedback was time consuming 327 for less experienced lecturers and support is needed for those who are new to this element 328 of the midwifery profession. 329 Furthermore, the accessibility and digital literacy skills of learners must be considered to 330 ensure equitable access to digital feedback resources and tools. Some learners may face 331 barriers due to limited access to technology, internet connectivity or access issues, or lack of familiarity with digital platforms and tools (Healthcare Communications 2021). Educational 332 333 institutions should provide support and resources to enhance learners' digital literacy skills and address disparities in access to technology, ensuring that all learners can effectively 334 utilize digital health technologies to engage with and benefit from feedback (Saykili 2019). 335

336

- 337 Finding new ways to develop student confidence and competence in digital literacy is a
- challenge for nursing and midwifery educators (Terry et al 2019). Evidence suggests that
- learners find lack of preparation and access to digital health care systems frustrating. Higher
- 340 education institutions (HEIs) have a distinct opportunity to collaborate with healthcare
- 341 providers to enhance the training of healthcare professionals, including midwives, in
- 342 utilizing digital healthcare systems (Peacock et al 2021).
- 343

344 Conclusion

345

Digital health technologies offer transformative opportunities to enhance assessment
 feedback for midwifery learners, making the process more interactive, personalized, and

- 348 effective. While challenges such as depersonalization of feedback, and disparities in digital
- access and literacy persist, proactive measures, ongoing training, and continued innovation
- 350 can help overcome these challenges and unlock the full potential of digital health
- technologies in assessment feedback. As we continue to embrace the digital revolution in
- 352 education, educators, and educational institutions must collaborate to harness the power of
- technology and drive positive learning outcomes for midwifery learners and future health
- care professionals. This will enable learners to feel more comfortable in this emerging
- world. Embracing and leveraging the benefits of digital health is essential for preparing
- 356 midwifery learners to become competent, confident, and compassionate midwives capable
- of delivering high-quality care in today's digital age.
- 358

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| 475 | Key Words: |
| 476 | |
| 477 | Feedback; Assessment; Audio feedback; Verbal feedback; Digital health; Digital learning |
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| 479 | Key Points: |
| 480 | |
| 481 | 1. Verbal feedback was favoured by 17 out of 31 learners, as it felt more |
| 482 | personalized, individualized, and easier to comprehend than traditional written |
| 483 | feedback. |
| 484 | |
| 485 | 2. Learners found the audio feedback recordings quicker to listen to and |
| 486 | appreciated the personal approach, although some struggled to process the |
| 487 | information and preferred written feedback. |
| 488 | |
| 489 | 3. Markers were divided in their preference for verbal feedback; experienced |
| 490 | markers found it quicker and refreshing, while less experienced markers |
| 491 | encountered more challenges and time constraints. |
| 492 | |
| 493 | 4. Despite some challenges, verbal feedback has become an integral part of the |
| 494 | midwifery program, with potential for future expansion to include personalized |
| 495 | in-text comments. |
| 496 | |
| 497 | 5. Digital health technologies present revolutionary possibilities for assessment |
| 498 | feedback, offering real-time, interactive, and tailored feedback. However, |
| 499 | challenges exist in maintaining personalized and accessible feedback for all |
| 500 | learners. |
| 501 | |
| 502 | 6. Embracing and leveraging digital health technologies is essential for |
| 503 | preparing midwifery learners to become competent and confident professionals |
| 504 | capable of delivering high-quality care in today's digital age. |
| 505 | |
| 506 | |
| 507 | CPD Reflective Questions: |
| 508 | |
| 509 | 1. How has the traditional method of providing written feedback impacted your |
| 510 | teaching and the learning experience of your learners? Reflect on the challenges |
| 511 | and benefits of this approach based on the feedback you've received from |
| 512 | learners and colleagues. |
| 513 | |
| 514 | 2. In what ways do you believe digital health technologies can enhance the |
| 515 | teedback process, specifically for midwifery learners? Reflect on the benefits |
| 516 | and challenges highlighted in the study and how they may apply to your |
| 517 | teaching context. |
| 518 | |

| 519 | 3. Reflect on the feedback from learners who preferred verbal feedback. How |
|-----|--|
| 520 | can the use of audio feedback enhance learner engagement and create a more |
| 521 | personalized learning experience? |
| 522 | |
| 523 | |
| 524 | 4. How did the experience and training of markers influence their preference |
| 525 | for verbal feedback? Reflect on the challenges faced by less experienced |
| 526 | markers and the need for training to effectively implement digital feedback |
| 527 | methods. |
| 528 | |
| 529 | 5. Considering the evolving landscape of digital health technologies, how can |
| 530 | educators prepare midwifery learners to become digitally literate and proficient |
| 531 | in utilizing digital healthcare systems? |
| 532 | |
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