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Students' behavioural engagement in reviewing their tele-consultation feedback within an online clinical communication skills platform

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ABSTRACT

The benefit of reviewing personal feedback to students' learning of clinical communication skills is well researched. Less is known about the factors that related to students' engagement in reviewing non-compulsory online feedback, and ways to motivate their behavioural engagement. In this paper, we reported two studies in which medical students completed assessed clinical video conferencing consultations with human simulated patients via an online training platform that also provided automated and human feedback for students. In Study 1, three days after the consultation, an email with different instructional styles (autonomy-supportive, controlling or control) was sent to different groups reminding students to review their feedback. In Study 2, up to three repetitions of the same, either autonomy-supportive or controlling, emails were sent to students. Results of Study 1 revealed that students who reviewed feedback before receiving emails achieved higher assessment results and reported higher degree of autonomy to participate in the training program than the remaining students. However, the different instructional styles of the single email in this study did not significantly influence the students' engagement differently. Study 2 results revealed that students who received controlling emails displayed higher engagement than students who received autonomy-supportive emails. Findings suggested that multiple factors might influence students' engagement in reviewing their online feedback, and this study provided evidences of the effects of using emails to motivate students to review the feedback.

1. Introduction

Effective doctor-patient communication positively influences patients' health outcomes (Schoenthaler, Kalet, Nicholson, & Lipkin, 2014; Stewart, 1995). For this reason, medical educators have paid increasing attention to medical students' communication skills training. Clinical communication skills training programs often involve human simulated patients (SPs). These are individuals who have been trained to act as a patient in a medical situation to provide simulated face-to-face practice clinical consultations for students (Boulet, De Champlain, & McKinley, 2003). Social cognitive theory posits that incorporating feedback that facilitates students' reflection improves their learning (Mann, 2011). For example, video recordings of the simulated clinical interactions (Roter et al., 2004), together with a checklist or assessment regarding students' communication skills completed by the SP or instructor are effective forms of feedback that can be used for reflection (Keifenheim et al., 2015). However, the cost and logistics of running clinical communication skills training programs that include face-to-face interactions and opportunities for reflective learning often make them unfeasible (Liu, Scott, Lim, Taylor, & Calvo, 2016).

The challenges of organising face-to-face communication skills training programs with large student cohorts can be addressed with specialised tele-health systems like EQClinic (Liu, Scott et al., 2016) that benefit from affect-aware and behaviour-aware technologies (Calvo & D'Mello, 2012). Technologies such as EQClinic, that recognise non-verbal behaviors and emotions, are increasingly common in educational platforms (Calvo & D'Mello, 2011). Briefly, EQClinic is a completely online video conferencing communication skills training platform where medical students and SPs have tele-consultations and students receive SPs' feedback. In addition, EQClinic provides automated nonverbal behaviour feedback for students to reflect on, something which is not possible in traditional face-to-face training programs (Mast, Hall, Klöckner, & Choi, 2008).

The efficacy of EQClinic on students' learning outcomes in a typical

Abbreviations: RAI, Relative Autonomy Index; SDT, Self-Determination Theory; SOCA, Student-Patient Observed Communication Assessment; SP, simulated patient

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undergraduate medical school curriculum has been evaluated (Liu, Lim, McCabe, Taylor, & Calvo, 2016). The study showed that students' communication skills improved after having practice tele-consultations and reviewed feedback delivered via EQClinic. As part of the study, a neutral system-generated reminder email was sent to each of the students to encourage them to review the online feedback of their tele-consultations. Results of the study showed that students who reviewed the EQClinic nonverbal behaviour feedback from their tele-consultations achieved greater improvements in their face-to-face clinical communication skill assessments than students who did not review the feedback (Liu, Lim et al., 2016). However, it also showed a lack in students' engagement in reviewing EQClinic feedback with only 60% of students returning to the platform to review their personal nonverbal behaviour feedback.

This paper reports the results of two user studies in which undergraduate medical students completed tele-consultations with SPs using EQClinic platform. The students' communication skills were rated by the SPs and students were reminded to review the online feedback about their consultations via system-generated emails. Instead of sending a neutral reminder email to students, in this paper we applied different instructional styles on the reminder email(s) to motivate students to review their personal online feedback. Through observing students' behaviour of accessing the system before and after receiving the reminder emails, we are aim to investigate two research questions:

1. What factors might associate with students' behavioural engagement with reviewing the personal online non-compulsory feedback?
2. Does the instructional style of the system-generated reminder emails influence students' engagement with reviewing?

In the following sections of this paper, we first briefly describe the related works and the EQClinic platform. Then we describe the two user studies and report their results separately. In the last section, we discuss the results as well as the limitations and conclusion of these two studies.

2. Related works

2.1. Feedback

Kolb defines learning is “the process whereby knowledge is created through the transformation of experience” (Kolb, 1984, p. 41). His experiential learning theory defined learning as an integrated process with a cycle of four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation. In the concrete experience stage, students should have a realistic experience such as conducting a medical interview with a patient. Then students should reflect on this experience by being provided with feedback in the reflective observation stage. Third, according to their experience and reflection, students draw their logical conclusions in the abstract conceptualization stage, and these conclusions could be new ideas or modifications of existing abstract concepts. Lastly, student can use their conclusions and concepts in new situations and generate some new experiences (McLeod, 2013). In this learning cycle, the feedback about their realistic experience plays an important role because it facilitates the reflection process (Quinton & Smallbone, 2010). Multiple studies have confirmed the benefits of reviewing personal feedback to students' learning of clinical communication skills (Archer, 2010; Ramani & Krackov, 2012).

2.2. Engagement

Students' engagement can be defined as the intensity of their active involvement during a learning task (Reeve, Jang, Carrell, Jeon, & Barch, 2004). Early studies showed that students' engagement could be interpreted across three dimensions: behavioural, emotional and cognitive engagement (Fredricks, Blumenfeld, & Paris, 2004; Liu, Calvo, Pardo, & Martin, 2015; Reeve, 2012). Behavioural engagement, which is the focus of the present study, refers to students' participating in academic and non-academic activities provided by schools. Emotional engagement refers to students' emotional reactions (e.g., interest) to the learning tasks and cognitive engagement refers to students' willingness and motivation to understand and learn new ideas and skills. In both the classroom and online settings, engagement is important because it has been linked to students' positive outcomes from different perspectives (Trowler & Trowler, 2010), including academic outcomes (Hepplestone, Holden, Irwin, Parkin, & Thorpe, 2011; Kuh, Cruce, Shoup, Kinzie, & Gonyea, 2008) and persistence (Hart, 2012; Tinto, 1997). In the traditional classroom environment, students' engagement with learning activities has been studied to associate with internal or external factors such as students' internal motivation of participating the leaning activities (Williams & Deci, 1996) or their teachers' instructional styles of motivating them to engage the learning activities (Reeve et al., 2004). However, the factors that may influence students' behavioural engagement with reviewing their online personal feedback are not well researched.

2.3. Motivation

Motivation, which “refers to any force that energises and directs behaviour”, influences students' engagement in learning activities (Reeve, 2012, p. 150). According to Self-Determination Theory (SDT; Ryan & Deci, 2000), people's motivation is in a continuum between intrinsic and extrinsic motivation. Intrinsic motivation refers to an individual performing a behaviour because it feels enjoyable and/or interesting. Extrinsic motivation refers to performing a behaviour for instrumental purposes, for example, satisfying external requirements or gaining external rewards (named *external regulation*), avoiding guilty feelings (named *introjection*), identifying the value of personal goals (named *identification*), and integrating external regulations into harmony with the self (named *integration*) (Meyer & Gagnè, 2008; Williams & Deci, 1996). SDT also posits that human behaviour may be regulated autonomously or be controlled. Identification, integration and intrinsic motivation are said to reflect *autonomous regulation*, as the individual's involvement with an activity originates from a high level of volition (Meyer & Gagnè, 2008). Conversely, external regulation and introjection are said to reflect *controlled regulation* since these require the involvement of more external influences (Meyer & Gagnè, 2008). Ryan and Connell (1989) developed the Self-Regulation Questionnaire (SRQ) to measure the reasons why an individual engages in a particular behaviour, and these reasons were varied in the extent to which they are autonomous or controlled. Later, Williams and Deci (1996) developed an adapted version of the SRQ which was the Learning Self-Regulation Questionnaire (SRQ-L), and applied it in the domain of students' learning to measure the reasons (autonomous vs. controlled) why students learn in a college or university course. Similarly, SDT is being used to assess how different technology designs, such as email notifications, influence engagement by mediating the sense of autonomy, competence and relatedness (Peters, Calvo, & Ryan, 2018). In this paper, we used the SRQ-L to measure students' reasons of joining the medical communication skills training course.

2.4. Instructional styles

In face-to-face classroom settings, autonomy-supportive and controlling educational strategies - often considered to be in opposition - have been compared in regard to engaging students with learning activities (Reeve, 2009). In autonomy-supportive strategies, teachers aim to identify and build students' inner motivation for engaging in learning activities (Núñez & León, 2015). In controlling strategies, teachers pressure students to behave in a specific way (Reeve, 2009). Studies have shown that autonomy-supportive instructions positively influence students' engagement with learning activities (Assor, Kaplan, & Roth,

2002; Reeve et al., 2004). Although studies have revealed the negative impact of controlling teaching styles on students' engagement and learning (Assor et al., 2002), it is still employed by teachers in some situations, for instance, when teachers are pressured by administrators regarding their students' performance (Cai, Reeve, & Robinson, 2002; Reeve, 2009). With the increasing use of e-learning systems in colleges or universities, students receive system-generated emails to be engaged with learning activities on the system (Zhang, Almeroth, Knight, Bulger, & Mayer, 2007). However, little effort has been conducted to investigate how the different instructional styles (e.g. autonomy-supportive and controlling styles) of system-generated emails from e-learning systems influence students' engagement with the learning activities on the system such as reviewing their online feedback.

3. Methods and results

3.1. Software platform

EQClinic is an online communication skills training platform for medical students to practice communication skills in tele-consultations with SPs (Liu, Scott et al., 2016). In detail, within the platform, participants (students and SPs) are provided online training in the use of EQClinic (including videos and documents) to familiarise themselves with the platform. The automated personal calendar of EQClinic helps students and SPs to book appointments. The platform's video conferencing component enables students to conduct recorded tele-consultations with an SP through web browsers on a personal computer. During the consultation, the SP can provide timestamp-recorded feedback or comments to the student. After the consultation, nonverbal behaviour of students is automatically detected and analysed from the video recordings of the tele-consultations using computer vision and audio processing techniques. This feature identifies 10 kinds of nonverbal behaviours of students (such as smile intensity, head nodding, and sound pitch). Our previous paper described the algorithms of detecting these behaviours in detail, and tested that the reliability and accuracy of the algorithms were acceptable (Liu, Calvo, & Lim, 2016). Then, EQClinic provides students with different feedback information to facilitate their reflection. The feedback includes: computer automatically generated nonverbal behaviour feedback, the SP provided communication skill assessment results, and the SP provided feedback or comments during the consultation. These three forms of feedback are presented in three different web pages on EQClinic.

3.2. User study 1

From August of 2016 to March of 2017, we conducted a user study in an Australian medical school. In this study, students and SPs had tele-consultations on EQClinic, and we investigated students' engagement in reviewing their personal feedback, which was provided by EQClinic one day after the consultation.

3.2.1. Participants

A total of 157 Year 1 undergraduate medical students and 34 volunteer SPs participated in this study. As a mandatory part of the medical program, all students were required to complete a communication skills training program in their first and second years of study. Completing a tele-consultation on EQClinic was a compulsory assessment in this training program. Before this research study, the students had no prior experience of having tele-consultations on EQClinic. All the SPs were recruited by emails and advertisements on volunteer seeking websites. Students and SPs were asked to sign an online consent form when they first accessed EQClinic. This study was approved by the UNSW Research Committee (HC Reference Number: HC16048).

3.2.2. Questionnaire

Pre- and Post-Interview Questionnaires both used a seven-point scale Likert question, which asked students to “Rate your overall communication skills”. The primary outcome measure was the Student-Patient Observed Communication Assessment (SOCA), which is an adapted version of the Calgary-Cambridge Guide (Kurtz, Silverman, Benson, & Draper, 2003). The SPs used the SOCA to rate students' performance after each tele-consultation. The SOCA measured four aspects of communication skills: providing structure, gathering information, building rapport, and understanding the patient's needs. Each aspect was scored on a 1 (low) to 4 (high) point scales, with higher scores indicating better performance. The Reflection Questionnaire prompted students to reflect on their consultations. Students were also asked to complete the Learning Questionnaire (see Appendix A), which is an adapted version of Learning Self-Regulation Questionnaire (SRQ-L, Williams & Deci, 1996), when they returned to the system and completed reviewing the EQClinic feedback. This questionnaire contained 14 Likert-scale questions to measure the reasons why students participated in elements of the medical communication skills training program, and the students' ratings of the reasons were varied in the extent to which they were autonomous or controlled. Specifically, this questionnaire contained two subscales: controlled regulation and autonomous regulation, and each subscale included 7 questions and each question could be scored from 1 (not at all true) to 7 (very true). The Relative Autonomy Index (RAI) of SRQ-L, which is calculated by subtracting the total controlled regulation score from the total autonomous regulation score, is often used to represent students' relative autonomy of participating in the learning activities, and high RAI scores indicate that students were motivated to participate in the learning activities by autonomous reasons more than by controlled reasons (Markland & Ingledew, 2007).

3.2.3. Study design and procedures

Prior to the study, all the students who participated in the communication skills training program in 2016 were randomly allocated to three groups: Autonomy, Controlling, and Control. Students were then emailed by the administrator of the training program requiring them to complete an assessed tele-consultation (medical history-taking task) with an SP on EQClinic as a compulsory element of the program. However, students were also allowed to have voluntary tele-consultations to practice their communication skills on EQClinic before conducting the assessed consultation. Graded results of practice consultations did not influence students' assessment results in this training program. The administrator's email described the details of the study, and asked students to log into the platform to complete the online training component. The registered SPs were also emailed the study details and requested to complete the online training (include videos and documents) prior to having any tele-consultations with students. The training videos demonstrated the SP how to book appointments, conduct consultations with students, provide comments, and evaluate the student's performance. A separate document was also provided for SPs to explain how to interpret the marking criteria of the SOCA assessment form. In order to ensure the quality of SPs' feedback, in addition to the training videos and documents, SPs were also provided a calibration page within the training component to calibrate their standards of assessment. In this step, we asked SPs to assess the performance of students (through the SOCA form) within three sample student-SP video recordings, which were conducted on EQClinic. After assessing the sample consultations, SPs were offered the standard assessments completed by an expert to compare with and calibrate their assessment standards. Once training was completed, the SPs indicated their availability for consultations on their EQClinic personal calendar.

The EQClinic tele-consultation between a student and an SP included three sections: interviewing, assessing and reviewing (see Fig. 1). First, the student filled out the Pre-Interview Questionnaire and completed a 15-minute interview with the SP. During the interview, the SP was able to provide timestamp-recorded feedback or comments to the student. Second, the SP completed the online SOCA assessment form

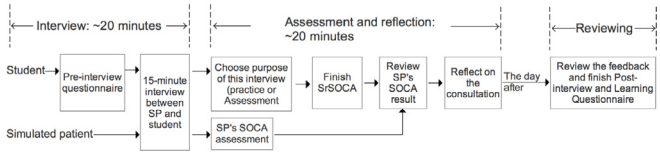

Fig. 1. Workflow of the EQClinic consultation.

after each interview. Meanwhile, the student chose the purpose of the current interview as either an assessed or practice sessions and measured their own performance through a self-rating SOCA form (an adapted version of SOCA). The student then reviewed the SOCA result completed by the SP and reflected on the interview using the Reflection Questionnaire. After completing these questionnaires, the student received the following system generated message: "*Thanks for participating. We will analyse your performance of this interaction as soon as possible*". Third, after the interview, EQClinic automatically analysed the video recording of the interview and generated feedback for students. The students were then able to review the feedback of their tele-consultations one day after the interview. Finally, the student completed the Post-Interview and Learning Questionnaire after they completed reviewing the feedback.

It should be noted that after completing the interview, students were not immediately able to review the EQClinic feedback. As shown in Fig. 2, all the feedback was ready to be reviewed at 1 p.m. on Day 1 (one day after the interview). If the student autonomously returned to the platform to review feedback before this time point, the message: '*Generating feedback, please wait*' was displayed in the feedback page to indicate that the feedback was not available yet. However, from 1pm on Day 1 until 2pm of Day 3, prior to any prompting emails as described below, the platform permitted students to autonomously return to the platform to review feedback.

From 2pm of Day 3 (three days after the interview; see Fig. 2) EQClinic sent an email to all the students who had not completed reviewing to remind them to conduct a review of this feedback. Here we refer to the students who completed reviewing as the students who reviewed all forms of their personal feedback (included SOCA results, SPs' feedback and comments, and nonverbal behaviour feedback). The students in the Autonomy, Controlling and Control groups would only receive an autonomy-supportive, a controlling or a control email respectively. The three styles of the emails had different subject lines and content text (Appendix B shows the actual texts of the three emails). In the three forms of emails, we instructed students to review their feedback in different ways. In the autonomy-supportive email, we stated the benefits of reviewing the feedback for the student without specifying any external pressure. Whereas, in the controlling email, we instructed the students to spend at least 5 min on the reviewing activities without explaining the importance of the feedback. The control email informed students that their feedback was ready for review with a neutral instructional style.

Students were not informed in the online training (described in Section 3.1) that they would be asked by email to review the feedback. Instead, in the training videos, the different forms of feedback were

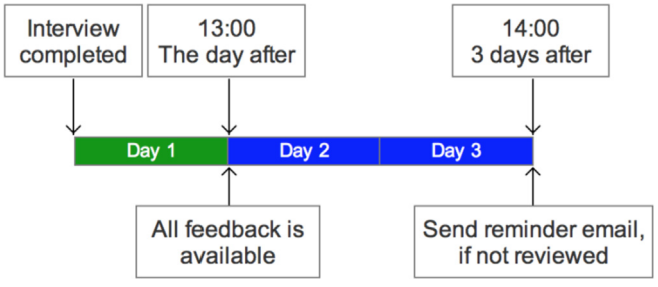

Fig. 2. Procedures of sending reminder emails to students in Study 1.

explained, and students were told that all the feedback would be ready to review within 48 h after the consultation. This meant that only students who were highly motivated to see the feedback would do so before the reminder email. The reason we adopted this design was that we intended to observe if any students autonomously returned to system to review their feedback before receiving any explicit instructions, and to investigate in which aspects the highly motivated students were different from other students. EQClinic automatically recorded the time points at which the students accessed the feedback page (even when the feedback was not available to review for students) and reviewed the feedback, and the time spent on reviewing. In this study, if a student did not complete the reviewing by 2pm of Day 5 (2 days after receiving the reminder email), EQClinic would count him/her as a student who did not complete reviewing.

3.2.4. Results of Study 1

157 students (Autonomy Group: N = 51; Controlling Group: N = 52; Control Group: N = 54) consented to participate in the study, and each of them completed at least one tele-consultation. Here we report the results of the students' first tele-consultations.

The results of this study were mainly measured through two questionnaires: the SOCA form and the Learning Questionnaire (see section 3.2.2). Therefore, it is important to evaluate the reliabilities of the questionnaires. In total, 157 SOCA form and 66 Learning Questionnaire were completed by SPs and students respectively in this study. The Cronbach's Alpha values of the SOCA form and the Learning Questionnaire were 0.79 and 0.76 respectively, and these values indicated that the reliabilities of the questionnaires were acceptable (Tavakol & Dennick, 2011).

3.2.4.1. Assessed or practice sessions. As shown in Table 1, in this study, 134 students chose their first consultation as an assessed session, whilst 23 students elected for their first consultation to be a practice session. In total, 17 reminder emails were sent to practice session students and 102 reminder emails were sent to the assessed session students respectively. We did not observe significant difference between assessed and practice sessions in terms of the numbers of students who completed reviewing before receiving any email prompts (Chi-square test: value = 0.05, $p = 0.82$) and the numbers of students who completed reviewing after receiving emails (Chi-square test: value = 0.98, $p = 0.32$). On average, after receiving the email, practice session students spent 11.8 min (SD = 11.2) reviewing their feedback, which was more than the assessed session students (mean = 8.5 min, SD = 14.4), but the difference was not statistically significant (t-test: t(84) = 0.73, $p = 0.47$).

3.2.4.2. Assessment results. Table 2 illustrates the average SOCA score results of the students: who completed reviewing without receiving emails, who completed reviewing after receiving emails, and who did not complete reviewing. One-way ANOVA test showed that the average SOCA results of these three groups of students were marginally different ($F(2,154) = 3.10$, $p = 0.048$). However, when we compared the groups separately, we found that the students who autonomously completed reviewing without receiving the reminder email achieved significantly higher SOCA results (mean SOCA = 14.1) than the students who received emails (mean SOCA = 13.2; t-test: t(155) = 2.4, $p = 0.02$), and they also spent significantly more time (mean time = 13.0 min) on reviewing when compared to the students who completed reviewing after receiving emails (mean time = 5.6 min; t-test: t(45) = 2.3, $p = 0.03$, equal variances not assumed). It should be noted that in this paper we applied Levene's test for the equality of variances of t-tests, and we reported it along with the result of t-tests when equal variances were not assumed according to Levene's test. However, we did not observe differences in SOCA results between the students who completed (mean SOCA = 13.3) and did not complete (mean SOCA = 13.1) reviewing after receiving the email (t-test: t

Table 1
Number of practice and assessed sessions, and the time points at which students completed reviewing.

Time points when completed reviewing	Practice session (N = 23, 14.6%)	Assessed session (N = 134, 85.4%)	*p*
Before receiving reminder email	6	32	0.82
After receiving reminder email	5	43	0.32
Not reviewed	12	59	0.47

Note. The p values were calculated by Chi-square tests.

(117) = 0.66, $p = 0.51$).

In addition, the median number of all the SOCA results (N = 157) was 14. Therefore, we could divide the students into two groups based on their SOCA results: high SOCA group (students' SOCA ≥ 14; N = 82) and low SOCA group (students' SOCA < 14; N = 75). As a result, we found that 63.4% (52/82) of high SOCA group students completed the reviewing activities, and this was significantly higher (Chi-square test: value = 5.17, $p = 0.02$) than the number of low SOCA group (45.3%, 34/75). The students of high SOCA group (mean time = 10.3 min, SD = 15.8) also spent more time on reviewing their feedback than the low SOCA group (mean time = 6.7 min, SD = 10.7), however, the difference was not statistically significant (*t*-test: t(84) = 1.17, $p = 0.21$). However, we did not observe significant correlations between students' SOCA results and their total amount of time on reviewing feedback (Pearson correlation: r = 0.14, $p = 0.21$).

3.2.4.3. Relative autonomy. 66 students (before receiving email: 28; after receiving email: 38) completed the Post-Interview and Learning questionnaires, as well as the reviewing activities. Table 3 presents students' scores from the two subscales within the Learning Questionnaire, namely autonomy regulation and controlled regulation, and we observed that the students who completed reviewing before receiving the email (mean = 1.82) achieved significantly higher ratings on the RAI (*t*-test: t(41) = 2.1, $p = 0.04$, equal variances not assumed) than the remaining students who completed reviewing after receiving the email (mean = 1.53).

3.2.4.4. First time of accessing the feedback page. In total, 149 students ever accessed the feedback page, and 86 of them completed the reviewing activities in this study (see Table 2). In this section, we report how many hours after the consultation the students accessed their feedback for the first time. Results showed that on average 6.6 h after the consultation, the students, who completed reviewing before receiving the reminder email, accessed their feedback page for the first time, and this number was significantly lower than the students' who completed reviewing after receiving the email (mean = 37.2 h, SD = 40.8; *t*-test: t(61) = -4.84, $p < 0.001$, equal variances not assumed) and who did not complete the reviewing (mean = 94.5 h, SD = 227.2; t(62) = -3.03, $p = 0.003$, equal variances not assumed). In addition, we also found that the time of students' first accessing their feedback page was negatively correlated with their SOCA results (Pearson correlation: r = −0.20, $p = 0.01$, N = 149) and the RAI values (Pearson correlation: r = −0.09, $p = 0.49$, N = 66), although the correlation with RAI values was not significant.

3.2.4.5. Instructional styles of the reminder email. Table 4 shows the numbers of students who completed or did not complete reviewing after receiving the reminder email in different groups. Results show no difference between groups in terms of number of students who complete reviewing (Chi-square test: value = 0.98, $p = 0.32$) and the students' time spent on reviewing (one-way ANOVA test: F (2,45) = 0.09, $p = 0.91$). We noticed that significantly more (Chi-square test: $p = 0.03$) male students of Controlling group (52.9%, 9/17) completed the reviewing than female students (20.8, 5/24). No gender difference was observed in the Autonomy group and Control group.

3.3. User study 2

In the study just described, EQClinic sent one reminder email with different instructional styles and we examined its impact on students' engagement in reviewing their feedback. However, according to the results of Study 1, instructional styles of a single email did not significantly influence the students' engagement, and in particular, unlike the existing literature in face-to-face teaching environment, an autonomy-supportive instructional style did not increase engagement. Therefore, from July to November of 2017, we conducted a second user study on EQClinic with a different student cohort. In this study, we created two student groups according to instructional styles, and sent up to three reminder emails to each group, with the intent being to explore whether multiple emails of different instructional styles impact on students' engagement differently.

3.3.1. Participants

137 Year 1 undergraduate students and 40 SPs participated in the study. The students, who enrolled in the same communication training program as given in 2017, were required to complete an assessed tele-consultation on EQClinic. Before this study, the students had no prior experience of having tele-consultations on EQClinic. Students and SPs were asked to sign an online consent form when they first accessed EQClinic. The study was approved by UNSW Research Committee (HC Reference Number: HC16048).

3.3.2. Questionnaire

In this study, the same questionnaires as Study 1 were used, except that a new Likert question was added to the Learning Questionnaire: "The way the EQClinic platform uses emails to re-engage with the platform feels controlling". This question was scaled from 1 (strongly disagree) to 7 (strongly agree).

3.3.3. Study design and procedures

In this study, all students had only one opportunity to complete an

Table 2
Average SOCA scores and total time (minutes) spent reviewing feedback for students grouped by the time points of the students completing reviewing.

Time points when completed reviewing	N (%)	SOCA score (SD)	Time spent reviewing feedback in minutes (SD)
Completed reviewing before emails	38 (24.2%)	14.1 (1.96)	13.0 (18.9)
Completed reviewing after emails	48 (30.6%)	13.3 (2.04)	5.6 (7.1)
Not completed reviewing	71 (45.2%)	13.1 (2.0)	
p		0.048	0.03

Note. The p value in the third column was calculated by one-way ANOVA test, and the p value in the fourth column was calculated by independent *t*-test.

Table 3
Learning Questionnaire results of the students who completed reviewing at different time points.

Time points when completed reviewing	N	Autonomy Regulation Score (SD)	Controlled Regulation Score (SD)	RAI (SD)
Completed reviewing before email	28	43 (3.52)	25.9 (7.54)	1.82 (0.65)
Completed reviewing after email	38	43 (4.01)	29.5 (6.86)	1.53 (0.39)
p				0.04

Note. The p value was calculated by independent t-tests.

assessed session, and they were not provided any practice sessions before having the assessed session. After enrolment to the program, all students were randomly allocated to two groups: Autonomy and Controlling. In this study, we followed a similar study design as in Study 1 except that up to three reminder emails were sent to each group. Specifically, at 2pm on Day 5 or Day 7, the system sent the second or third reminder emails to all the students who had not completed reviewing by these time points (see Fig. 3). As in Study 1, the Autonomy group received only autonomy-supportive emails, and Controlling group received only controlling emails. The content text and subject lines of emails in this study were the same as in Study 1, except that in both kinds of emails, we provided students with a 'direct link' to enable them to directly jump to the EQClinic website to find their feedback. EQClinic automatically recorded when the link was clicked by the students. If a student did not complete the reviewing by 2pm of Day 9 (2 days after receiving the third reminder email), EQClinic counted him/her as a student who did not complete reviewing.

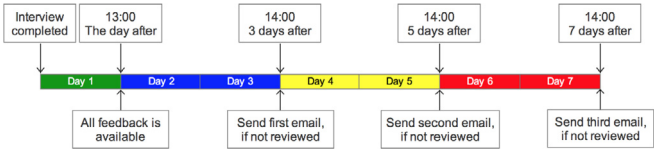

Fig. 3. Procedures of sending reminder emails to students in Study 2.

3.3.4. Results of Study 2

In total, 71 in the Autonomy group and 65 in the Controlling group students, consented to participate in Study 2 and completed one teleconsultation on EQClinic. 26 (19.0%) students (15 from Autonomy group, 11 from Controlling group) autonomously reviewed their feedback before receiving remainder emails. In order to examine the impact of the reminder emails, in the following sections, we focus on the engagement of the students who received reminder emails.

Table 5 illustrates the numbers of students who completed reviewing after email prompts and students who did not complete reviewing. In total, 56 in the Autonomy group and 54 in the Controlling group students received reminder emails. After sending the first two emails, we did not observe significant differences between groups in term of the number of students who completed reviewing. However, after EQClinic sent three emails, significantly more students in the Controlling group (N = 39, 72.2%) completed reviewing than the Autonomy group (N = 30, 53.6%; Chi-square test: value = 4.1, $p = 0.04$). In addition, the students in the Controlling group (mean = 6.7 min, SD = 7.3) spent on average more time on the reviewing activities than the students of Autonomy group (mean = 4.6 min, SD = 4.0), but the difference was not statistically significant (*t*-test: t(67) = 1.47, $p = 0.15$). Within the students who were in the Controlling group and completed reviewing, 38.5% (15/39) spent more than 5 min on reviewing, which was recommended in the controlling emails. In the Autonomy group, 52.5% (12/23) female and 54.5% (18/33) male students completed reviewing after receiving three emails. In the Controlling group, 77.8% (28/36) female and 61.1% (11/18) male students completed reviewing after receiving three email. In both group, we did not observe significant difference between genders (Chi-square test: Autonomy group: p = 0.86; Controlling group: p = 0.20).

As shown in Table 6, among the students who reviewed the feedback after receiving email prompts, Autonomy group and Controlling group achieved a mean SOCA score of 12.6 (N = 30; SD = 2.4) and 13.2 (N = 39; SD = 1.8) respectively, and the difference was not statistically significant (*t*-test: t(67) = 1.15, $p = 0.25$). In total, 52 of those students (Autonomy group: N = 19; Controlling group: N = 33) completed the Learning Questionnaire. We found that the difference of the RAI scores between the two groups was also not statistically significant (Autonomy group: mean RAI = 1.72, SD = 0.84; Controlling group: mean RAI = 1.51, SD = 0.37; *t*-test: t(22) = 1.01, $p = 0.32$, equal variances not assumed). Within both groups (Autonomy and Controlling), according to one-way ANOVA tests, we did not observe significantly different SOCA results (Autonomy group: F(2,16) = 1.16, $p = 0.34$; Controlling group: F(2,30) = 1.74, $p = 0.19$) or RAI scores (Autonomy group: F(2,27) = 1.64, p = 0.21; Controlling group: F(2,36) = 0.02, $p = 0.97$) between the students who completed reviewing after receiving the first, the second and the third reminder email.

The emails of this study contained the link to the website page where students could find the feedback and a token that allowed us to see when the link was followed. Among the students who completed the reviewing after receiving emails, we found marginally significantly more students (Chi-square test: value = 3.4, $p = 0.06$) in Controlling group (71.8%, 28/39) clicked the 'direct link' within the email than the Autonomy group (50%, 15/30).

The new question within the Learning Questionnaire in Study 2 measured the extent to which students felt controlled by the platform using emails to re-engage them. Among the students who completed the Learning Questionnaire (Autonomy group:19; Controlling group: 33), we observed that students of Autonomy group (mean = 3.63, SD = 1.89) felt more controlled in regard to the emails sent to them compared with the Controlling group (mean = 3.18, SD = 1.21), but the difference was not statistically significant (*t*-test: t(27) = 0.9, $p = 0.36$, equal variances not assumed).

Table 4
Numbers of students in different groups who completed or did not complete reviewing after receiving the reminder email.

Time points when completed reviewing	Autonomy Group (N = 36)	Controlling Group (N = 41)	Control Group (N = 42)	*p*
Completed reviewing after email	16 (44.4%; *F* = 11, *M* = 5)	14 (34.1%; *F* = 5, *M* = 9)	18 (42.9%; *F* = 10, *M* = 8)	0.60
Average time on reviewing in minutes (SD)	5.1 (8.0)	5.6 (5.6)	6.1 (7.6)	0.86
Not completed reviewing	20 (55.6%; *F* = 15, *M* = 5)	27 (65.9%; *F* = 19, *M* = 8)	24 (57.1%; *F* = 19, *M* = 5)	

Note. The p value in the second row was calculated by Chi-square test, and the p value in the third row was calculated by one-way ANOVA test. *F*: number of female students, *M*: number of male students.

Table 5
Numbers of students who completed reviewing feedback in the Autonomy and Controlling groups and total amount of time spent reviewing.

Group	First email (%)	Second email (%)	Third email (%)	Reviewing time in minutes (SD)	Did not review (%)
Autonomy (N = 56)	16 (28.6%; *F* = 6, *M* = 10)	9 (16.1%; *F* = 4, *M* = 5)	5 (8.9%; *F* = 2, *M* = 3)	4.6 (4.0)	26 (46.4%; *F* = 11, *M* = 15)
Controlling (N = 54)	22 (40.7%; *F* = 16, *M* = 6)	11 (20.4%; *F* = 8, *M* = 3)	6 (11.1%; *F* = 4, *M* = 2)	6.7 (7.3)	15 (27.8%; *F* = 8, *M* = 7)
p	0.18	0.08	0.04	0.15	

Note. Within each group, students were categorised by the number of email prompts they received before completed reviewing. P values in the second, third and fourth column were calculated by Chi-square tests. P value in the fifth column was calculated by *t*-test. *F*: number of female students, *M*: number of male students.

Table 6
Numbers of students who completed reviewing after receiving emails in the Autonomy or Controlling groups and their SOCA results and scores of the RAI.

	SOCA score (SD)				RAI (SD)			
	Autonomy group	N	Controlling group	N	Autonomy group	N	Controlling group	N
Overall	12.6 (2.4)	30	13.2 (1.8)	39	1.72 (0.84)	19	1.51 (0.37)	33
First Email	12.9 (2.6)	16	13.2 (1.8),	22	1.52 (0.48)	8	1.47 (0.37)	19
Second Email	13 (2.4)	9	13.2 (1.8)	11	2.14 (1.28)	6	1.47 (0.23)	10
Third Email	10.8 (1.6)	5	13 (2.1)	6	1.60 (0.54)	5	1.83 (0.59)	4
p	0.34		0.19		0.21		0.97	

Note. Within each group, students were categorised by the number of email prompts they received before completing the reviewing. P values were calculated by one-way ANOVA tests.

4. Discussion

EQClinic is an online clinical communication skills training platform that not only provides students with opportunities to interview with SP, but also multiple forms of feedback to facilitate their learning. Our previous study revealed that students who reviewed the EQClinic nonverbal behaviour feedback from their tele-consultations achieved greater improvements in their face-to-face clinical communication skill assessments than students who did not review the feedback (Liu, Lim et al., 2016). Therefore, encouraging students to review the EQClinic feedback should be a key goal of the training program using this platform. As a completely online learning platform, EQClinic uses automated reminder emails to motivate students to review their feedback. In this paper, through two user studies, we observed that students' behavioural engagement in reviewing their online personal feedback was associated with their assessment results and relative autonomy of participating in the elements of communication skills training program. In addition, we observed that different instructional styles of multiple reminder emails significantly impacted students' engagement.

In this paper, we explored students' behavioural engagement with the feedback of their tele-consultations in two ways. First, by determining the different time points at which they completed the reviewing, and second, by looking at the amount of time they spent reviewing. In Study 1, students were allowed to have practice sessions before having the assessed session, and students chose the purpose of their sessions after they completed the sessions. In total, around 15% of the students chose their first EQClinic session as a practice session, and we did not observe that the type of the session significantly influenced students' engagement in reviewing their feedback: there was no significant difference between the assessed session and practice session students in terms of time points at which they completed reviewing and the total amount of time they spent reviewing. This indicates that students treated assessed and practice session as an equal learning experience independent of what it represented in term of the assessment.

In the first study, after completing the consultation, students had two days to autonomously review their feedback before being reminded by emails, and approximately one quarter of the students completed their reviewing during that period of time. These students demonstrated higher level of engagement in reviewing feedback, completing reviewing earlier and spending more time on reviewing as compared with the remaining students who received reminder emails. We noted that several potential factors might be associated with the higher engagement of these students.

First of all, the students' assessment result (measured by SOCA) was a key factor that associated with students' engagement in reviewing the feedback. In our studies, students were asked to review their SOCA results immediately after the SPs completed the assessment, so students were aware of their assessment results before the EQClinic feedback became available to review. Results of Study 1 showed that the students who reviewed feedback without email reminders achieved significantly higher SOCA results. Conversely, students who showed lower behavioural engagement (the students who received emails before reviewing feedback) received lower SOCA results. Previous studies have showed that negative performance feedback decreases students' intrinsic motivation (Ryan & Deci, 2000). Therefore, our findings could be explained as a cascading scenario whereby the intrinsic motivation of students who received lower assessment scores might be decreased by SPs' negative evaluations, leading to lower willingness to review other feedback. In contrast, students' intrinsic motivation to participate in EQClinic tele-consultations and its related learning activities could be increased by the positive SOCA assessment feedback provided by the SP. Of course, another explanation of the findings could be that, before participating in the training program, students' motivation toward learning activities might already be different. That is to say, the students who achieved higher SOCA assessment results in this study were more inherently motivated toward the learning activity of reviewing feedback than other students. However, students' intrinsic and extrinsic motivation of toward learning activities was not measured, and this was a limitation of our studies.

Secondly, students' motivations behind participating in the communication skills training program are also associated with their engagement in reviewing feedback. Although participating in the training program was mandatory for students involved in this study, the results in the Learning Questionnaire of the first study showed that students reported varying degrees of relative autonomy to participate in elements of the program. To be specific, the students who completed reviewing without email prompts reported a significantly higher RAI score, which indicated that they participated in the program for more autonomous (vs. controlled) reasons, compared with those students who completed reviewing after receiving the email prompts. This is reasonable since the students with higher RAI scores were more autonomously motivated to learn communication skills and thus engaged with learning activities more actively. In contrast, the students with lower RAI scores were relatively more extrinsically motivated to

participate in the communication skills training program. Thus, it can be argued that they were less engaged with the learning activities of the program.

In the first study we did not explicitly state to students when to return to check their feedback on the feedback page. The reason we chose this design was that we intended to investigate if students would autonomously return to the system to review their feedback, and we assumed that those students who reviewed their feedback without being explicitly informed were highly motivated ones. Some may argue that the students who did not autonomously complete their reviewing might also have high engagement with reviewing, and the reason they did not show high engagement was that they were not explicitly informed about the feedback. They might have accessed the feedback page, but the feedback page only showed a message '*Generating feedback, please wait*'. Therefore, they did not return to the system again as they might think their results were not ready yet. To resolve this concern, in the result section of Study 1, we also reported when the students accessed their feedback page for the first time. The results showed that the students who autonomously completed reviewing before receiving the reminder email returned to the system and attempted to review their feedback significantly earlier than other students. These results, to some extent, confirmed that those students who autonomously reviewed feedback performed higher engagement than others.

To this point we have mainly discussed the potential factors that associated with higher engagement in the students who autonomously reviewed feedback without email prompts. In both our studies, for the students who did not autonomously complete reviewing, we extrinsically motivated their engagement with reminder emails comprising different instructional styles, and then examined their subsequent engagement. In our first study, EQClinic sent an autonomy-supportive, controlling or control email to the students of Autonomy, Controlling and Control groups respectively. However, we observed that the instructional style of a single email did not significantly influence the students' engagement in reviewing their feedback. In addition, unlike the existing literature in face-to-face teaching environment (Assor et al., 2002; Reeve et al., 2004), an autonomy-supportive instructional style in this study did not increase engagement.

Therefore, in Study 2, we allocated students into two groups (autonomy and controlling), and each student who did not autonomously complete reviewing feedback by 2pm of Day 3, received up to three autonomy-supportive or controlling reminder emails from the platform. Results of Study 2 showed that, compared to the Autonomy group, significantly more students in the Controlling group returned to the system after receiving the controlling emails, and the students in the Controlling group also spent average more (but not statistically significant) time on the reviewing activities. These results indicated that students in the Controlling group demonstrated higher behavioural engagement in reviewing the feedback than the students in the Autonomy group. However, it should be noted that in the controlling email of the two studies, we explicitly instructed the students to spend at least 5 min on reviewing the feedback. This might impact the results of comparing students' spending time on reviewing between groups. In order to examine whether the reminder emails were the main reason that led to the difference engagement of the two groups in Study 2, we also compared the SOCA scores and RAI scores of the Autonomy and Controlling groups. However, we did not find significant difference between the two groups in term of SOCA and RAI scores. Therefore, we argue that instructional styles of emails did affect the engagement of the students who did not autonomously complete reviewing before receiving emails. In addition, the number of reminder emails the students received was another important factor that influenced their engagement. As shown in Table 5, after sent the first and second emails, we did not observe significant difference between the Controlling and Autonomy groups in term of the number of student who completed the reviewing. The significant difference between the two groups appeared after students received the third reminder email.

In Study 2, multiple emails with the controlling instructional style achieved greater impact on students' engagement than the autonomy-supportive emails. This finding was interesting, as it conflicted with the results of a previous study (Reeve et al., 2004) which suggested that teachers demonstrating an autonomy-supportive instructional style achieved greater influence on students' engagement than teachers demonstrating a controlling style in classrooms. Several potential reasons could explain the divergence. First of all, in Reeve et al.'s (2004) study, the instructions were given by teachers in classrooms, whereas EQClinic is a completely online platform, and in this present study all the instructions for students were automatically generated by the platform and sent to students as emails. Students' interpretation of instructions within reminder emails might be different from their interpretation of teachers' instructions in the classroom. In classroom environment, students' perceived autonomy supportiveness of the teachers' instructional styles (autonomy-supportive vs. controlling) might be different (Reeve & Jang, 2006). However, in our study, students of the Autonomy and Controlling groups did not report significantly different scores in regard to feeling controlled by the platform using emails to re-engage them. In other words, students' perceived degree of control exerted by the emails was not significantly different between the groups. Secondly, in Reeve et al.'s (2004) study, students' engagement was observed within a five-week period. However, in our studies, the influence of different emails on students' behavioural engagement was only tested over one-week time. Therefore, a reasonable explanation of our study results could be that controlling instructional emails might have greater influence than autonomy-supportive emails on students' engagement in a short term. However, it is still unclear whether the controlling emails also have greater influence on students' engagement and study over the long term. Thirdly, in our studies, the emails were only sent to the students who did not autonomously review their feedback, and these students showed lower assessment results and a lower degree of relative autonomy to participate in elements of the training program than the students who completed reviewing without email prompts. Our study only shows evidence that multiple controlling emails had greater impact than autonomy-supportive emails on the engagement of this subgroup of students, rather than the entire student cohort. Further studies should be conducted to investigate if different instructional styles of reminder emails also influence the students who are highly self-motivated to review the feedback. Although in Study 1 we observed significant more male students completed reviewing after receiving the controlling email than female students, this finding was not confirmed in Study 2 as no significant difference was found between genders. Therefore, the influences of different instructional styles on different genders need to be further investigated in the future.

Another point should be noted is that, in our studies we measured students' engagement by analysing the time they returned system and the duration they stayed on the feedback pages. However, staying on the feedback pages did not definitely mean that students were reviewing the feedback. A potential scenario could be that some students just opened the feedback page and did something else without actually reading the feedback. In our studies, we could not recognise this scenario and calculate how long they really reviewed the provided feedback. We assume that it is very challenging for an online system to perfectly recognise this scenario, without monitoring students' behaviour through some external equipment (such as a camera). However, in the future, more students' activities on the feedback pages could be collected by EQClinic to help us to have better understanding of students' engagement in reviewing the feedback, such as monitoring the length of playing the video recording.

4.1. Limitations

There are several limitations to our study that should be considered when interpreting the findings. First, the studies were conducted in different periods within two university semesters. Students' engagement

in reviewing feedback might be influenced by other study activities (e.g. assignments and exams), and these activities were not considered in this paper. Second, before participating in the training program, even amongst high-achieving and highly motivated medical students, motivation toward learning activities is likely to differ from student to student and some of them might be inherently more engaged in certain learning activities. However, a baseline measurement of their motivation toward learning activities was not feasible in our studies, and this might influence our understanding of the factors which were associated with students' behavioural engagement of reviewing feedback. In future studies, students intrinsic and extrinsic motivations should be measured before students' having the session using the questionnaire such as the Academic Motivation Scale (Vallerand et al., 1992). Third, the participants in the studies were first year medical students, and their engagement with feedback after receiving different reminder emails might differ from more senior students. Therefore, future studies may be needed to explore whether autonomy-supportive and controlling emails influence engagement in senior students. Fourth, in order to pressure student to complete the reviewing activities, in the controlling emails we explicitly asked students to spend at least 5 min on reviewing feedback. However, in the autonomy-supportive and control emails, we did not instruct the length we would like the students to spend on reviewing. Therefore, this design might impact our time analysis about the behavioural engagement of the students in different groups. Fifth, students with different cultural background might have different perception to the reminder emails with different instructional styles. However, the cultural background information of the students was not collected and analysed in our studies. Further studies should explore how students' cultural background influences their behavioural engagement especially after receiving different instructional styles of reminder emails. Finally, the p-values reported in this paper were uncorrected p-values without applying Bonferroni corrections for multiple comparisons, and they might increase the chance of making Type-I (false positive) errors. Although we are aware the controversy over situations in which these corrections is appropriate (Curran-Everett, 2000; Feise, 2002), we suggest that some of the p-values which were near the significance boundary (e.g. $p = 0.048$ in Table 2) should be interpreted with caution, and the findings associated with those results should be validated in other studies in the future.

5. Conclusion and future work

In conclusion, this paper examines students' behavioural engagement in reviewing non-compulsory online individual feedback of teleconsultations with a SP within a communication skills training program. In the studies, we used emails to remind students to review their feedback. The studies reported herein provide evidences that students' engagement with feedback was associated with the assessment results they received during the training and their relative sense of autonomy in participating in elements of the communication skills training program. In addition, students' engagement was also influenced by the instructional styles of the reminder emails, and the impact was particularly significant when multiple controlling reminder emails were sent to students.

Our findings have implications for researchers and educators who intend to motivate students to engage with online feedback using emails within e-learning systems. Generally, within a same course, students might have different levels of engagement to participate different learning activities. As shown in Study 2, some students autonomously completed their tasks without being reminded, however, some students did not complete the task even after receiving three emails. Therefore, in term of motivating students, it is not reasonable to use the same strategy to treat all the students within a same course. For example, in order to motivate students to review their assessment feedback, the system can inform students with multiple emails. This could be a useful way to motivate students who are not very engaged with the tasks. However, the highly self-motivated students may feel controlling to this strategy. Therefore, educators should apply different motivating strategies according to students' characteristics (such as learning outcomes, behaviours within the learning system). With the development of learning technologies, we believe that it would be possible to apply different motivating strategies to different students by automatically tracking and analysing students' behaviour and data within the learning system.

In the future, except for the points mentioned above and in the limitation section, further studies should be conducted to investigate the influence of controlling and autonomy-supportive motivating styles of system-generated emails on students' long term study. In addition, in the two studies of this paper, we only measured students' behavioural engagement. Students' emotional and cognitive engagement should also be measured in the future studies.

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Appendix A. Questions in Learning Questionnaire (Autonomous Regulation: 1, 3, 6, 9, 11, 13, 14; Controlled Regulation: 2, 4, 5, 7, 8, 10, 12)

1. I will participate actively in the communication skill classes because I feel like it's a good way to improve my skills and my understanding of patients. (1–7)
2. I will participate actively in the communication skill classes because others would think badly of me if I didn't. (1–7)
3. I will participate actively in the communication skill classes because learning to interview well is an important part of becoming a doctor. (1–7)
4. I will participate actively in the communication skill classes because I would feel bad about myself if I didn't study this approach. (1–7)
5. I am likely to follow my instructor's suggestions for interviewing because I would get a good grade if I do what he/she suggests. (1–7)
6. I am likely to follow my instructor's suggestions for interviewing because I believe my instructor's suggestions will help me interview effectively. (1–7)
7. I am likely to follow my instructor's suggestions for interviewing because I want others to think that I am a good interviewer. (1–7)
8. I am likely to follow my instructor's suggestions for interviewing because it's easier to do what I'm told than to think about it. (1–7)
9. I am likely to follow my instructor's suggestions for interviewing because it's important to me to do well at this. (1–7)
10. I am likely to follow my instructor's suggestions for interviewing because I would probably feel guilty if I didn't comply with my instructor's suggestions. (1–7)
11. The reason that I will continue to broaden my interviewing skills is because it's exciting to try new ways to work interpersonally with my patients. (1–7)
12. The reason that I will continue to broaden my interviewing skills is because I will feel proud if I continue to improve at interviewing. (1–7)
13. The reason that I will continue to broaden my interviewing skills is because it's a challenge to really understand what the patient is experiencing. (1–7)
14. The reason that I will continue to broaden my interviewing skills is because it's interesting to use the interview to try to think about what disease the patient has. (1–7)

Appendix B. Examples of autonomy-supportive and controlling emails used in Study 2

Autonomy-supportive Email:

Subject: Your EQClinic feedback is ready for review

Body:

Dear NAME,

Feedback on your OSPIA video interview with a simulated patient is now available for you to review.

The feedback offers an opportunity for you to learn how to communicate better with patients.

At your convenience, please log into OSPIA via eMed and find your personalised feedback under the 'My Consultations' tab.

After reviewing the feedback, we would be grateful if you could fill out the Reflective Survey. Your feedback is important to us so that we can improve how the OSPIA platform works for you.

With regards

EQClinic team

Controlling Email

Subject: Login now to review your personalised EQClinic feedback!

Body:

Dear NAME,

Feedback on your EQClinic video interview with a simulated patient is now ready and awaiting your review. You will need to access it within a week. You should spend at least 5 min on it, and when you are done complete the reflective survey.

Log into EQClinic via eMed and find your individual feedback under the 'My Consultations' tab.

After reviewing the feedback, you need to fill out the Reflective Survey.

With regards

EQClinic team

Control Email:

Subject: Your EQClinic feedback is ready for review

Body:

Dear NAME,

Your feedback of the OSPIA video interview with a simulated patient is ready to review.

Please log into OSPIA via eMed and find your individual feedback under the 'My Consultations' tab.

After reviewing the feedback, please fill out the Reflective Survey. Your feedback is important to us so that we can improve how the EQClinic platform works for you.

With regards

EQClinic team

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