

## REFLECTIONS ON MY STUDENT/TRAINEE FEEDBACK

---

- *What is going well, and why?*

Good apparent face validity and relevance – the FY1s reported that the subject matter was useful. and 100% reported that they gained knowledge or skills that they will be able to immediately apply to their current post. It was reassuring to know that our (hospital) agenda of driving up standards in sepsis management and implementation of the Sepsis 6 bundle matched the trainees own priorities (which is why, I expect, they engaged so enthusiastically), and that this session can help achieve this. It also showed that, instead of simple revision, the tutorial did cover some new areas or expand upon rationale for parts of the treatment bundle that they found relevant and practical and that this was explained and explored in a way in which they could immediately apply in the workplace.

100% also felt that the level of content was pitched appropriately, reflecting that I had managed to appropriately reflect/target their stage of training, curriculum and roles/responsibilities. This took some considerable prior preparation/research but was evidently worthwhile.

Interactive polling worked well – students remained awake, interested and engaged participants rather than passive recipients! Will therefore definitely be keeping this format as otherwise the session is long and risks students losing interest or concentration (also the room becomes hot and negates from learning in terms of Maslow's hierarchy of needs!).

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

The session was quite long and in retrospect I think I perhaps tried, in my enthusiasm, to pack too much into one session! This risked students becoming fatigued or information overloaded, and also meant that they might have been worrying about how much time they were taking off their ward and how long their task list might be when they returned to the ward! All of this would be potentially distracting and thus detract from their learning.

In future I will trial two related but separately run sessions that complement each other but are still individually of educational value if trainees can only attend one (as work commitments will inevitably mean that some cannot commit to two set dates and it would be shame for this to put them off attending one of the two). I would make the first session a general introduction to sepsis, including the Sepsis 6 bundle – perhaps adding some real case examples (increasing face validity) if the division meant that sessions were too short – and the second session focusing more on emerging “superbugs” and resistance/prescribing issues. This would allow time to cover the topic of “prescribing for patients with previously resistant bugs” as one trainee suggested on this occasion.

These changes should be relatively easy for me to implement with comparatively minor changes to the presentation and good availability for room/clicker booking in the education centre. I will need to analyse my rota to plan, ideally, two consecutive week when the sessions can be delivered, ideally once per 4 month rotation so that all FY1s coming to us have equal opportunity to participate. Whilst this means extra time committed, I currently deliver separate

Sepsis teaching sessions for final year students and imagine that these two sessions could instead be combined, as the digivoting works well in a larger group setting anyway. I will then seek further feedback to compare trainee opinions on these two sessions compared to this original single longer session, and to check that final year medical students find the material as relevant and appropriate as the FY1s.

I also note that the majority of “clicker” digivoting was employed in the second half of this tutorial – if the session is split into two I will need to develop some new interactive questions for the earlier topics so that both sessions are interactive, as the trainees fed back very positively about this. Again, this should be relatively easy and cost-free.

*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)?*

The FY1s currently attend weekly core teaching arranged by the education centre staff. They could either facilitate a session at the end of each attachment where tutors and students feed back to one another or, if this is too ambitious in terms of everyone’s time commitment, could help me develop a brief email newsletter to send out on their FY1 email distribution list – a benefit of this is that it could also include a reminder of some take-home messages and links to useful materials in order to reinforce/refresh learning about Sepsis.

I currently also promote sessions on TuBS – in the “other information” section I could add a note about how the session has evolved as recommended by prior participants so that new students planning to attend understand how the session has developed and also appreciate that their feedback is genuinely valuable and informs our teaching plans.