



REFLECTIONS ON MY STUDENT/TRAINEE FEEDBACK

- **What is going well, and why?**

Overall the feedback I received for this group session was very positive. Students liked interacting in role-play history taking scenarios, liked practicing venepuncture on each other (even though they were initially very nervous about this) and also reported that the overview of being a student on the wards and how to make the most out of ward-time was useful. They reported a general increase in confidence following this session, in history taking, venepuncture and in their general approach to being a medical student on the wards. This feedback was very gratifying as my personal aim for the session was to improve confidence in my new students, as I personally remember embarking onto the wards in the 1st year of clinical medicine as a nerve-wracking experience.

I feel this session went well for two main reasons; firstly I had spent a considerable amount of time preparing, making sure my session had a clear structure and preparing hand-outs with tips for surviving the wards and role play history taking scenarios; secondly I decided on the content of this session largely based on feedback from teaching other students at a similar stage of training. I have previously taught first year clinical students when I was a final year student through a 3-week programme delivered at the start of their clinical years. One of the main points for improvement in the feedback from these students was that they would have liked an introductory lecture on surviving on the wards with tips for making the most of ward-based learning opportunities. I also built on a previously well reviewed introduction to cardiology session I had delivered to the new Year 3 students at the start of their cardiology block; I used the same format for history taking practice, using the technique of “buzz groups” which I had learned in a small-group teaching workshop, working in groups of three with a pre-prepared print out of a mark scheme for the student acting as examiner and a print out of a patient history for the student acting as patient.

My overall learning points as a teacher from this session are therefore: good preparation is key, both in planning a structure for the session and in ensuring any required hand-outs are prepared and printed well in advance; and that building on feedback gained from previous teaching sessions is very valuable.

- **What could be improved and how could these changes be brought about?**

The main issue I encountered with this session was that it was 2.5 hours long and the students seemed to be losing steam after 2 hours. Changing the stimulus was a tip I had used from teaching workshops and this did help to keep students interested and engaged;

moving between practical venepuncture, interactive history taking practice and a lecture-type part of the session; but ultimately I feel it was too long. Interestingly one student mentioned in their feedback that they would like a longer session, however I feel that splitting the session into two separate sessions would be a more valuable way of delivering the same teaching.

Another point for improvement from the student feedback was that they would like to have had the chance to practice cannulation, and another mentioned that they would like more time spent on clinical skills in general.

My plan for improvement in delivering future introductory sessions is to have two separate sessions, each 90 minutes long. One involving tips for learning and surviving on the wards as a student and including practicing venepuncture, then a second session a week later during which students practice history taking in the role-play format used here, and also practice cannulation. I would structure these two sessions like this rather than having all the clinical skills in one session as it varies the stimulus, and also it gives students the chance to practice venepuncture on the wards (which I would strongly encourage them to do) and improve confidence in the this before coming back and moving onto the more complex skill of cannulation. As a more general learning point and action plan for the future I will not arrange any teaching sessions that last longer than two hours without including a break and ideally some refreshments for the students being taught.

- **How could the evaluation of your session, and any intended improvements, be communicated to your students/trainees and colleagues, (eg put in study guides annual report to Module Organiser; tell next cohort of students; report at Year Committee)?**

A handbook for new CTAs could be produced with examples of formats of teaching that past CTAs have found effective, this could then be circulated at the CTA induction day. It may also be potentially useful to have an online resource for CTAs to allow peer-to-peer sharing of sessions that have worked well and improvements that could be made.

Please return to cep@ed.ac.uk