Participant and setting details

Author/s	Participants	Student Discipline	Student Education Level	Recruitment setting	Study Setting	Study Description
Anderson et al. 2011	109 Students 20 SUs & carers	Medicine (8); Midwifery (2); Nursing (2); Pharmacy (3); Social Work (8); Speech Language Pathology (7)	Mid-late training	Students randomly allocated as part of interprofessional curriculum SU participants - self-selection via invitation distributed to local voluntary groups. Had experience in health and social care services.	Workshops outside university in neutral community venues.	1 day workshop for each phase
Bokken et al. 2010	163 Students 9 Real patients with asthma 5 SPs	Medicine	1st year (After completion of asthma lecture)	Students self-selected from Medical School; Patients invited from GP practices in area	Skillslab at Medical School	Students paired for student-doctor roles in consultations with real or SPs. Students were randomised to real or SP. All consultations recorded on DVD and discussed in tutorial group 1 week later. Students then attended semistructured focus group interviews and questionnaires.
Bridge et al. 2014	7 Students 180 patients	Radiotherapy	4 x 1st year 3 x 2nd year	Students – Australian University. Not stated whether participation was voluntary. Patients – 2 x Radiotherapy departments. Voluntary participation.	2 Radiotherapy departments	Short questionnaire form developed for patients to rate student performances with 2 additional questions regarding feedback process. Students gave form to patient on day 2 of treatment with instructions to return the form anytime during treatment. Students completed questionnaire online. Staff also completed questionnaires. Post- study interviews with randomly selected *experienced* students
Davies et al. 2009	58 'novice' students 44 'experienced' students 240 patient responses (not stated if any repeats)	Unclear	Not clearly stated	Students – University. 24 students each week in clinical practice Participants – Self-selection in response to project posters &/or researcher approach for volunteers in GP clinic	Not stated	Students completed pre- and post-study questionnaires re communication skills. Patients given questionnaire after each week, including formative assessment questions about the student. These were given directly to the student.
Debyser et al. 2011	4 x students 7 x inpatients	Psychiatry nursing students	Final year of training	Self-selection / voluntary participation for students and patients. Not stated for students	2 x specialised inpatient psychiatric wards– substance abuse unit & unit for eating disorders. These wards had experience in offering	Usually in last 3 days of student practicum. Patient feedback was generated during group meetings facilitated by a nurse. Nurses were given an interview guide for facilitating the meeting, along with

	2 x nurses (in role of eliciting client feedback)			Patients: 4 x eating disorder ward 2 x detoxification ward	practical training for nursing students previously.	clear framework & preparation and practice. Treating students sometimes present in these meetings. 6 x semi-structured interviews held with participants (incl. Students x once, teachers x once & nurses x twice) for feedback.
Fairchild 1985	28 student interns s in total over 3 semesters Teachers, Parents, and students with whom interns worked	Psychology internship	Unclear	Interns – University Student clients of Elementary & Secondary school/s	Elementary & Secondary schools where interns placed during 1983-84 school year and fall semesters	6 x questionnaires developed for seeking feedback regarding student interns' performance during practicum in school. Student package with specific guidelines for disseminating questionnaires to school student clients, their parents, teachers. Completed questionnaires returned to intern's trainer.
Gall et al. 1984	54 students (subset of 164 participants) PIs – patients with stable rheumatic disease. 8 initially then 3 dropped out.	Medicine	N/A Pre-clinical and transfer students (nil definitions)	Not specified	Examinations conducted between 1980-1983. Part of various studies at University in collaboration with an Arthritis Centre	Patients trained as PIs for musculoskeletal exams. 2 Checklists developed: *Performance* -completed by PIs rated elements completed & performance adequacy. This was later used for feedback to student examiner *Content* - completed by examining student Ax joint function. Video r/v and rating.
Pal et al. 2013	12 Students 24 Patients (in Palliative Care)	Foundation Degree in Palliative & Supportive Care	Each academic term of 2 year part-time program	All students advised of study at program induction day. Self-selection / voluntary as only data for students and tutors who provided consent included in study.	Range including (nil specifics): Hospices, hospitals, outpatient clinics and community settings	All students in program required to approach 4 patients &/or family member each term & request they rate student's performance using 10-item 'My Experience' Questionnaire (developed for purpose). Students trained to increase confidence to request this feedback. Forms returned to tutor.
Reese et al. 2009	28 Trainees 110 clients attending individual therapy at the graduate program's marriage and family training clinic or the university counselling centre.	Psychotherapy	2nd year of training in Master's level Marriage and Family or Clinical Counselling Psychology	Not specified	University clinics	Trainees assigned to continuous feedback or no feedback for 1 year (across 2 x 16 week semesters)

Stillman 1980	3 classes students (31, 41, 89) 7 patient PIs with stable pulmonary & cardiac conditions	Medicine	3rd year internal medicine clerkship (43) 3rd year (41) 2nd year (89)	Not specified	In an unspecified clinic room	2 checklists developed (performance & content). PIs trained to teach, evaluate (using the performance checklist) & provide feedback to medical trainees examiners. Practice exams with volunteers before study. Students randomised to conditions to examine PIs.
Anderson & Meyer 1978	46 experimental 'Instructor-Patient taught students 41 students – trained by physician instructors 16 PIs with stable respiratory, cardiovascular, musculoskeletal, or neurological findings	Medical	2nd year - All previously completed relevant course work for the organ they were assigned.	Students: via physical diagnosis course instructors PIs: Direct physician referral, outpatient chart review (with physician), referral from existing/recruited PIs.	Not specified 'teaching facilities'	Faculty member recruited to develop PI teaching materials and train PIs to provide appropriate feedback to students. Each 'experimental' student given 1 x teaching session ~2.5 hours. 2 PIs met with 4 experimental students for PI instructional sessions. They reviewed medical history, were oriented to specially developed PI manual to guide sequence to follow. Each pair of medical students took turns examining one of PIs while other PIs provided feedback and suggestions. Students noted patho-physiology questions for discussion with MD in next weekly session. Faculty members examined all students 3-9 weeks post PI sessions, using PIs unfamiliar to students being examined.
Simek-Downing et al. 1986	64 students (38m, 26f) Family & Community Medicine	Family & Community Medicine	Clinical clerkship in family medicine	Students – clerkship program (randomised selection of videos). Actual & standardised patients – not specified	Not specified - in clinical clerkship settings	Students recorded while interviewing an actual patient at beginning and end of clerkship. Students reviewed video with patient (real or standardised) – received feedback. Randomised selection of video recordings chosen by researchers to analyse.

Note. SU = Service User; SP = Standardised Patient; PI = Patient Instructors; MD = Medical Doctor

Feedback details

Author/s	F/back – Type	F/back Delivery Method	F/back Freq; Intervals; Phase of study; Duration	Evaluation method	Did F/B improve student clinical skills?	Student perception of f/back Positive = Negative = - Neutral = 0	Student perception of feedback	Follow up
Anderson et al. 2011	Verbal / Written.	Verbal feedback given directly to students. SUs prepared feedback notes with tutor facilitator assistance, as required. SUs added to key points in group discussion with students.	End of conversations (to group involved in discussion) & End of workshop (to randomised subset of students)	Comparison of Pre- & Post- Questionnaires for Student self-perception of knowledge changes. Randomised student focus groups discussing conversations. Changes in communication competence not assessed.	Yes Significant gains for 87% students who completed self-perception scales on knowledge changes/gains.	+	Pilot studies 1 & 2: 90% positive feedback from students who completed questionnaires (n = 47/49). 90% rated meeting SUs & hearing stories as best aspect & reported learning from them. 48% identified key learning about improving communication interprofessionally. Further 15% explicitly linked this learning to their future interprofessional practice. Pilot 3: knowledge gains reported by 52 (87%, n = 54)	N/A for students. 1:1 Home interviews of SUs who chose/agreed to have them.
Bokken et al. 2010	Verbal	Real patients & SPs provided the student-doctor with feedback on the encounter. Each week, DVD recordings from previous week discussed in tutorial groups providing feedback to group.	Once by patient plus group tutorial DVD discussion	Questionnaires Focus Groups Recording of patient interviews Feedback from SP/patient to student after each encounter	Yes	+	Overall SP feedback considered greater than real patient however, real patient instructive considered greater than SP.	N/A
Bridge et al. 2014	Written & verbal	Summary of anonymous feedback provided to students for portfolio. Collated anonymous feedback to	End of placement	Compared patient vs staff feedback on student performance Student surveys.	Benefits stated however no baseline measures	+	Felt assessments were fair reflection of performance with particular patient at particular time Allowed to see ways to improve ↑confidence with communication	N/A

		students by clinical educator on completion of practicum						
Davies et al. 2009	Written questionn aires	Completed Patient Questionnaires given back to student immediately following	After each patient who student consulted completed questionnaire. Over 10 weeks each student had at least 3 assessments by patients	Pre- and post-questionnaires (start 10 week mark). Interviews with 6 experienced students post-study	Yes	+	Felt patient assessments were fair reflection of performance with particular patients at the particular times. Allowed them to see ways to improve ↑ confidence with communication	N/A
Debyse r et al. 2011	Unclear format when student exclude from interview . Verbal feedback when student in interview	When able to attend the semi-structured meetings with nurse facilitator and client, students involved in discussion & received feedback directly or indirectly as nurse supported clients discussing their experiences (with guidance of questions provided to nurses).	During last 3 days of practicum (generally), in each group interview student attended.	Interviewed students (experienced only) re their perception. All interviews tape recorded, transcribed & analysed for data extraction.	Yes	+	Initially had doubts & sceptical about added value of the project. Encouraged students to reflect more profoundly & minimised uncertainty. Enabled students to become more aware of the clients' needs	N/A
Fairch ild 1985	Formal and informal based on School student, parent, & school teacher Question naire feedback (anonym ous.)	Questionnaire feedback shared by trainer with interns. Student provided with comparison of individual vs group data to show progress.	Informal feedback – as required per trainer's discretion during placement. Formal – at scheduled time end of each semester	Intern's trainer monitored all feedback received on intern. Trainers compared individual vs group performance.	Not clear	N/A	N/A	N/A
Gall et	Checklist	Not stated but	N/A	Comparison of 2	Yes	N/A	Authors stated positive response	N/A

al. 1984	.	indicated was one of purposes of checklist		Checklists: Performance checklist (PI) & Content checklist (Student or HP examiners) Also comparison of performance over time and performance of students who did/didn't have prior access to Content checklist.			to program by students having subsequently volunteered for 2nd and 3rd encounters	
Pal et al. 2013	Question naires	Discussion tutor about anonymous collated data.	N/A	Focus Groups were conducted at 3 intervals. Students invited to participate. FGs recorded, transcribed, analysed.	Yes	**+ and -**	↑ and ↓ confidence with asking for feedback. ↑ confidence, feel good, reassurance doing the good work; Previously thought only received negative feedback so receiving positive feedback appreciated; 'even negative feedback could positively change practice; Encouraged to strive to provide good care	N/A
Reese et al. 2009	Verbal and formal measures	Weekly individual & group sessions	Weekly individual & group sessions	ORS, SRS (PCOMS), SOS, SWAI-T	Feedback group demonstrated statistically better client outcomes than no feedback group	**0**		N/A
Stillma n 1980	Verbal	PIs provide feedback on assessment performance and manoeuvres (including review / re-try of incorrectly completed manoeuvres)	At conclusion of each examination	Questionnaires students were asked to completed to evaluate program (completed by 80% students).	For students who failed 1st assessment, compared 1st and 2nd assessment – improvements evident with passing.	**+**	95% of students rated sessions as helpful in identifying their strengths & weaknesses in examination and diagnosis accuracy. Majority of students stated they appreciated the instructive and immediate feedback provided by PIs.	? no

Anderson & Meyer 1978	Verbal	PIs provided verbal feedback and suggestions	At time of I-P instructional session.	Compared mean exam scores of I-P trained vs physician trained student groups. Questionnaires completed by I-Ps for rating exam performance from patient perspective. Experimental students rated I-P instructional sessions after exams.	Yes – composite mean scores comparison indicate experimental students demonstrated greater proficiency in exam compared to control. I-Ps reported experimental and control student groups were roughly comparable, with slight preference for I-P trained students in explaining examinations	**+**	Experimental students' ratings post exam indicated positive responses for continuing I-P program.	N/A
Simek-Downing et al. 1986	Verbal	Verbal instruction and feedback on their performance of various skills. Encouraged to practice these during remaining 6 weeks of clerkship (i.e. between interview videos)	At end of 1st interview	Randomised selection of initial and final student interview recordings analysed to observe skills' changes between the 2 interview recordings.	Yes – in particular, summarisations skills improved for students who initially interviewed Standardised patients, compared to psychosocial content improvements noted for students who interviewed real patients in initial interviews.	**NIL - N/A**	NIL - N/A	No / Not advised

Note. SU = Service User; PI = Patient Instructor; ORS = Outcome Rating Scale; SRS= Session Rating Scale; PCOMS = Partners for Change Outcome Management System.