



Feedback matters: community placement assessment in a rural medical cohort via video commentary

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Abstract

Educators must provide tertiary students with authentic assessment feedback to support learning goals and workplace preparedness. Today's digitally connected students consume information in bite-sized formats via podcasts and social media so educators should engage through similar channels. However, despite video teaching being common in medical education, video feedback for assessment is not. At an Australian regional university, preclinical students work interprofessionally with rural community organisations and clients to understand social, cultural, and economic health impacts. This paper describes the introduction of video feedback for approximately 400 first-year graduate-entry rural medical students for a summative assessment of a creative project reflecting on their Community-Based Placement (CBP). The study explored how video feedback enhances students' knowledge of health, community, and self. We examined educators' reflexivity in adopting innovative pedagogical practices. We investigated how staff and student experiences of creating and receiving video feedback, its novelty and usefulness of within transformative learning, using a mixed-method approach. In the context of contemporary medical education and practice, and an increasingly technology-based world, video commentary provides authentic assessment feedback that is impactful for students and enhances the practice and professional development of educators. These findings may apply beyond medical education to other healthcare disciplines, and sectors.

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Practitioner Notes

1. Community placements enable students to work interprofessionally with community organisations developing an understanding of the social determinants of health (SDH).
2. Learning outcomes may be improved by adopting authentic and innovative assessment and feedback.
3. Contemporary feedback must keep pace with technology; video feedback is one solution.
4. Video commentary provides authentic assessment feedback that is impactful for students and enhances the practice and professional development of educators.
5. Engaging with students is crucial in an increasingly online world and is personally and professionally rewarding for educators.

Keywords

Rural medical education, Community-Based Placement (CBP), creative assessment, video feedback

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Introduction

It is imperative that educators provide meaningful and authentic assessment feedback to students to facilitate attainment of their learning goals. Student feedback, broadly defined, is a process of engaging students in reflecting on their learning and enabling them to improve and develop as they progress in their learning. When it is linked to the aims of authentic assessment, student feedback becomes authentic feedback (Henderson et al., 2019). Authentic feedback is defined as “processes which resemble the feedback practices of the discipline, profession or workplace” (Dawson et al., p.286). Moreover, students desire assessment feedback that is timely, better quality, personalised, and of relevance to clinical practice (Epstein, 2007; Gibbs & Simpson, 2005; Preston et al., 2020).

We know that within higher education, there is capacity for a socio-cultural model of learning between educators and students, and that within this model feedback matters (Merry & Orsmond, 2008). Harrison et al. (2016) allude to the benefits of applying socio-cultural or constructivist principles to assessment feedback. These principles include authenticity, empowering students with a more active role in their learning, with the gradual scaffolding of content to enable understanding and attainment of knowledge (Harrison et al., 2016).

Transformative learning, based on the scholarship of Mezirow (1997) and Mezirow and Taylor (2011) is defined as “processes that result in significant and irreversible changes in the way a person experiences, conceptualises, and interacts with the world” (Hoggan, 2016, p.71). As a pedagogy for the training of health professionals – training that takes place in often unfamiliar settings, such as clinical or community-based – transformative learning encourages learners to be active contributors to their own learning. This style of learning exposes students to elements of surprise and uncertainty and reflects the real-world complexities that will form part of their future healthcare practice (Van Schalkwyk et al., 2019). This shift in a learner’s worldview provides opportunities for new ways of experiencing, and contributing to, their contexts and their learning (Hart et al., 2025). As Mezirow (1997, p.5) notes, these opportunities may be, “more inclusive, discriminating, self-reflective, and integrative of experience”.

Applied to the context of medical education, transformative learning is a tool that can help educators shape or frame learners’ ways of seeing the world (Greenhill et al., 2018) by providing deep and meaningful learning experiences (Hart et al., 2025). Embedding the notion of transformative learning in curriculum and assessment provides students with the opportunity for reflexivity reinforcing their new understandings of the world, including shifts toward person-centred thinking, understanding diversity and complexity, and self-care (Greenhill et al., 2018). While context and provision of learning are important facets of transformative learning experiences, another key component is the assessment of learning.

Historically, it was considered that medical students tend to focus on learning how to pass examinations to the detriment of learning about patients and healthcare (Goffman, 1959); contemporary academics and researchers might say little has changed in intervening decades (Witt et al, 2022). Nevertheless, where we have witnessed a significant paradigm shift, is how we live, learn, and educate in an increasingly online world. Students today are digitally connected, and it is important that their educators engage with them through such familiar channels. At the same time, we are seeing increased diversity in the medical student cohort (Gore et al., 2018). This study therefore asks research questions surrounding how staff and students experience the

creation and receipt of video feedback, and the novelty and usefulness of this approach within the paradigm of transformative learning. The research was undertaken through a mixed methods lens which allows for the voices of the educator and students to describe, evaluate and promote the video feedback process.

Video feedback

Today, there may be lags between students living technologically-advanced lives, and their experiential learning. 'Digitally fluent' students of the current generation understand and use short videos, reels and social media in contemporary life and these can also be useful for micro-learning when absorbed critically and carefully. Campbell (2005) and Witt et al. (2022) describe contemporary students who embrace technology in both their personal lives and academically as 'digitally fluent'. Anecdotally, students tell us they seek out curricula through various memes and short movies. These innovative pedagogies both mimic students' common tech-based experiences and provide exciting user-friendly opportunities for chunking learning into small manageable bite-sized quantities (Grevtseva et al., 2017).

Within medical education, videos have been commonly used in teaching and curriculum delivery for many years (Fukkink et al., 2011). For assessment purposes though, medicine has been slower to adopt the use of video feedback. Yet, in an increasingly online world, meaningful and personal feedback is crucial to improve and strengthen student engagement, which video feedback may facilitate. Video feedback provides targeted, digestible feedback via electronic means. As Orsmond et al. (2005) argue, there is space and indeed an imperative for alternative forms of feedback such as video and audio feedback that is highly regarded by students as having more 'depth'. Indeed, without the incorporation of videos and multimedia into teaching and learning practices, it is argued that educators limit or even impede student learning (Campbell, 2005). Further, students' engagement with the 'voice' in video feedback compared with more traditional text feedback on assessments, can provide opportunities for social connections between educator and learner, which is especially important in times of isolation such as during the global pandemic (Campbell, 2005). As such, educators may appreciate that video feedback can convey what written feedback cannot, lending it greater authenticity, even empathy, and genuine connectivity with students.

Forward facing, the solution for providing such novel forms of feedback is to extend to all educators' professional development with technology to increase confidence and competence. Professional development is essential for academics to incorporate appropriate forms of media to enhance their education skill sets. This endeavour points to the capacity building of staff as an equity or social justice issue that requires skills-training and resources to increase motivation and adoption (Willems, 2019). Educators need access to the necessary software and appropriate spaces to undertake recordings. There may be further technological considerations relating to file sharing, for example, large file sizes for audio recordings (Merry & Orsmond, 2008). There are similar implications for managing the related file sizes of the recordings for downloading by the student. Other considerations relate to workplace noise while recording (Merry & Orsmond, 2008), and internet capacity and stability, particularly in rural and regional contexts (Hill & Lawton, 2018; Stone & Davis, 2020; Willems, 2005).

Context

Graduate-entry medical students enrolled in an Australian regional medical program are a diverse cohort, with a varied enrolment of domestic rural, metropolitan, and international students. In addition to the development of content knowledge, medical students need to master skills such as empathy, communication and understand the strengths of an interprofessional workforce. It is also important for students to understand social justice and equity issues within communities, relating these back to the person-centred practice of medicine (Goodall, 2012; Lood, 2015; van Diepen & Wolf, 2021). This community-inspired knowledge includes professional skills such as observing the strength of multi-disciplinary teams in regional settings. Within the placements, students invest in the local community by contributing their knowledge and labour to the work of rural organisations and their clients. As such, through Community-Based Placement (CBP), a mutually beneficial relationship between medical students, organisations, and the community they serve is fostered (Cardoso Pinto et al., 2023). In tandem, this experiential learning opportunity conveys to medical students how the discipline relates to real world issues and encourages them to consider that significant and complex social issues are components of authentic teaching (Kreber et al., 2007). For medical education in the context of rural health, the social determinants of health, and engaging with rural clients in a holistic way, are vital in showcasing the complex layers of societal needs, including disadvantages in rural communities (Marmot, 2018).

Discourse around authentic assessment focuses on students using and applying knowledge and skills in real-life settings (Ajjawi et al., 2020), which is encapsulated in our rural CBP program. Students may view assessment tasks as irrelevant when they fail to see a connection to their learning or future clinical practice (Preston et al., 2020). The way students are assessed in relation to their community placement can also complement this contextualised learning. Authentic assessment is therefore important for individual student wellbeing and connectedness with future work practices (McArthur, 2022). Finally, authentic assessment needs to prepare students for the digital world, by integrating digital processes into authentic assessment processes in meaningful ways (Nieminen et al., 2023).

As part of the medical curriculum, students are required to participate in a community-based placement program (CBP) for 36 hours a semester, which equates to 4.5 days. On their community placement, students observe the functioning of community organisations and their clients. Placements can include aged care centres, schools, disability organisations, neighbourhood centres, food banks and more (Monash Rural Health, 2022). The CBP program within the course enables medical students to learn how local rural organisations work to improve the social and health outcomes for their clients. Over the 18 years that our students have been contributing to the program, more than 40,000 hours of community service have been contributed. Students work closely with the community organisations that provide care and support for rural and potentially disadvantaged people enabling students to gain powerful insights into the factors contributing to the perpetuation of that disadvantage (Willems, 2010; Monash Rural Health, 2022). Ultimately CBP helps to develop students' understanding of the social, cultural and economic impacts on health (Monash Rural Health, 2022) 'on-the-ground', so that they experience firsthand the advantages and challenges of living in rural and regional communities (Kelly et al., 2014).

Many medical students emerge from traditional science-based backgrounds stemming from the positivist paradigm which favours a defined answer for most learning and assessments (Gibbs &

Simpson, 2005; Goodall, 2012). Conversely, CBP embraces a multi-perspectival and constructionist epistemology which acknowledges that social issues are complex. Further, the opportunity to engage in artistic formats to respond to assessment tasks in medical education has yielded promising outcomes in terms of developing “the cognitive skills of observation and description to enhance critical thinking among medical students” (Ferrara et al., 2020, p.1028). Visual thinking processes are engaged in the pursuit of artistic outlets and act to enhance professional abilities such as visual skills, problem solving, critical thinking, empathy, team building, resilience, and cultural sensitivity (Mukunda et al., 2019). Authentic assessment, embedded in the context of rural CBP, adds to students’ transformative learning.

From 2016 onwards, apart from the COVID-19 years of 2020 to 2022, assessment for the CBP program has been through the submission of a creative project. This creative assessment piece requires students to create artwork that reflects an aspect or experience of their CBP placement that was meaningful to them and explain its importance in terms of the social determinants of health. In terms of such a creative project, Shapiro and Rucker (2003, p.954) argue that it is often difficult to *teach* empathy and observation in a didactic or formal style of teaching. Indeed, it is noted that such creative projects might assist students to understand clients and patients from alternative perspectives thus providing students with “greater clarity, identifying insights and feelings in ways learners might not be able to fully [otherwise] articulate” (Shapiro & Rucker, 2003, p.954). The authors also state that such ways of learning emphasise a “whole-person understanding” which is one of the stated goals of the CBP program (Shapiro & Rucker, 2003, p.954).

Students have agency in their choice of media for their creative projects and may submit for example, music, poetry, short stories, painting, mosaics, photo montages, games, dance, needlecraft. The creative project also includes a brief written component (approximately 400 words) to explain how the work relates to, and reflects, the student’s placement experience. In the history of this assessment task, there have been no refusals of the task which may be because students have total agency over their choice of media, and despite occasional early resistance, most seem to relish the opportunity to do something ‘different’. However, as a back-up, for any student who felt that they were “not artistic at all”, there was the alternative to submit a written reflection piece (which also received video feedback). Many of the completed CBP pieces have been displayed (with permission) around the teaching site and in the students’ common room. Some students also choose to share their artworks/written projects with their placement organisation which is appreciated.

Examples of submitted artistic works are displayed in Figures 1 and 2. Figure 1 is Student A’s artwork. It consists of a silver framed watercolour on cotton card of three youthful faces in profile and reflects the mental health issues that the student perceived were faced by clients at their placement at a rural adult support organisation for people with intellectual disabilities. This student incorporated a series of faces into the painting in a reflective manner and commented that the artwork’s red paint represents blood, the yellow sun hope, with grey clouds symbolising depression. The student explained that the faces encapsulated people’s health and wellbeing journeys (or their ‘blood, sweat and tears’). Figure 2 is sculptural and was created by Student B using four wooden discs (sawn from a eucalyptus gum tree branch), drawn on with crayon and pencil, suspended from a tree branch with fishing twine. This piece was considered ‘charming’ by staff, encapsulating the student’s CBP experience at a rural specialist disability school.

Incorporating the natural cracks and knots in the wood, the student recreated 'expressions' in the painted faces of the children. The various images represent the diversity and joy of children with disabilities and the learnings that the student underwent on their placement.

Figure 1

Example CBP assessment (with student's permission) Student A's Watercolour



Figure 2

Example CBP assessment (with student's permission) Student B's Sculpture



Given the creative nature of the assignment, a creative feedback mechanism was desired. Inspired by the Professional Development work of a colleague and co-author and informed by the scholarship of Henderson and Phillips (2015), for the years 2016 to 2019, short video recordings were created to provide individualised feedback to medical students on the CBP creative projects they submitted. Across these four years, video feedback was provided to nearly 400 medical students. Each student received a relatively short (two to four minute) video clip as an MP4 file. Initially, the videos were recorded in Camtasia® (TechSmith, MI, USA) and uploaded to the university's Learning Management System (LMS) as assessment feedback. In later iterations, mobile phone video was used, until finally, the creation of a video file became possible in the LMS itself as both the LMS technology and educator skill evolved.

A marking rubric (see Appendix) was used to grade submissions ahead of the provision of video feedback to each student. The rubric was created by the lead author, an academic with many years of assessment experience in academia in both medicine and the arts, and was adapted from written assignment rubrics, supported by professional development training on programmatic assessment and rubric-creation. Senior staff at the local and central campuses provided feedback on the rubric with other colleagues also contributing comments and advice. This video feedback rubric has also been shared with colleagues at the local level and other campuses who have adapted it for their assessment purposes to good effect. It should be noted that the emphasis of the assignment was not on artistic merit for grading. Rather, the focus was on the generic domains of originality, imagination, demonstration of effort, and relevance to the student's CBP placement. This lack of focus on artistic merit was emphasised to students to allay fears that artistic talent was required to succeed in the CBP assessment. The assignment was worth 7.5% of a year-long unit and was moderated by the Director of the program. Students could receive a grade between a fail of 9 to full marks out of 20 for outstanding projects (including the reflection). Any fails (of which there were few) were second marked as per university policy. Students received their video feedback as an audio file alongside their written mark.

This study therefore asks research questions including how staff and students experience the creation and receipt of video feedback and the novelty and usefulness of this approach within the paradigm of transformative learning. The research was undertaken through a qualitative and quantitative lens which allows for the voices of the educator and students to describe, evaluate and promote the video feedback process.

Methodology

Student perceptions of the provision of assessment feedback via short video emerged via voluntary broader student satisfaction survey completion (created in Qualtrics®, Washington, USA) with both qualitative and quantitative response options, plus related unsolicited feedback data. With regards to the student satisfaction survey, participants were asked to rate the usefulness of receiving video assessment feedback over more usual written feedback on their CBP Creative Project assignment through a 7-point rating satisfaction question. Students were also provided an open-ended response option to encourage comments about what they specifically liked, or did not like, about the feedback and to provide three words to sum up their video feedback experience. Ethics for this student survey was encompassed by Monash University Human Research Committee (MUHREC ID# F15/978-2015000448) and student

responses were de-identified for analysis. Please note that no AI (Artificial Intelligence) was used in any aspect of this study.

Braun et al. (2021) argue that the survey is an under-utilised data collection tool for qualitative research. Qualitative student responses were thematically analysed using Braun and Clarke's (2014, 2019) qualitative methodological approach which is considered appropriate for health research as it provides a "robust, systematic framework" that enabled the researchers to "identify patterns across the dataset in relating to the research question" (Braun & Clarke, 2014, pp.1-2). Braun and Clarke (2014) and Braun et al. (2019) offer a method of undertaking qualitative research that is flexible and interpretive which allows researchers to collaboratively develop themes from the data to try and identify contextualised meanings. Hansen (2006) concurs, noting that thematic analysis is iterative and reflexive to generate themes or patterns from the data. In addition, Braun et al. (2021) argue that the technique of utilising online qualitative surveys as we did, provides rich, self-selected responses that participants contribute to in their own words and time and, that while the online survey responses may be shorter than that of interview data, it is certainly not inferior. When undertaking research on medical students, the ability to ensure anonymity of data responses, which an online survey provides (Braun et al., 2021), addresses any power differential between academics and students.

In addition, as self-reflection towards quality enhancement of the CBP creative assessment and implementation of the video feedback trial, reflective notes were kept by the course coordinator who was also the video creator. The educator's reflective commentary on the process was undertaken through the lens of Goffman's (1959) theory of performativity in which providing video feedback to students may be considered as a form of performance. These reflections will also be explored in the article demonstrating that video feedback can be used as a scholarly tool to foster professional development and transformative learning in self and others.

Results

The assessment feedback videos for the students were generated by the assignment coordinator along with lead author. The videos averaged 2-4 minutes in duration, recorded by the educator speaking to the camera, holding up or pointing to the artwork if tangible, and providing feedback to the student on their work.

Student perceptions of video feedback – quantitative data

The video feedback intervention for the creative CBP assessment ran from 2016-2019 until COVID lockdowns temporarily ceased community placements. Data was collected in 2017-2018 as part of the pre-clinical Medical Student Satisfaction Survey. Data was not collected on the CBP assessment video feedback in 2019 due to faculty concerns over student survey fatigue.

As part of the Student Satisfaction Survey (2017-2018), students were asked for their perceptions on the usefulness and the duration of video assessment feedback. In 2017, only qualitative responses were requested while in 2018, both quantitative and qualitative data were requested. 27 survey responses to questions asking students to rate usefulness and duration were provided in 2018 (Figures 3 and 4). These results demonstrate that the video feedback (between two to four minutes) met the Goldilocks 'sweet spot' of being not too long, not too short, but 'just right' with over 60% agreement on a 1 to 5 Likert scale. The results also provide evidence that the majority of responding students found the video feedback useful (see Figure 4).

Figure 3

Duration of the video feedback

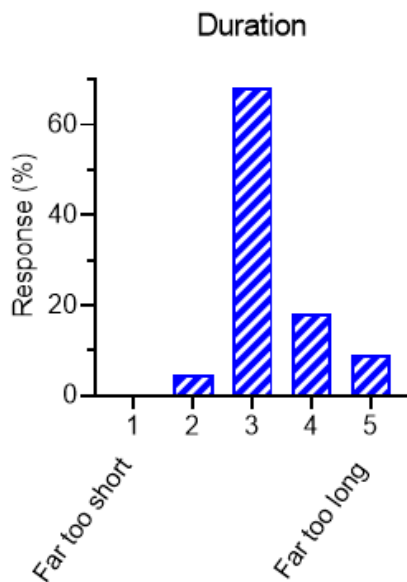
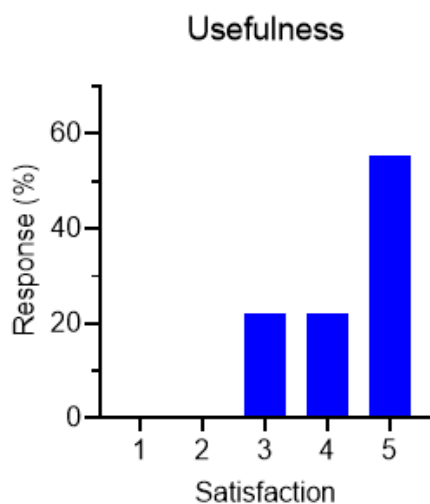


Figure 4

Usefulness of receiving video feedback



Thematic analysis – qualitative data

In 2017 there were seven qualitative survey responses, while in 2018, 21 responses were received to questions asking about the usefulness of video feedback. Students' responses were categorised into two main domains: positive and negative. Each contained sub-themes which the research group defined through careful analysis of the data. A list of themes, definitions, and exemplar quotes for each domain are provided in Table 1.

Table 1

Themes arising from the qualitative student survey responses

Domain	Theme	Definition	Exemplar quotes
Positives	'Proper' assessment feedback	The assessment feedback in video modality was perceived as genuine and an enhancement to the enjoyment of the course	<i>Video feedback was very good. Much easier to get proper feedback.</i>
			<i>It felt more personal, as if more time and attention went into assessing our work.</i>
			<i>It was great to give this kind of feedback, and it gave you more flexibility to point out specific parts and know what you were talking about. It was wonderful that you went to the time and effort to do this for everyone.</i>
			<i>The feedback was incredible - honestly one of the highlights of my year. You often don't get substantial feedback about why someone liked your work, how they connected with or interpreted your message etc. so it was very special to have that kind of feedback.</i>
			<i>It was good to know that [my lecturer] had seen the work and understood it the way you intended.</i>
			<i>I found the video feedback great. It was so nice to see [my lecturer] on the other side of the screen talking so enthusiastically about our creative pieces, it really warmed my heart. I do recommend keeping video feedback for this assignment because it made a lot of students smile.</i>
	More personalised assessment feedback	The provision of bespoke assessment feedback to each student and their specific creative piece	<i>I thought the video feedback was great as it felt personalised and it felt like [my lecturer] had really thought about our work.</i>
			<i>I found the video feedback more useful as I was able to see exactly what aspects of the piece [my lecturer] was referring to, whereas I feel the written feedback would have been less specific and useful.</i>
			<i>I loved the video feedback! It was good to get a quick summary of the assessment of my piece and felt more personable.</i>

		<i>Was quite good and definitely felt more personalised, and felt like my work was actually marked instead of skimmed!</i>
		<i>I really enjoyed this - I liked it because it felt like personal, real feedback - it made my efforts seem worth it because somebody took the time to read and understand it. Getting the video feedback makes me feel like this more than if it were received in a written format.</i>
		<i>Felt more personal, explained the mark and the feedback for constructive [reasons].</i>
		<i>It was good that for a very personal assessment the feedback was personalised. I think students appreciated this kind of feedback.</i>
		<i>The video was useful as it showed how much our efforts were valued and provided consolidation that our understanding of real-world issues were present. I also loved how [my lecturer] went into great detail.</i>
		<i>[The] video feedback was really nice. It was nice to feel as though you were having a conversation with [my lecturer] and get the added layer of meaning from hearing someone's voice and looking at their body language. It was very thoughtful, and a nice change to the normal written feedback. It was also very well suited to the task, being a creative piece.</i>
		<i>Video content is more personal, and lead you to focus on the positive as well as what could be improved (compared to written feedback where you just jump to the areas you got wrong).</i>
		<i>I really enjoyed the video feedback because it was more personal. I engaged with it better and it just felt like there was a lot of love and care from the staff. Fantastic bragging point when comparing to other courses!</i>
		<i>It was nice to receive highly personalised feedback that was delivered in an efficient and constructive manner. I would be more likely to watch video feedback than read written feedback in the future.</i>

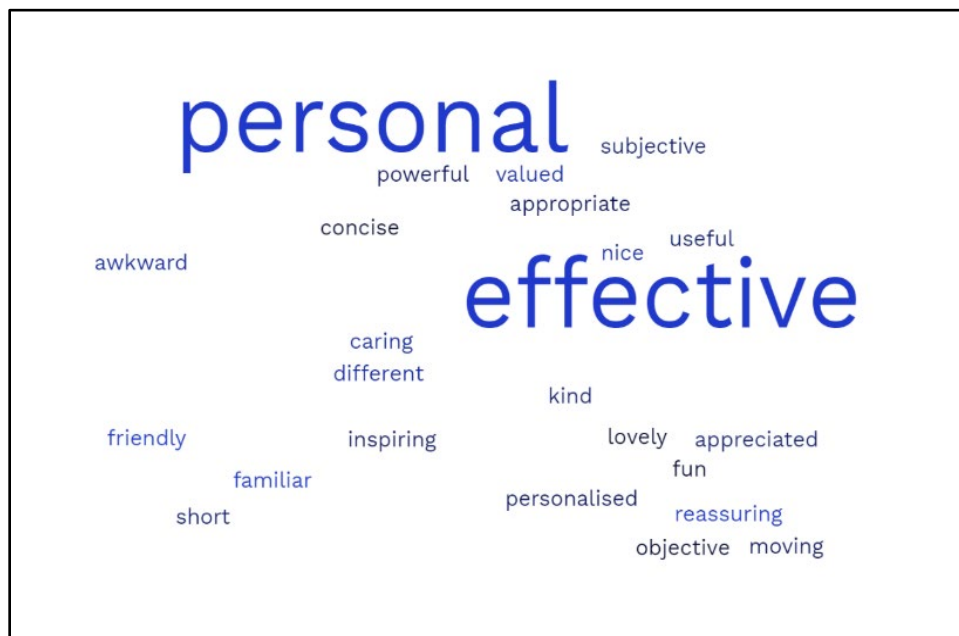
	Provision of feedback by a caring educator	Connectedness between student and educator for an enhanced learning experience	<i>I liked the video. [My lecturer] is fantastic [and] innovative and the video demonstrates how much she cares.</i>
			<i>It made me feel like [my lecturer] actually cared about the effort I had put in and it was just lovely to see her going through my work.</i>
			<i>Thanks [my Lecturer], for putting in the time and effort in the video! Constructive feedback is always appreciated, and the fact that [my Lecturer] pointed out the good and bad about our creative pieces, made us more appreciative of her.</i>
			<i>I found the video to be quite powerful and inspiring. The feedback was more than I expected and it adds an emotional touch when you can see your professor acknowledge and recommend improvements. I hope there will be more video feedbacks in the future.</i>
	Feedback with a workplace application	Feedback with a 'real world' application	<i>A personalised interpretation of the creative piece helped me to see how the messages I was trying to send across were received or misperceived and how I could have been more explicit.</i>
	Innovative approach	Change of assessment feedback modality and format	<i>It was well cooked ... a nice change from the usual text.</i>
			<i>It was perfect. If anything, there was nothing much extra to say about my piece and I believe [my lecturer] did a fantastic job at trying to find things to say for that long! I believe if the task was done well, it doesn't need as long of feedback.</i>
Negatives	Application of video feedback in other subjects	Desire for video feedback for assessments in other subjects	<i>[I] wish I had gotten such feedback for [other] assignment[s].</i>
	Quirks	Educator overproduction and performance related foibles	<i>Much more personal, but perhaps less structured. Also, it was done outside where it was windy and a bit hard to hear.</i>
	Ambivalence and uncertainty	Not enough constructive detail on the negatives and	<i>I liked seeing how the examiner thought about my work. What I didn't like as much was the potential lack of detail.</i>

		how marks were allocated	<i>I personally appreciated the effort it took to make everyone an individual video feedback. However, I feel like [my lecturer] was too nice in the video and only commented on the good things, but didn't explain why marks were taken away.</i>
			<i>I enjoyed the personal aspect of the feedback video, however I found that it did not seem to provide a lot of constructive criticism regarding the creative piece. The content in the feedback video did not seem to correlate with the mark received, and I remain a little unsure as to what I could have done in order to improve my work.</i>
			<i>In terms of usefulness I am not sure how effective it is as feedback. Text feedback allows you to go back to it multiple times and see what you did well and what you need to improve easily. With video feedback, it is harder to go back to a certain piece of constructive criticism because you need to watch the video again.</i>

These themes are highlighted in the student feedback to the question which invited students to provide three words to summarise their perceptions of receiving video feedback (see Figure 5). The size of the words denotes the number of times words were used - indicating that overwhelmingly, students found video feedback to be personal and effective.

Figure 5

Word Cloud of student reflections on receiving video feedback



Educator self-reflection of video feedback intervention

Pedagogical professional development undertaken by a colleague and co-author, inspired the lead author to trial the video feedback on assessment approach with the medical students in 2016. She was somewhat hesitant in the initial trial as to how receptive contemporary medical students would be to receiving video feedback, given their perceived familiarity with digital media and her perceived lack of technological skill. However, she also felt that the performance of providing assessment feedback through video, particularly given that it was in response to a creative project, was unique and worthy of a trial. Without utilising innovative methods, or seeking to challenge our teaching practices, there can be no progress. It is important to record educators' adaptation to new practices, which for the adoption of video-based feedback, can be "scarily personal" (Henderson & Phillips, 2015, p.51). The following excerpts are the lead author's self-reflections during and after the process of providing video feedback to students on their creative assessment projects and address the research question on the educator's experience of the creation of the videos:

I created the videos mostly in my office, which could be considered 'front stage' when thinking of the videos as performances or theatre – using Goffman's notion of performativity - where things were tidied away to 'set the scene'. While I was 'performing' or creating the video clips, I was very self-aware that I would be seen by the students. Confessing to some personal vanity, I took pains to ensure that I was dressed appropriately and that I spoke in a way that appeared 'natural'; yet I also paid attention to my elocution during these performances.

However, I did perform in the open air on a couple of occasions, which could be considered less of a formal setting or 'behind the scenes' in the theatre. It was always my practice to hold the creative project (where practicable) up to the camera when providing the feedback to point to various elements on the artefact. Recording the video feedback clips in the open air proved somewhat difficult at times because of the wind factor; the need to carry all the creative projects outside and even getting bitten by a flying ant on one occasion. That really hurt!

While my intent in creating the videos was to sound 'relaxed and genuine', I did not create a full script to follow, because the idea of video feedback is to replace written feedback, not augment it. Furthermore, the key is for the feedback to be somewhat unrehearsed and spontaneous and there were instances where the 'naturalness' of the recording was enhanced or impacted. As an example, a couple of times while recording, I included myself nearly dropping a student's creative project, and another time, a part of an assemblage fell off the construction as I held it up to the camera. There was also an instance during one recording where I inadvertently used the incorrect student's name and then expressed an expletive, which while somewhat amusing when played back to one of the other researchers and myself, was deleted as inappropriate. In addition, I discovered I make a kind of a 'tsk' noise when I speak that I only discovered when seeing spikes on the audio files.

Ultimately, I learned to accept these as minor 'interferences' because for sustainability of the approach there may not be time to edit all the videos. Indeed, over the years, I

have evolved to the point where I rarely edit a video which would be my suggestion to others interested in adopting this feedback.

I want to express my professional and personal delight in how rewarding the student feedback on the video feedback has been. The students appeared to be genuinely pleased and surprised to receive the videos and demonstrated their appreciation through emails, evaluations and even in corridor conversations. Providing the feedback felt like a small unexpected and personal gift that I could give to students: a gift of my time, my academic acumen and my appreciation for the care and thought that had gone into their reflections and creative projects based on their community placement experiences. I ensured that I always thanked them for their efforts.

Discussion

Relational pedagogies can enhance learning through the building of connections and positive relationships between educators and their students (Su & Wood, 2023). Through the lens of such relational perspectives, feedback literacy can be viewed to better support students' engagement with that feedback. Yet not all feedback can be provided in face-to-face contexts. In providing the learner asynchronous feedback via technology – in this case, video feedback – it is possible to foster relational perspectives of feedback multi-dimensionally. This can be achieved through the tone of voice and facial expressions that the educator uses in providing that assessment feedback to the student, thereby stimulating “a closeness or recognition of the other as an individual” (Payne et al., 2023, p.905), and thereby humanising the teacher-student connection to improve this student active engagement in the feedback cycle (Telio et al., 2016).

The personalisation of teaching as a performative act can be impactful to students by actively engaging them in the process of receiving feedback and stimulating their responses to feedback (Payne et al., 2023). In this study, participating students felt that receiving video feedback as part of their assessment processes, was specific, personal, and more engaging to them than traditional modes of feedback. Indeed, participating students in this study felt that receiving video feedback as part of their assessment processes, was specific, personal, and more engaging to them than traditional modes of feedback.

However, while implementing video feedback, it must be acknowledged that there are some challenges. Anecdotally, many academics have concerns about the time taken to provide video feedback, however the first author found that making the short videos takes a similar amount of time as written feedback, especially with practice. Indeed, she argues that good feedback takes time whatever its format, but video feedback is much more satisfying to undertake because of its positive reception and novelty. While the initial trial of the creation of video feedback was somewhat daunting and experimental, involving the learning and utilisation of a particular form of video software, student feedback has always been overwhelmingly complimentary. This response encouraged the educator to persist with this type of assessment feedback and explore ways for it to evolve, improve and become more efficient. It is intended that, technology permitting in the learning management system (LMS) upgrades, the integration of video feedback on the CBP assignment will continue as the program re-shapes following the post-COVID pandemic.

In closing the teaching and learning loop, being authentic as educators is as important as other authenticities. For Brown and Wade (2020), authentic teaching is both complex and fluid, and

comprises the elements of serendipity, vulnerability, and imperfection. Honest reflection can help refine the educator's craft and enhance student learning (Harvey et al., 2016). Self-reflective practitioners improve student learning outcomes through high levels of engagement with their subject of expertise and teaching modes. Not only do authentic educators continue to learn in relation to their expert topics through research that they concomitantly read and contribute to, they also challenge themselves to embrace new teaching modalities and technologies and seek opportunities to mentor students and other academics. The work of Goffman (1959) provided the theoretical inspiration for the lead author's reflections on providing video feedback to medical students as part of their assessment. Goffman wrote at length about medical students and their learning, and also about teaching as performance, almost as theatre with 'backstage' and 'frontstage' behaviour. By performing and reflecting on their educational role, the educator is encouraged to innovate and improve their teaching and assessment practices.

As evidence of the strengths of the innovation described in this article, video feedback was subsequently promoted for professional development for educators in the school and embedded more broadly across the course with other academics encouraged to utilise the approach. All reported great success in trialling this technique. Indeed, one group of clinical educators won a university award based on their adoption of video feedback to students in clinical skills acquisition during the COVID-19 pandemic. Further, CBP has since won both the Dean's and the Vice Chancellor's awards in part due to the innovation of the video feedback component.

Another important learning has been that professional development is required for academics to engage in appropriate forms of media that is familiar to students. The solution around providing novel forms of feedback is to extend to all educators' professional development in familiarity with technology and skill building. As practitioners - and adaptive experts - it is important to highlight the ability to alter skills according to contextual changes. This growth becomes an integral part of transformative learning for both learner and educator.

Limitations

There are several limitations to report in this integration of video feedback for the CBP assessment task. The first group of limitations relate to the adoption of video feedback as academics need to have the necessary software to undertake recordings. There may be technological considerations relating to file sharing, for example, large file sizes for audio recordings (Merry & Orsmond, 2008). There are implications for managing the related file sizes of the recordings for upload by academics and downloading by the student. Other considerations relate to workplace noise while recording (Merry & Orsmond, 2008), and internet capacity and stability, particularly in rural and regional locations (Willems, 2005).

The second group of limitations relate to this research itself. One limitation concerns the timing of a survey and the reduced response rate in the student feedback survey. The data collection instrument was administered towards the end of the academic year when students were preparing for their final examinations. The second limitation was the structure of the study. There was no student control group for comparison of the effectiveness of the intervention (video feedback versus not receiving video feedback). Because of the need for equity regarding students' learning outcomes and results, it might only be permissible to have a control group when the outcomes are formative, rather than summative. Further, we did not ask participants if they had previously

received video feedback in other units or courses; this may have skewed some of the positive responses.

Future directions and research

Despite these limitations, future research lends itself to a project in which there is inclusion of a control group (with written assessment feedback) and an experimental group (video assessment feedback) for a formative assignment. Such a project might investigate if video feedback is perceived as equivalent to, or more useful, than traditional feedback on assessment to develop students' competency in medical education. We would also integrate additional relational data collection techniques, such as focus group and interviews, into future research to further nuance responses of participants around the topic. Finally, such research could be implemented not only in the context of medical education, but more broadly in other disciplines.

Conclusion

The relational aspects of feedback are central to health professions education. This study asked several important questions regarding how staff and students experience the creation and receipt of video feedback and the novelty and usefulness of this approach within the paradigm of transformative learning in a summative medicine assessment task. The research was undertaken through a mixed methods lens which opened a space for the voices of the educator and students to not only to describe and evaluate the approach of video feedback for assessment but also promote it. Effective and authentic assessment feedback is a priority for many institutions of higher education. Moreover, engaging with students in an increasingly online world is crucial, and is personally and professionally rewarding for educators. In this article, we have argued that individualised video feedback is particularly innovative in the medical education context, that it is effective and can be used by students to promote and manage their own learning. We have also demonstrated that creative and novel feedback methods can be utilised whether the teaching is at a large metropolitan university or at a small rural teaching facility.

Changing an assessment culture and integrating authenticity of feedback will always be challenging. However as evidenced in this research, the rewards for educators and their students are significant. Towards adaptation to change, we have recommended professional development for educators to build familiarity and skills with the approach and technology. We have also highlighted the need for all educators, whether digital immigrants or digitally experienced, to embrace the technology of the digitally fluent. These approaches will empower educators to purposefully reassess their current assessment feedback which may one day improve patient outcomes through the enhancement of medical students' understanding and embrace of the social determinants of health.

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Appendix 1

Marking rubric for creative project & written reflection and discussion

1. Creative Project	NGO (0-2)	Low (3-4)	Medium (5-6)	High (7-8)
<p>Project demonstrates imagination, originality and independent thought.</p> <p>Skilful and appropriate execution of the task.</p> <p>Attention to detail, demonstrates effort.</p> <p>Relevant to placement experience.</p>	<p>Project does not demonstrate independent thought. Ideas have not moved away from clichés and stereotypes. Inadequate attention to detail or effort applied to task. Unrelated to placement experience.</p>	<p>Project demonstrates some originality, but the obvious is stated in a way that may lack independent thought. Some effort has been made but more attention to detail would be useful. May be difficult to see relevance to placement experience.</p>	<p>Project is more logically and appropriately constructed. Ideas are well-developed and task has been completed with attention to detail. A good effort with project relevant to placement experience.</p>	<p>Project is highly imaginative and original. Student clearly and cleverly demonstrates independent thought. Work is impressive; outstanding quality, skilfully and logically executed with ideas and outcomes demonstrating considerable effort and insight. Project clearly relevant to placement experience.</p>
2. Written Reflection & Discussion				
a. Written reflection	NGO (0)	Low (1)	Medium (2-3)	High (4)
<p>Clear explanation of how creative project reflects on and links to placement experience.</p> <p>Reflects on how the experience has changed or challenged student's personal and professional identity as a future doctor.</p>	<p>Unclear what the link to CBP placement experience is, and/or may be overtly judgemental or identifies client. Superficial reflection and/or unrelated to changes to personal or professional identity.</p>	<p>Context in relation to CBP placement experience requires further development and clarity. May be judgemental at times. Limited reflection on any changes to personal or professional identity.</p>	<p>Clear link and context in regard to reflection on CBP placement. Experience. Mainly non-judgemental. Does not identify clients or staff.</p> <p>Thoughtful reflection on any changes to personal or professional identity.</p>	<p>Link to CBP placement is clear and well-articulated. Non-judgemental. Deeply insightful and thought-provoking reflection on changes to personal or professional identity.</p>

Non-judgemental language/imagery.				
De-identifies clients and staff.				
b. Health and Social Inequities	NGO (0)	Low (0.5)	Medium (1-1.5)	High (2)
Describes and discusses two types of health or social inequity. Uses examples from placement and literature.	Social or health inequities are not defined or are unclear. Examples are not drawn from placement or literature. Makes un-substantiated claims. Lacks critical thinking.	Social or health inequities are somewhat defined but may lack clarity. Some examples are drawn from placement or literature but may be missing elements and have un-substantiated claims. Lacks critical thinking.	Social or health inequities are well-defined. Useful examples are drawn from placement and literature. Arguments mostly well-supported and critical thinking applied.	Two or more social or health inequities are clearly defined. Highly relevant examples are drawn from placement and literature. Arguments all substantiated with sophisticated critical thinking applied.
c. Importance of Community Agencies	NGO (0)	Low (0.5)	Medium (1-1.5)	High (2)
The importance of Community Agencies in addressing the social determinants of health is highlighted. Uses clear examples from placement and literature.	Unable to address importance of Community Agencies. Examples are not drawn from placement or literature. Makes un-substantiated claims. Lacks critical thinking.	Able to address importance of Community Agencies but may be somewhat limited. Some examples are drawn from placement or literature but may be missing elements and have un-substantiated claims. May lack critical thinking.	Clear explanation of the importance of Community Agencies in addressing the social determinants of health; draws usefully from placement and literature. Arguments mostly well-supported and critical thinking applied.	Highly articulate explanation of importance of Community Agencies in addressing the social determinants of health. Relevant examples are drawn from placement and literature. Arguments all substantiated with sophisticated critical thinking applied.
d. 'Whole person' explanation	NGO (0)	Low (0.5)	Medium (1-1.5)	High (2)

<p>The concept of the whole person is explained in the context of placement.</p> <p>Uses clear examples from placement and/or literature.</p>	<p>Inadequate explanation of the concept of the 'whole person'.</p> <p>Examples are not drawn from placement or literature. Makes un-substantiated claims. Lacks critical thinking.</p>	<p>Limited explanation of the concept of the 'whole person'.</p> <p>Some examples drawn from placement or literature may be missing elements and have un-substantiated claims. May lack critical thinking.</p>	<p>Clear explanation of the concept of the 'whole person'; draws usefully from placement and literature.</p> <p>Arguments mostly well-supported and critical thinking applied.</p>	<p>Highly articulate explanation of the concept of the 'whole person'.</p> <p>Relevant examples are drawn from placement and literature.</p> <p>Arguments all substantiated with sophisticated critical thinking applied.</p>
e. Written Presentation	NGO (0)	Low (0.5)	Medium (1-1.5)	High (2)
<p>Written Presentation with 12 font, double spacing, page numbers, editing and proofreading to demonstrate proficient grammar/spelling. Correct submission through Turnitin as a pdf document using APA7 referencing style.</p>	<p>Presentation poor with errors in referencing. Inadequate editing. Student would benefit from advice from Learning Skills Adviser: (Monash Learn HQ).</p>	<p>Presentation and referencing need work. Limited editing. Student may benefit from advice from Learning Skills Adviser: (Monash Learn HQ).</p>	<p>Good presentation and referencing. Work has clearly been edited.</p>	<p>Excellent presentation with solid referencing. Editing has been completed to a professional standard.</p>
Total out of 20 marks				