

Addis Ababa University

College of Health Sciences

Department of Health Sciences Education

Exploring medical radiological technology students perceptions and preferences for feedback at CHS, AAU.

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Abstract

Background: Feedback is seen as essential component of the learning environment .It enables students to be aware of their strength and weakness and provide them with the base line for future improvements. It is considered central to the development of student learning guides them to remain on course by giving them clear picture of the goal to be reached. Despite this its implementation has the least satisfactory aspect of student experience in higher education.

Purpose: To identify the students' perceptions of valuable feedback in the medical radiologic technology department and their preferred process for receiving feedback.

Method: This study has used semi-structured focus group discussions**.** Research participants were fourth year medical radiologic students at Addis Ababa University. The sampling method was purposeful sampling.

Result: Five major themes were apparent during the discussion regarding the perceptions and preference of MRT students for feedback. Student saw feedback as suggestion for improvement. Though they have little exposure to constructive individual feedback, the student highly regard continuous constructive feedback in higher education. The students also stressed that culture and societal challenges are the major barriers of feedback being followed by academic and pedagogic background of instructors. Feedback which is dialogic, verbal, continuous, on the things which can be improved and from role model instructors is preferred by the students.

Conclusion: This study has showed that medical radiologic technology students are aware of the meaning and value of feedback. But the students are concerned with the amount of feedback they are getting from their instructors. The students need continuous and constructive feedback. They preferred feedback to be given individually and orally. This study also showed that culture is the biggest barrier of constructive feedback in this context.

Recommendation: to improve the feedback culture the society needs to educate**.** Training for both the students and faculty members is recommended.

Keywords: Feedback; focus group; student's perception; qualitative study; Health-care students

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Abbreviations

AAU=Addis Ababa University

CHS= College of health science

FGD= Focus group discussions

MRT=Medical radiologic technology

MaKCHS=Makerere University College of Health Sciences

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1. Introduction

1.1 Background

Feedback and its role in higher education has been the topic of many publications in the academic world. Different authors have concluded that high quality feedback is important in higher education (e.g. Sadler 1989, Nicol and Macfarlane-Dick 2006, Black and William 2000, Gibbs 1999, Hyland2000, Ramsden 2003, Shute 2008).Feedback is seen as essential component of the learning environment .It enables students to be aware of their strength and weakness and provide them with the base line for future improvements. (MR Weaver, 2006) .It is considered central to the development of student learning (Hattie & Timperley, 2007) and guides them to remain on course by giving them clear picture of the goal to be reached(Chowdhury , R. R. , & Kalu, G. 2004)

Though its long known importance and usage, feedback has no single consensual definition in literatures so far (Van De Ridder, J. M et.al 2008).For the purpose of this study, feedback is, to provide students with information to reduce the deficit between their current and desired performance (Alfehaid, L. S. et.al. 2018).Teachers (instructors) and supervisors will provide the student or trainee on what is done correctly and what needs to be improved. They communicate the expected standard with the student.

Feedback in medical education is of great importance. It plays major role in the acquisition of clinical skills. It helps the students develop their psychomotor and affective behaviours. Its role in creation of expertise in care of patients lies beyond pedagogy. It helps good performance get noticed; bad performance corrected .Feedback allows the students know better the medical environment by creating awareness of the expected goals of the program. (Ende, J. 1983).

Despite this all the implementation of feedback in a teaching and learning is way below the needed amount. As mentioned in Chris Beaumont et al, in the UK national student surveys, feedback has the least satisfactory aspect of student experience with low satisfaction scores over three consecutive years - 2007, 2006 and 2005.One factor for such dissatisfaction according to Hill et al (2010), as mentioned in Mulliner, E., & Tucker, M. 2017, is the existing difference between student’s perception of feedback and academics understanding of it.

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Therefore being the center of all this, student's perception and preference for feedback is important area of study. That's why current publications on feedback are giving emphasis for it. But contrary to high level need of quality of teaching, as a developing country, the researcher was not able to find any published research on Ethiopian student's perception and preference for feedback.

1.2 Statement of the problem

Ethiopia being one of the developing countries is certainly in need of competent and qualified graduates to drive her forward. To achieve this; the education system needs to be more than just competency based. It needs to motivate and engage students. Addis Ababa University, the oldest and the highest ranking university in the country, should play the leading role for this. It should come up with new theories and modify the existing ones too; according to our context.

Through revising the current AAU senate legislation (2013), the researcher was not able to find clear guidelines on what feedback is, how it is given, how often it should be given and in what manner it should be delivered.

Therefore by doing this study the researcher, as one member of the AAU, plans to open the discussion on feedback. By knowing our students' perception and preferences; complemented by further studies on scientific principles and faculty perspectives, we will be able to gain valuable inputs for shaping our academic system in the way that fits our students.

1.3 Research question

The research questions that are going to be addressed in this study are:

1, do MRT students get feedback from their instructors?

2, how do MRT students at AAU describe their understanding of feedback?

3, what are the MRT students' perceptions of the value of feedback to their learning?

4, what do students describe as their preferred processes for receiving feedback?

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1.4 Conceptual model

The current education policy of AAU is student centered in which students are expected to play active role in learning and teaching process. This also applies for feedback process. According to saddler (1989) to benefit from feedback the student needs to have a clear idea of the goal to be reached, compare the current level of performance with the standard and engage in appropriate action to close the gap. Students will monitor and evaluate their own performance. Therefore any model of feedback must take into account of the way students make sense of, and use, feedback information (Nicol, D., & Macfarlane-Dick, D. 2004).

Therefore the researcher has adopted the following conceptual model (Fig 1) from the work of Nicol, D., & Macfarlane-Dick, D. (2004) which sees feedback from constructive epistemological perspective.

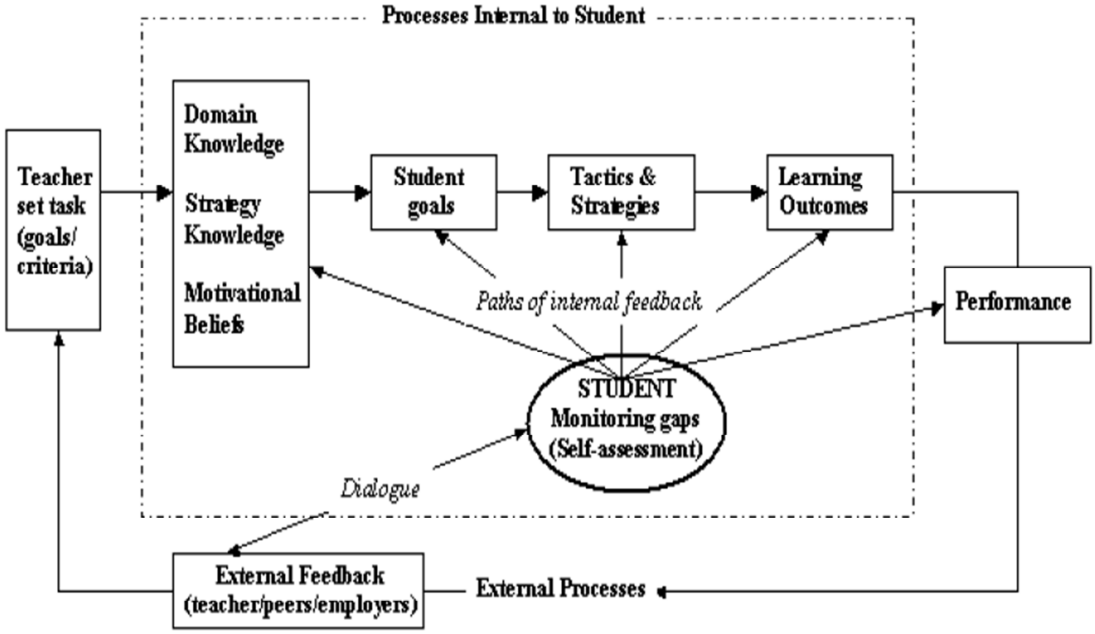


FIGURE 1: A Model of the Formative Assessment and Feedback

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2. Literature review

A qualitative study was done on the perception and attitudes of undergraduate healthcare science students in Riyadh, Saudi Arabia (Alfehaid, L. S et al 2018). The findings showed that students valued feedback from their faculty instructors that provide insight into their performance. They had increased value for feedback which started with positive comment. They believed that constructive feedback would improve their practical and academic performance significantly. They also mentioned barriers of feedback including lack of standardization, busy schedule of faculty members and increasing number of students. The research concluded that healthcare students need continuous and constructive feedback. It outlined dialogic mutual and peer feedback with balanced positive comment and points for improvement should be provided during the educational process. It also recommends training for both faculty members and students.

Another study which is done on student perception and preferences for feedback at Macquarie University, Australia (Rowe, A. D., & Wood, L. N. 2009) has shown very few significant differences between any of the demographics variables. Year of enrolment had significant effect on the students' satisfaction with type of feedback they receive. Third and fourth year students reported lower level of satisfaction than first and second years. But the result of regression analysis suggested that demographic variables are a poor predicator of student feedback preferences. In conclusion, the researchers outlined the importance of much deeper dialogue with the students to find out the individual meaning of receiving feedback.

An action research study on the use of a structured formative feedback form for students' assignments in African health sciences institution (Leibowitz, B., & Gonzaga, M. A. 2014) was conducted at Makerere University College of Health Sciences (MaKCHS).The aim was to initiate sustainable formative feedback mechanism in resource-limited setting. The participants were all second year undergraduate medical radiography students and their teachers at MaKCHS. Focus group discussions (FGD) followed by meeting were held with both teachers and students to designed structured feedback form for written assignments. Then the form was used and the students and teachers again sat for focus group discussion. The findings from the first FGD showed all students lacked knowledge and misunderstood it as simply quantitative marks, But unlike the students, the teachers had some knowledge about feedback. The study explained this

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gap as a lack of formal policy and systematic feedback format leading the teachers to ignore giving feedback. In FGD after the implementation, with the same students, the result showed increased motivation and enhanced learning. The teachers were also influenced to modify their teaching strategies to meet their students learning gaps.

3. Objectives

General objective

The main objective of this research is to evaluate the students' perceptions about what they consider as valuable/quality feedback in the medical radiologic department, as well as their preferred process for receiving feedback.

Specific objective

This study will also;

1, identify whether MRT students perceive that feedback is given to them, or not.

2, examine how students describe what feedback is.

3, explore how students react to different processes for receiving feedback.

4, Methodology

A qualitative approach using focus group discussions was used in this study because it is aimed to understand the students' perception and preference for feedback

4.1 Study area

This study is conducted at Addis Ababa University College of health sciences, Ethiopia.

4.2 Study design

A qualitative approach using semi-structured FGD was used to evaluate medical radiological technology students' perceptions and preferences for feedback. This method was chosen because

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it gives the students a social setting to express their feeling and ideas freely. We proposed that the group dynamics will help them come up with more diverse ideas.

4.3 Study population

The target populations for this study were all fourth year MRT students. There are 25 fourth year students currently. They were selected because of their longer stay at the department enabling them to have more experience with the teaching and learning environment.

4.4 sampling procedure

In this qualitative study where FGD was used purposeful sampling was also used to facilitate and promote the group dynamics.

4.5 data collection

Before the actual data collection the researcher has trained a colleague, someone who has no power difference with the students, on how to conduct the focus group discussions. Then the trained person conducted an initial FGD with 4 participants and discussed with the principal investigator on how well the discussion went. Then the rest four FGD was conducted.

4.6 data Analysis

The focus group discussion was conducted in Amharic language. The discussion was recorded using sound recorder and the data was transcribed and translated into English by the principal investigator. Great care has been taken to make sure that the English transcripts would be comparable to the original Amharic data. Then the transcribed data was coded, categorized and analyzed using thematic analysis.

4.7 Ethical consideration

Each participant has signed consent before starting the focus group discussion. They were assured that their names will not be mentioned in the study or be taken at the time of data collection. They were also told that they have every right to not participate in the study or leave the discussion at any given time. They were also assured that the transcribed manuscript and the

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recorded sound will not be placed together. And the recorded voice will be destroyed once the research completed.

Ethical approval was obtained from Research Ethics Committee of college of health sciences, Addis Ababa Ethiopia.

4.8 knowledge translation

After completing the study, by providing copies of the research, the findings will be communicated with department of medical radiologic technology and CHS, AAU.

5. Results

Five of the six planned FGD were conducted, each taking 40-60 minutes. Many issues were raised in these groups. I have reviewed and coded the data to align with my research question(s) and objectives. As a result, five major themes emerged from the data. The first theme, which emerged as most of the participants discussed feedback, was about **feedback description**. Another idea that most of participants discussed was regarding their experiences of feedback; **previous exposure with feedback**. The third theme that emerged pertained to the **value of feedback;** most participants raised and talked about this repeatedly. Participants also discussed in detail factors which hindered feedback processes. I categorized this idea as fourth theme; **barriers of feedback**. The last idea that the participants intensively raised were their choices of ways of getting feedback; **preferences in getting feedback**. I further, divided this theme into two categories: **preferred approaches** and **teacher preferences.** These themes and categories are discussed in detail below.

Theme one: Description of feedback

Most of the participants describe feedback as a comment to/from instructors. They see it as a communication between instructors and them. They also described it as ‘reaction for input’ based on once perspective.

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> "*It's how you respond to the message you receive. When you receive a message, you will take it positively or negatively from your point of view…" F1P1*

Many of them saw it as a recommendation for improvement.

> "*It's to encourage or discourage a given behavior so that we keep doing it or don't do it any more"* F2P1

> *"It's identifying the gap and provide solution for it"* F4P2

They also believed that feedback is given based on once performance.

> *"It's the result of some work and its response by someone who observe the work*" F2P4

Theme two: Previous Exposure with feedback

Though a few of the participants mentioned that they received individual feedback at some point in time, most participants expressed that they had little individual feedback from instructors.

> *"I don't think they have given us well thought and planned feedbacks so far …"* F3P2

> "*Individual feedback from our teachers is very rare…*" F1P2

Some of the students expressed their exposure to more generalized feedback in which instructors give feedback to the whole class. Others saw those generalized comments towards the class as a mere act of experience sharing. But most of the students agreed that they received more feedbacks in clinical attachment areas; comparing it with class room feedbacks from instructors.

When participants discussed feedback, from them to their instructors, most of the students expressed their concerns with the formal questioners prepared by the department to comment on instructors, which were mainly based on its content and timing. They criticized this approach as a burden and untimely.

> "*…but the drawback is that it often given at the end of the semester. The feedbacks we give will be helpful for the next batch, but not for us…"* F1P2

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However, the participants appreciated the way of giving feedback on an anonymous piece of paper as requested by instructors. They believed that this approach will give them more freedom to write fair, relevant and appropriate comments to their instructors.

> "*… This is more effective than the previous one because it gives us more freedom to write what we feel."* F1P3

The participants also described their previous exposure with peer feedback. They mentioned that it's somehow easy to give and receive feedback from their friends.

> *"We have been together for long enough to know each other. So the feedbacks we share will be realistic and easy to accept"* F5P1

Theme three: value of feedback

The importance of feedback was thoroughly discussed in the all focus groups. The participants have mentioned various things regarding their perception of feedback values in the learning and teaching activities. These concepts are identified as advantageous when feedbacks are given properly and as disadvantageous when not provided.

Category one: proper feedback and advantages

Proper feedback improves accountability as identified by most of the participants. They discussed that feedbacks must be given to the department, instructors and students; this will increase accountability and used to solve some problems.

> "*The feedbacks might be for the students, teachers or for department so it will help us know who is responsible for that specific problem" F1P3.*

The participants also identified that proper feedbacks is helpful in shaping the teaching styles. They mentioned that feedbacks improve the ways of teaching and learning.

> *".....without feedbacks the teaching and learning process will be one way; may not be as effective as needed…instructors do not get opportunity to make amends to their teaching styles when needed,"F1P2*

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Interestingly constructive feedback is very helpful in self-improvement.one of the participants has forwarded that feedback helps in changing one's own performance for better.

> *"I think the use of feedback is not only to know the shortcomings but also to point out all the good things we did. Feedback helps us to keep doing the good things, repeatedly." F3P4*

They also highlighted the use of feedback especially in health sector. They stressed on the need of continuous and regular feedbacks to them as they are dealing with human life on daily basis. They believed it will result in better diagnosis and treatment.

> "*It's very important to get feedbacks from our supervisors at practice areas. It helps us to develop our practical knowledge .With better follow up and feedback from them we will be encouraged to be present in every session and document the things we did on our logs book. They will see our log books and provide us their feedback"*. F5P2

> *"I think it help us to remind ourselves that we are dealing with human life. We need to be told about that too. Our mistakes may cost us human life. So we need to work on that to minimize our flaws. Supervisors' feedback will be of great importance in such circumstances."*F4P2

Category two: Disadvantage of lack of feedback

As identified by participants the problems which occurred in the daily teaching and learning activities remained unsolved when feedbacks are not part of the learning and teaching process. They also mentioned that their opinions and ideas were not being heard due to absence of feedback culture. This leads to persistent problems and force the students to give up on the system. One of the participants has explained the situation as below.

> *"There are no sessions for us to give our opinions. Our voice has no place in the system. We have no impact and don't have the opportunity to change anything'" F1P4*

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Theme four: barriers of feedback

From the discussion the major possible barriers of effective and constructive feedback, as raised by the participants, were listed and categorized into two; culture and instructors academic and pedagogic background. They are discussed as follows.

Category 1: Culture

Sub-category 1: Preference for positive comment only

As most of the participants agreed the society usually prefer to hear only the positive comments and don't like people who dare to give comments on something they need to improve. They feel as if they are being targeted and get offended easily.

> *"….the society we grew at didn't teach us to accept negative feedbacks. We feel offended…"* F1P2

Sub-category 2: Failure to appreciate

Another thing they mentioned as a culture barrier is the absence of acknowledgment and appreciation in their society. The participants mentioned the challenges they faced growing up: how they never get appreciated but punished often. And that has left them with no exposure to appreciation and acknowledgment; which is making it hard for them (and their teachers too) to give constructive feedback.

> *"We were not raised that way. When we did good things everyone will hash. But if we made some mistakes they were quick to scold us."* F3P2

Sub-category 3: Failure to express feelings

The participants also stressed on their inability to express their feeling due to the way they were raised. As child, because of the highly hierarchical society they live in, they were not allowed to give comment or suggestion to their elders. They were not even allowed to ask questions. This has left them with bad scar when it comes to expressing their feelings. They mentioned that it will be very hard for them to give feedbacks to their elders, even now.

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"…whenever we had something to say, as a child, we were forced to shut up" F3P4

Sub-category 4: YLUNTA-bashfulness

YLUNTA (Amharic word) – bashfulness is the closest English word for it- is the unique thing that usually comes together with the name Ethiopian. It is inability to come forward and express shortcomings or wrong doings of a person for the sake of not 'humiliate' him/her and end up losing the already built relationship; No matter how necessary it is. Ethiopians will usually pretend as if they didn't notice the problem rather than telling you to avoid or solve it. As most of the participants agreed it it's the most difficult barrier to constructive feedback here.

"Because of YLUNTA (bashfulness) We don't give negative feedbacks; even if it's very much obvious for everyone to see…to keep the smooth environment with our friends…" F3P2

Category 2: Instructors Academic and pedagogic background

In order for the instructors to give constructive feedback they need to be very good with the subject matter they teach. Otherwise they will avoid more confrontation with the students.

"…to give a proper feedback on a given topic they need to know it very well…" F1P1

They also need to know how to give proper feedbacks. The participants discussed that the instructors need to know how to give feedback to different groups of students with different level of learning ability.

"…if I use that same approach I used for someone who can understands easily and apply it exactly on a person who takes time to grasp things… its wrong… it won't be effective" F3P1

The participants also outlined a teacher with poor pedagogic background will straggle to communicate with the students resulting in poor teacher- student relationship. This will in turn be a barrier for effective feedback.

"*There was this …teacher who read all the slides without looking us even for a second …so how can we expect a teacher, who does not even know his students, to give feedback?" F3P1*

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Theme five: preference in getting feedback

This is the last theme emerged from the data. Participants had strong views about choice of ways of getting feedback. They mentioned their preferred best approaches of getting and giving feedbacks. Based on the ideas raised and discussed I divided this theme into two categories: preferred approach and teacher preference.

Category 1: preferred approach

The participants discussed their preference of feedback and identified a lot of ideas. They mainly mentioned how, when and from whom they want to get feedbacks.

Participants preferred the dialogic way of feedback. They believed it will allow them to ask for further explanations.

> "*…it gives me a chance to ask why that feedback is given to me*" F4P4

In addition, according to the participants, the feedback must have a well-defined goals and objectives. This may help them to identify what is expected from them. And this is explained by one of the participant as follow.

> *"We also need to have common consensus on the objective." F1P1.*

And the participants mentioned that the feedback must be started from the things they did well and proceed to the things they need to improve. It helps to start on positive note.

> *"….start from positive; this helps us to get their attention....otherwise people get offended if it started with negative," F3P1.*

Most importantly, the feedback must be based on the shared responsibilities. That means feedback giver should be part of the solution.

> *"…rather than just telling me to do this and that; I prefer if he says let us do this." F1P3*

The other thing is they preferred feedback to be given individually and orally. Most of the participants have mentioned that they preferred feedbacks in this approach. It helps them to see

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the care and desire of their instructors from their facial expressions. And also they can easily understand what the instructor meant, when they come across with some ambiguous feedback, from their tones too.

> *"…due to the presence of facial expression and voice tone when given orally" F4P2*

> *"…it's also difficult for the instructors to include all the things they want to say" F5P1*

They also stressed on the need of having a friendly approach with their instructors for effective feedback. As they discussed, it will help them to know each other more which in turn helps the feedback to be real and constructive.

> *"I think it's best if they are close to us…this way he knows me more…the feedback he will give me will be real and solid and I can easily accept it." F1P1*

The participants also mentioned that feedback needs to be continuous and regular, frequent, based on performance and only on the things which can be improved.

> *"…it should be realistic, specifically on things which can be improved. Some give feedbacks on things which the receiver cannot change .that is not good and helpful." F3P4*

Category 2: Teacher preference

All most all of the participants were in favor of improved teacher student relationships. They believed that having better communication with their instructors could easily help them grasp the intended message which transferred through feedbacks.

> *"…one, if they are close to us they will know us enough to give us proper feedback. Two, because of the already established relation, we can easily contact with them and ask for more details and explanations on the feedback they gave us." F1P3*

On the contrary if the instructor does not try to know them more or does not communicate with them well, they think it will be hard for them to accept the feedback. They mentioned that instructors should know them well in order to give them constructive feedback. Otherwise it's going to be difficult for them to accept and implement it.

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> *"…if someone who does not communicate with us very well or keeps his distant from us, gives us feedback, 'how did he know us?' will be our question. This makes it difficult to accept it"* F1P2

> *"It's hard to accept a feedback from a teacher who barely knows us or who just give us a lecture." F1P4*

One more thing raised in the discussions was that instructors should be role model to their students. For them to give comment and advice which will be accepted, first they need to be disciplined and show the students they are applying it in their life too.

> *"…if a teacher, who is punctual, advise me on the benefits of proper time management it will be very easy for me to accept than from a teacher who often comes very late." F4P1*

Another thing discussed in the group is the effect of teachers experience on the feedback. Most of the participants agreed instructors with better experience will have better starting attention; they are more inclined and ready to receive feedbacks from them.

> *"…we believe the experienced ones know more and they can direct us to better ways." F4P2*

But they also stressed that the actual performance matters too. Even if the seniors have better starting attention they will lose it easily if they don't perform to the expected standards set by the student

> *"We might prejudge based on the seniority or experience but by the end of the day it all comes down to their performance…" F3P3.*

6. Discussion

The study was conducted to explore the medical radiologic students' perceptions about what they consider as valuable/quality feedback in the medical radiologic department, as well as their preferred process for receiving feedback. And most of the findings are aligned with the previous studies.

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The participants saw feedback as a comment on a given performance, to/from instructors. They saw it as ‘a reaction for input’ that bases on individual’s perspective. This goes with educationist constructive perspective of feedback (Nicol, D., & Macfarlane-Dick, D. 2004) that I used as a conceptual frame work in this study. The participants also described feedback as recommendation for future improvement in which they will be told to ‘do it often’ or ‘don’t do it anymore’. This will in turn provide them with reference for future. And this is mentioned in MR Weaver (2006) study too. Some participants saw possible comments for instructors on how to improve their teaching style as feedback too. This goes with the definition of feedback in Yang, M., & Carless, D. (2013), adopted from Askew and Lodge (2000), which see it as “all dialogue to support learning in both formal and informal situations”.

When discussing their exposure to feedback most of the participant agreed that they had little exposure to constructive individual feedbacks from their instructors. But there were testimonies of generalized feedbacks directed to the whole class; though some of the students believed those were just simple act ‘experiences sharing’. This showed their dissatisfaction with amount and quality of feedback they are getting. Other studies also showed that feedback has the least satisfactory aspect of student experience in higher education (Chris Beaumont et al). But most of the participants of this study agreed that they received more feedbacks in clinical attachment areas; comparing it with class room feedbacks from instructors.

The participants expressed that with feedback they will be able to know where in the system a given problem resides. Accountable body can be figured out and necessary measures be taken. This will help the instructors to make amends to their teaching styles when needed. These findings are evident in the literatures (Shute, V. J. (2008), Evans, C. (2013), Nicol, D., & Macfarlane-Dick, D. (2004)). They do believe that the feedback they give to their instructors will result in a better teaching style and classroom interaction. This finding was also shown in the previous study.

> *“Assessors learn about the extent to which students have developed expertise, and can tailor their teaching accordingly.” Yorke, M. (2003)*

The use of feedback in medical education goes beyond its pedagogic role. It aids the student in acquisition of clinical skills. Make them aware of the clinical environment. Help minimize errors

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leading to better patient care and treatment (Ende, J. 1983). These points were also raised by the participants of this study. They stressed on the need of continuous and regular feedbacks to them as they are dealing with human life. They believed it will help them to diagnose better.

According to one of the previous studies feedback gives the students a clear picture of the goal to be reached (Chowdhury , R. R. , & Kalu, G. 2004). The participant of this study also underlines this point. They believed feedback will give them the chance to have a consensus on the objective with their instructors; making the goal to be reached clearer. It also helps good performance gets noticed and bring methods for self development as mentioned in Sadler, D. R. (2010) and Nicol, D., & Macfarlane-Dick, D. (2004).

When discussing possible barriers of constructive feedback the participants mentioned teachers' academic and pedagogic background to be one. They expressed limited know how of teachers on the subject matter and on proper feedback techniques results in poor application of feedback culture in higher education. And according to Brukner, H. (1999), like any other teaching skills, feedback is a skill that needs to be learned and practiced; which outlines the need of training for instructors to develop effective skills of giving constructive feedback to students(Leibowitz, B., & Gonzaga, M. A. 2014) .

The major barrier as mentioned by the participant is culture; societal influences. The way they were raised has left them with difficulties on expressing their feelings; especially to elder ones. This has made it impossible for them to engage in feedback and comment their teachers as they would have liked. They also raised that absence of acknowledgment and appreciation in the society is affecting the feedback culture. The other thing they mentioned was; how the preference of the society for positive comments only; affecting the feedback culture. Most of the participants expressed that people usually get offended with negative comments. Yang, M., & Carless, D. (2013) have discussed this under the social effective dimension.

But one unique finding for this study is that YLUNTA (Amharic word) (the closet English word is Bashfulness) is the biggest cultural barrier of constructive feedback. As participants expressed its inability to come forward with corrective comments for the sake of not 'humiliating' him/her and end up losing the already built relationship.

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Feedback, as preferred by students, should be dialogic, frequent, with clear objective, regular, on the things which can be improved and towards a common goal. These characteristics of feedback are well discussed in the works of Nicol, D., & Macfarlane-Dick, D. (2004) and Nicol, D. (2010). The participants also stressed that feedback should start with positive comment and these aliens with the Feedback 'sandwich method' (Dohrenwend, A. (2002). More Evidence of this requirement is available in literature. According to Weaver, M. R. (2006), an important step towards making feedback more effective is through providing a better balance between positive and critical feedback. Instructors not only mark grades but also need to motivate and guide their students.

Participants also preferred individual verbal feedback. This way they can get the intention and care of their instructors from their facial expression. Plus they have the chance to ask for more clarification when giving individually and verbally. They also mentioned that instructors will find it easy to say everything they want to say; unlike written feedback in which they will be restricted. Most of the participants also prefer feedback to be given individually. Mulliner, E., & Tucker, M. (2017) have showed that students prefer verbal individual feedback. Most of the respondents of Hall, M., Hanna, L. A., & Quinn, S. (2012) agreed individual feedback was of more benefit to learning than generic feedback

The other idea the participants emphasized was on the importance of friendly approach by instructors. All most all students are in favor of improved student-teacher relationships. They believed it will aid them for improved learning and better feedback retention and acceptance. These findings are also reported in previous studies. Lundberg, C. A., & Schreiner, L. A. (2004) have supported important contribution of frequent and high quality faculty-student interaction.

Good student- supervisor relationship will let the student consider the supervisor as credible and they will ask for feedback. If they believe the instructor is putting effort into the relation they will engage and react positively (Bowen, L., Marshall, M., & Murdoch-Eaton, D. (2017)).

Finally most of the students agreed that someone with experience will have higher initial acceptance but underlined what really matters is the actual performance. They also stressed that instructors should be role model for the feedback to be accepted easily.

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7. Conclusion

This study has showed that medical radiologic technology students are aware of the meaning and value of feedback. But the students are concerned with the amount of feedback they are getting from their instructors. Students need continuous and constructive feedback. They preferred feedback to be given individually and orally. This study also showed that culture is the biggest barrier of constructive feedback in this context. The effect of being raised in hierarchical society has left both the student and instructors with hurdle to pass on when it comes to expressing feelings, appreciation and dealing with negative comments.

The need of improved student-instructor relation is also emphasized in this study. Students find it easy to communicate and accept feedbacks from someone with whom they have better communication.

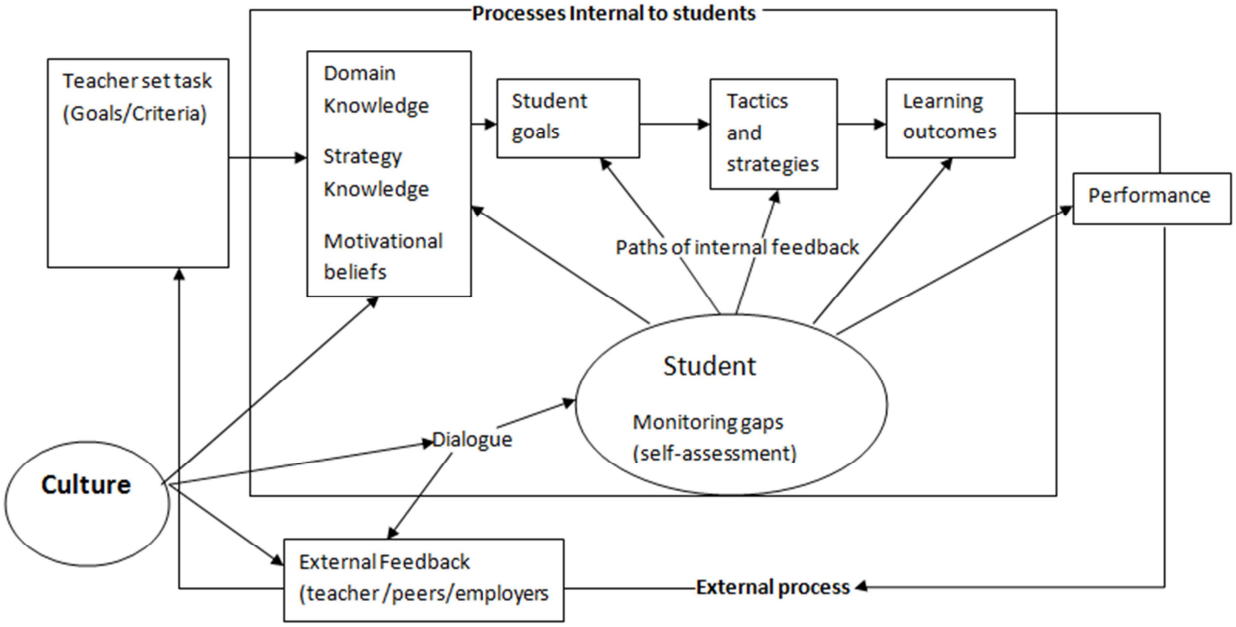


FIGURE 2: Model for effect of culture on formative assessment and Feedback

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8. Recommendation

Trainings for instructors on the need of improved instructor-student relationship and on how to give feedback should be given. The society also needs to be educated on the advantage of children being able to express their feelings during childhood. Awareness creation programs on the effect of YLUNTA on learning, teaching and personal development should be designed and implemented. The researcher also recommends continuous and constructive feedback to be part of the curriculum.

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Appendix

FGD interview Guide

1. In your opinion what is feedback? (Will be asked to elaborate if they give short answers.
    a. *Probe if confused:* Have you ever been told by your teacher or instructor how you can make changes to your learning? About how to improve if something is wrong?
    b. *Probe*: Why don't you tell me more about that experience?
    c. *Probe*: Does that help you have an opinion of what is feedback?
    d. *Probe*: Please tell me what you're thinking about feedback now.

2. Based on your experiences, how do you think your instructors understand what is feedback?

3. Based on your experiences, how do you think your classmates understand what is feedback?

4. Based on your experiences, what do you think as importance of feedback?
    a. Probe: how does it affect your educational and personal development?

5. From your experiences, tell me about a feedback you didn't like or had a negative impact on you?
    a. Probe: Give me more detail about what happened.
    b. Probe: what do you suggest to avoid this kind of situation?

6. What do you think as effect of Ethiopian culture on feedback?
    a. Probe: do u think Ethiopian culture is open for feedback?
    b. Probe: does it have a positive or negative impact? How?
    c. Probe: what are the challenges?
    d. Probe: what needs to be done to tackle those challenges?

7. How do you like to receive feedback?

8. What kind of instructor do you prefer to receive a feedback from?
    a. Probe: do u think instructors behavior, rank or level of experience have effect on your reaction to their feedback?
    b. Probe: does the strength of your relationship with your instructors affect your reaction to their feedback?

9. What do you think is the role of a student in feedback process?