



REFLECTIONS ON MY STUDENT/TRAINEE FEEDBACK

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

Feedback for this session showed that students appreciated the focus being mainly on clinical examinations, improving their OSCE style and their skill at recognising signs. They likely the format of starting with a patient, examining them and eliciting signs, then going to a teaching room to discuss these signs and go onto related questions about this specific patient's disease.

I feel that this session went well and received good feedback due to my preparation in finding patients with interesting signs before the session and having a structure to the session. Another approach that worked well was giving a clear, achievable goal, in this case saying I wanted them to learn to differentiate between aortic stenosis and mitral regurgitation by the end of the session. This gave a real and tangible sense of having learned something in the session, something the students could not have learned from a book, and a sense of achievement when they both identified the murmurs correctly.

I also made the session more exam focussed than previously as I find that mentioning exams is a great motivator for learning. In this case it was through making the students do their patient examination in timed OSCE conditions, I then marked them on an OSCE mark sheet which I gave them at the end of the session to help highlight areas to improve. This element of written feedback helped them feel that they had been given the tools to improved their OSCE skills, more so than if I had just given verbal feedback.

I was also very pleased to receive a feedback comment saying that one of my students found me to be an enthusiastic and fun teacher, as enthusiasm is one value I feel is important in an effective teacher. I feel that managing to convey an enthusiasm for the subject I am teaching is a key factor in the good feedback my students have given me and I will continue to try to approach all teaching sessions I deliver with the energy and enthusiasm with which I have approached this CTA work.

My overall plans going forward from reflection on this session are therefore: to continue to have a structure to my teaching sessions; to identify a clear and achievable goal for clinical bedside sessions and not just for lecture-based sessions; and to remain enthusiastic about the subject I'm teaching.

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

Feedback from these two students highlighted the fact that they wanted more time on patient examination and OSCE practice than they got. I feel that when I have delivered sessions to other students on a one-to-one basis they have had more time examining patients and perhaps gained more from the session. I therefore plan to try to deliver more of my future CTA bedside teaching sessions on a one-to-one basis as this has proved from me to be the best way to maximise the learning a student gets from their CTA time.

A further challenge encountered during this session was the fact that one of my students was much stronger in their clinical knowledge base than the other. This made pitching questions difficult as I wanted to make sure I challenged the more capable student and improved their knowledge base, whilst not making the less capable student feel out of their depth, and thus ending up with them feeling disheartened or just disengaging with the teaching session entirely. I also found it difficult to give the less capable student a chance to answer questions as the more capable and very enthusiastic student answered most questions themselves. Since this teaching session I have attended two particularly useful workshops (giving feedback and impromptu teaching) which introduced the “5-step microskill model” for teaching in the clinical setting. Reflecting on this teaching session I feel I could have used this model for each student individually, focusing on the two separate patients, allowing me to pitch the difficulty of questions asked as appropriate to each of my separate student’s knowledge base, and tailoring the “probe for evidence” step to their ability. This would also have been useful for ensuring both students had equal chances to answer questions as I would have gone through the process one student at a time, on a different patient for each.

- **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)?**

I feel the one-to-one sessions have been overall of more benefit to my students than the bedside teaching delivered in pairs and so will suggest to my next group of CTA students that we have small group sessions for certain topics but have one-to-one bedside teaching sessions. This feedback could also be communicated to colleagues at CEP workshops or CTA meetings, in particular a biannual CTA meeting for tutors to come together and share ideas or an online resource where ideas can be shared could prove useful.