Reflective Portfolio Assignment

The Clinical Educator Programme

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Part 1

Introduction

I am currently working as a clinical development fellow and have been involved in the Clinical Educator Programme (CEP) as a junior doctor. I received a lot of excellent teaching as an undergraduate from junior doctors, which I found invaluable, and the natural progression for me was to follow in their footsteps. Since then I have been involved in teaching medical students a variety of topics including clinical skills, Immediate Life Support and the management of critically unwell patients.

Over the past three years I have been on a learning journey to becoming an effective clinical educator. When I first started teaching I remember feeling scared and anxious, wishing that I had never arranged the session. I felt that I was not competent at teaching, and was terrified that I would not be able to hold the students' attention or answer their questions. I believed that teaching was a natural skill that you either had or did not have, and that I was probably the latter. As I reflect over my teaching experience to date, I can see my progression. I can say that I am now confident in my abilities as a clinical educator, and that I even enjoy it!

Throughout this essay I will mainly focus on one particular teaching session which was a clinical skills tutorial on arterial blood gas (ABG) sampling to 4th year medical students. This involved me delivering a 15 minute interactive Power Point presentation and then then demonstrating the procedure on a mannequin. After this the seven students were split into pairs and allowed to practice the procedure on mannequins and I observed them individually and gave feedback. This session was observed by a CEP tutor and I was given feedback on my performance (Appendix 6).

How you design and plan learning activities and/or programmes of study

Planning a Teaching Session

I recently attended the 'Planning and Evaluating your Teaching' workshop which I found very useful when thinking about planning a teaching session (Appendix 4). When planning a teaching session I would think about how I wanted the session to run and usually put together some slides or another teaching aid which would help structure my lesson. Thinking back I

would always have an understanding of how much time I had available however I would sometimes finish earlier than anticipated. Taking the time to properly plan a session would help me to maximise the use of the time available and to design a more efficient teaching session.

Firstly – as Spencer (2003) describes - it is important to know who and what you are teaching, how you are going to teach it and how you will check understanding[1]. Having answers to these basic questions is a good base for planning a session. I really liked the idea of writing a structured lesson plan and as a visual learner I think that having this as picture in my head would help keep me to time. In previous sessions I would usually allocate ~5 minutes at the beginning of a session for an 'introduction' – however at this point I did not have a structure for this or an informed understanding of what it should include. This tutorial also discussed the concept of 'set, body, closure', what this should include, and how to allocate time appropriately to each section. I found this concept very useful, and will go on to discuss my learning around this in more detail later in this essay. Although I have not yet had the chance to put this learning into practice I endeavour to do so, and will produce a lesson plan for my next session.

Layout of the Learning Environment

The 'Small Group Teaching' workshop (Appendix 3) has taught me that when planning a teaching session it is not only important to think about the content of the teaching material, but also the tools that you will use to facilitate your teaching and the layout of the teaching environment. My clinical skills tutorials are carried out in a clinical skills room and I am therefore quite flexible in the way I can set up the room. I chose to have the chairs in a semi-circle which allows the students a good view of the PowerPoint screen, but also created an intimate environment where no one was excluded and everyone could feel part of the group. I think that this layout also helped promote discussion between the learners, and hopefully made the session feel more informal and relaxed – which facilitated conversation. During the session there was some paired work, and this seating arrangement also facilitated this.

The 'Set' of a Teaching Session

A moment of revelation for me was the feedback session from my observed teaching in ABG sampling clinical skills tutorial. During this session I was introduced to the concept of 'set,

body, closure'; a concept that will forever change my practice as an educator. This important concept was further detailed in the tutorial 'Planning and Evaluating Your Teaching' and taught me what the 'set' should include and how to do this effectively (Appendix 4). With hindsight I can see that I already cover a lot of these points in my teaching sessions. I naturally try to make students feel at ease and comfortable in their learning environment by introducing myself, asking names, and having some informal conversations prior to the session beginning. I establish the students' prior knowledge and experiences as this is important to be able to pitch the lesson appropriately, and it also allows for more personal interactions e.g. 'you have said that you have watched a doctor take a ABG, can you describe the situation to us?'. This can help keep the group engaged and interested. Some feedback that I received from my observer was that I could introduce 'utility' earlier - within my set – which would help motivate the learners from the outset. In future I will actively think about how to structure my 'set' and what to include when planning a session.

When discussing the 'set' during my observer feedback session, I realised that stating learning objectives was something I had never considered necessary before. As a learner I had taken them for granted, believing that they were not useful and a wasted slide. The workshops on 'Effective Supervision' (Appendix 5) and 'Planning and Evaluating your Teaching' (Appendix 4), along with the constructive feedback (Appendix 6), showed me the importance of learning objectives to a learning session. They ensure the session is focused and efficient, and show the learner what they can expect to learn. I was also taught how to construct learning objectives, which was very useful. I liked using Bloom's Taxonomy and a verb list to help me think about what I wanted the outcomes to be[2], and therefore help me write SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives[3].

The 'Closure' of a Teaching Session

Summarising a session was something I was a bit more familiar with. Having designed teaching materials for student tutorials in critical care and locomotor revision, I was used to including a slide to conclude the session. It is important to focus the learners on the salient points from the lesson, and to give them a sense of achievement having (hopefully) gained new knowledge. On examination of my 'closure' of the ABG teaching sessions however, there were definite improvements to make. During my feedback it was highlighted to me that I did not include any learning objectives or a summary and that this is something students really benefit from. The supervisor and I also reflected on the fact that there was no defined

finish to my session. I remember this particular session ended with the students chatting when they felt that they had had enough time to practice, and that they were free to leave after they had completed the feedback forms.

When examining my feelings on closing a teaching session I realised that it comes naturally to me when the summary is written on a slide – it is easy to follow and acts as a prompt. I feel less confident summarising with no prompt. At the close of this session I would have had to raise my voice to get the students' attention, and that is something I lack confidence in doing. I fear being ignored, resulting in feeling a loss on control and failure. I think these feelings stem from when I started coaching gymnastics trying to control a class full of noisy children and finding it extremely challenging.

I realise that teaching medical students is very different from noisy, energetic children, and that these feelings are unprecedented. I have thought of ways to overcome this situation if it happens again. I could have summary slides prepared and I could state at the beginning of the session that there would be a summary and that everyone should return to their seats at the end. I could open the summary session by asking them how they found the tutorial, what they enjoyed and any challenges that they faced prior to giving a formal summary with reference to the learning objectives. I could also give an open invite for students to speak to me after the session to clarify any queries in confidence. When designing and planning future sessions I will ensure to include adequate time for 'closure' and I will make sure this includes summarising the session and reiterating the learning objectives.

The 'body' of a teaching session

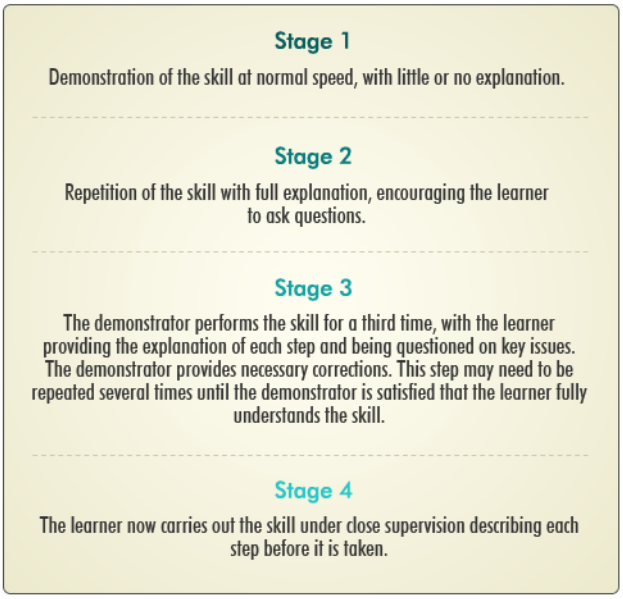
I endeavour to design teaching sessions that are visual, interactive and fun; my Powerpoint presentations on 'Developmental Care' and 'Post-Operative Complications of the Surgical Patient' included lots of pictures and quiz questions. I try to use a mixture of both open and closed questions to encourage participation, which will aid learning. In my feedback session my supervisor mentioned that I could leave a longer pause to allow students to answer, as I tended to quickly fill the silence. I found this interesting to hear as those seconds felt much longer to me! I think this comes back to my fear of losing the students' attention, and control of the session. I was given a helpful hint that if I had a drink then I could take my time to pause and have some, and therefore give students more time to answer. I will definitely try this in future!

Active learning is a great and effective way to learn, and if possible I try to incorporate it into my lessons. Active learning engages me and I find that it makes a teaching session more memorable. This is why I am keen to include this teaching style when planning my sessions. During the short presentation at the beginning of the ABG tutorial I explained how to perform a test for ulnar artery patency. I asked the learners to practice this on each other in pairs which they seemed to find fun and enjoyable, and will hopefully help them to remember it in future! It is important when planning sessions with active learning to leave adequate time, as getting the students to practice this clinical examination inevitably takes longer than just explaining it or showing a picture.

I have taught numerous clinical skills tutorials in ABG sampling and venepuncture, and I have always taught them the same way. I usually demonstrate the procedure once with full explanation and opportunity to ask questions and then I get the students to practise by themselves (with the step by step instructions printed). I would then supervise from a distance and then individually assess. Before discussing this in my teaching feedback session I had never considered if designing and delivering the teaching session this way was the best way for students to learn, or if there were other ways of doing it.

I think I have subconsciously adopted this teaching style for two reasons. Firstly this is how I received my ward-based teaching throughout medical school and quite enjoyed it. ‘See one, do one, teach one’ was the motto that we all knew. However I recognise that this is not safe, and competency needs to be obtained prior to performing these new skills on patients. Secondly, one of my personality traits is the ‘hurry up’ driver and I get frustrated when things don’t happen quickly enough. As a learner I find it difficult to remain engaged when the pace is slow and repetitive, and therefore I like to get the students involved in hands-on activity as quickly as possible.

Peyton (1998)[4] describes a four step approach to learning a clinical skill as demonstrated in figure 1. This involves carrying out a demonstration, then repeating it with an explanation, then getting the student to talk you through it prior to them performing it. This offers a more robust approach to teaching a new clinical skill and one which I will consider using when designing and delivering future teaching sessions. The repetition would help consolidate the technique – especially for visual learners - and perhaps make it easier to remember. Alternatively I could get them to read through, or I could talk through the procedure first, and then demonstrate it on the mannequin.



Adapted from Peyton 1998:174-77

Figure 1

How you assess and give feedback to students (or colleagues)

Early Experiences of Giving Feedback

Feedback is a hugely important part of teaching, and the CEP workshop on effective feedback was a great help for me as I started to think about how to give useful and well-structured feedback (Appendix 2). This workshop taught me the aim of feedback – to promote insight – and this is essential to remember. Feedback can take many forms such as formal verbal or written, demonstrations and informal conversational styles. My style of giving feedback developed through my years as a gymnastics coach. After every tumble I would give the gymnast immediate feedback, as the performance was at the centre of their mind and they were keen to know what they did well, and how they could improve. I quickly realised that giving a long list of thing to correct did not result in an overall improvement. It was much better to give the gymnast one or two areas of focus e.g. 'Try and remember to point your toes next time', and allow them to perfect this until it becomes automatic. Sometimes I would ask them how they thought they did, and what they think they could improve on. Through this I now realise that I was naturally trying to promote insight and reflection, which would in turn hopefully result in long-term positive effects. It is important to praise them for what they did well, as you want them to enjoy the experience and remain motivated. Reflecting on the feedback I have received personally as a junior doctor, I feel that

the praise that I have received has helped built my confidence and has made me more receptive to receiving useful constructive criticism.

These learning points can be applied when giving feedback to students as a clinical educator. The 'Effective Feedback' workshop has reminded me that there are always opportunities for feedback, and that the medical students have identified that they would like more feedback (Appendix 2). I have assessed students and given feedback in multiple forms: formal written feedback through marking cleanliness champion student essays (Appendix 7) and as an examiner for 3rd year OSCEs, and verbal during simulation teaching sessions e.g. clinical skills, ILS and critical care courses. I am keen to improve my feedback by applying what I have learned through the CEP.

Effective Feedback Tools

My favourite tool for giving feedback is the 'feedback sandwich' of positive-constructive-positive comments. I find this simple and easy to remember. I have used this technique when marking the students' 'Cleanliness Champions' essays (Appendix 7), and when giving feedback on their marking sheets during the 3rd year OSCE exams. I received personal feedback on my marking of the students' essays, and it was reassuring that they felt there was a good balance of positive and constructive comments, and that it was specific yet concise. My feedback also suggested that I could give more guidance on helping the students move from description into reflection. I now realise I didn't fully understand this comment at the time. I now have a much deeper understanding of reflective practice through my involvement in the Foundation Programme and the Clinical Educator Programme. Both these programmes have encouraged me to reflect on my clinical, communication, and interpersonal skills along with my views and abilities as a teacher. I now feel more equipped to be able to guide students in this by getting them to not just discuss what they did, but how and why they did it.

I learned other tools during my 'Effective Feedback' tutorial such as Pendleton's Rule for giving feedback[5]. This focuses on the learner discussing what they did well and what they could do better, and an action plan being agreed including ways to improve. I used this technique when teaching venepuncture with one medical student and I felt that it worked well in this setting. It is much harder to implement in a group setting, when there is no allocated time for individual feedback to students.

Constructive Criticism

I often feel guilty giving constructive comments, as I feel that I may be denting the student's confidence or that it may affect our rapport. I personally get quite defensive when faced with criticism, as I am a bit of a perfectionist. This is something I am working on improving through a leadership course I am attending. Perhaps it is these feelings towards constructive criticism that result in my reluctance to give this type of feedback. To overcome this I try to remember that, from my own personal experience, the constructive feedback is the most useful, and it is this feedback that I appreciate the most in the long-term. Skills and learning do not improve if the only feedback you give is 'well done, that was great', although positive comments are needed to build confidence and give reassurance. There is always scope for improvement and I think this is a good view to adopt.

Feedback in Practice

My feedback from my supervised ABG teaching session was reassuring. I was told that I had spent an equal time with each of the students, giving appropriate feedback whilst observing their performance and gently guiding them to improvement. I was pleased that I naturally split my time equally between the students as this was not a conscious decision, although I did plan to ensure I had watched all students perform the procedure.

After observing a few of the students I noticed that each one of them was palpating the artery quite a distance away from where their puncture site would be. At this point I decided to gather all the students around again and give a further short demonstration with explanation in order to try and correct this. On reflection I think this type of group feedback is efficient and worked well in this situation. It might also reassure the students to know that they were not the only one to make that mistake. The fact that multiple students made this mistake, I believe, must reflect my teaching of the skill. My demonstration or explanation must have been insufficient in this area and this is something I will work on improving.

During these clinical skills sessions I have found that students sometimes produce 'feedback postcards'. I was asked at the end of the session to fill in some of these. I find these difficult to complete at the end of the session because I struggle to remember each student's individual performance. This results in the feedback being of poorer quality and more generic. It was suggested to the students that if they want these to be completed, to hand them in at the start

of the session in future. This would mean that I could record feedback during the session which would likely result in it being more useful for each student.

I have recognised that an area for improvement would be to make feedback sessions with students more collaborative and interactive. Currently I tend to just give them a feedback sandwich of positive and constructive comments without asking for their thoughts and opinions on what they did well and what they would like to improve on. In future I will try where possible to get the students' personal views and agree an action plan together with points for improvement. This will encourage the learners to reflect on their own performance, promote personal insight and take responsibility for their learning.

Part 2

Respect for individual learners and diverse learning communities

I have taught a wide range of learners from different social and cultural backgrounds through varying ages from primary school to postgraduate level. Edinburgh medical school has a large cohort of foreign students for whom English is perhaps not their first language. For this reason I make sure to speak clearly, and this was reassuringly highlighted in my observation feedback (Appendix 6). It was mentioned that I need to take care not to speak too fast, and this is something that I am now conscious of, and improving on. I respect all learners, and adapt to suit individual learners where possible. Through delivering teaching sessions with the CEP I am now aware that there are confident students who often answer and volunteer and those that are less confident, who shy away from participation. I now try to make sure that I am aware of these individuals and include them whilst consciously trying to not make them feel uncomfortable. I have found buzz groups, (something I learned in the 'Small Group Teaching' workshop (Appendix 3)), to be useful, so that they do not feel under pressure to speak publicly, but still get to share their ideas.

Through teaching clinical skills sessions I have learned that individual students learn at different paces and I think it is important to give the opportunity to clarify queries in confidence. Although I give the opportunity for questions I will make sure to offer the opportunity to speak to me individually following the lesson. Learning communities are diverse, and I acknowledge that there are a variety of different learning styles. I try to include a combination of visual, auditory and kinaesthetic teaching methods to incorporate diversity

in preferred learning style. During my clinical skills tutorial I used a Powerpoint presentation, visual demonstration with commentary, and in latter sessions I have made the written protocol available to each student whilst they are practising.

Your commitment to promoting participation in higher education, acknowledging diversity and promoting equality of opportunity for learners

I personally have been fortunate enough to be the recipient of a lot of higher education, having completed an MBChB and BMedSci in Medical Biology. I believe in promoting participation in higher education from an early age, and that it should be available for all.

I have set up and conducted two primary school workshops in relatively deprived areas in Fife with the aim of getting children to consider future careers and further education. I gave short interactive tutorials focused on raising awareness of a variety of careers, and then discussed my job and some interesting thing that it entails. I have delivered workshops to 6th year high school students teaching interview skills and conducting mock interviews for medical school applicants. I believe that these sessions demonstrate my commitment to promoting participation in higher education. As I continue to progress in my career I aim to become a clinical/educational supervisor and feel that the CEP has helped equip me for this.

It is important that all learners have equal opportunities. During my clinical skills tutorials I spent an equal length of time with each student, and made sure that they had all received individual observation and feedback. In future I will ask all students for their feedback postcards at the start of a session if they wish one to be completed so that everyone has an equal opportunity to receive formal written feedback on their performance.

Your commitment to using evidence informed approaches

It is important that our work is backed by evidence, so that we do not unintentionally cause harm to our patients, or teach incorrect knowledge and skills to others. Evidence-based practice is paramount, however I believe that it is also important that trained professionals have the opportunity to apply their clinical judgement in certain situations. It is also important to respect patients' autonomy to make informed decisions, whether we agree with them or not. We have a duty to keep our knowledge and skills up-to-date, and to keep abreast of the current recommendations which are in line with the current evidence e.g. NICE and

SIGN guidelines. I am currently working in the Otolaryngology department and have attended a recent rhinology teaching day as well as the Scottish Otolaryngology Society Conference where I learned about recent developments in research, and current guidelines and recommendations for practice. I have also recently published a systematic review on intra-tympanic therapies for tinnitus as I believe it is important that available research is evaluated and summarised to help inform current and future practice.

Working through the CEP has definitely improved my skills and knowledge as an educator. Through attending the workshops and reading around the topics I have learned about some of the evidence behind effective teaching and feedback which I will use to improve teaching session that I deliver in the future e.g. using Peyton's 4-step approach to learning a new clinical skill[4].

Your commitment to CPD (in education AND your academic / clinical specialty) and particularly the continuing evaluation of your practice

Evidence of Continuing Professional Development (CPD) is a requirement for revalidation with the General Medical Council and they clearly lay out four domains that we should be demonstrating development within. As a Clinical Development Fellow I actively participate in CPD and have completed a variety of work-based assessments throughout my placement in Otolaryngology. Alongside these assessments of clinical competency and communication skills I have been involved in an audit project looking at the safety of surgical handover, a variety of research projects, Paired Learning, and attended the Medical Leadership Academy in order to improve my leadership skills. Alongside this I have actively participated in the CEP, been involved in examining student OSCE's, and attended the NES Scottish Medical Education Conference. I believe that these activities demonstrate my commitment to CPD in education, academia and clinically.

Over the past few years I have learnt to evaluate my practice through reflection and reviewing feedback. Reflection is particularly useful and facilitates important learning from situations. This echo's John Dewey's famous quote "we do not learn from experience…we learn from reflection on experience". I reflect in a variety of ways including by thinking about the scenario, through discussion with a peer or a supervisor, and by writing formal reflective pieces to include in my appraisal. I have found that both reflecting on my observed teaching feedback and writing this reflective essay has been hugely helpful in evaluating my

teaching practice. Although I have not yet had the chance to put this all into practice, I am confident that my teaching will improve as a result and I will continue to apply this reflective practice in future.

The practical constraints and affordances of your workplace (academic or clinical) in terms of its impact on teaching and learning

Working in tertiary teaching hospitals provides lots of opportunity for teaching as there are always keen students around. As a Clinical Development Fellow I am privileged to have allocated time for teaching and learning during daytime hours. There is usually the opportunity to get study leave to attend conferences and courses for learning and development, and I have received a lot of useful ad-hoc teaching from seniors whilst in clinics and on the wards. Unfortunately some clinical environments are busier than others and these opportunities might not be so readily available. I have learned that it is important to make the most of time with seniors by asking for clarification, explanations, demonstrations and supervision to aid learning in the clinical setting.

In terms of teaching, from personal experience and informal feedback most students prefer teaching during daytime hours, however if you are working full time the opportunity to do this is rare. As a ward doctor it is almost impossible to guarantee time away, and this may result in cancelled sessions and disgruntled students. This also results in teaching sessions being organised in the tutor's free time which can impact on the tutor's work-life balance and rest periods whilst working long hours in an often busy and stressful environment. These time constraints can result in rushed and poorly-prepared teaching sessions. The CEP has taught me the importance of preparation prior to teaching, and I have gained skills in session design and planning which will make my teaching more efficient and effective.

There has been an increased awareness of the Clinical Educator Programme recently, and this is helping to promote a positive attitude towards teaching, and more engagement from consultants and departmental leads in promoting teaching. This makes scheduling sessions and securing allocated time away to do this a bit easier.

Conclusion

The CEP has taken me on an exciting and rewarding journey towards becoming a better educator. My knowledge and skills in teaching, and my philosophy of teaching has been

explored and challenged, as I have discussed in this reflective essay. As I progress in my career I will continue my involvement with undergraduate teaching, and I would like to extend this to include more postgraduate teaching and supervision. I have gained confidence in my abilities as an educator from both student and observer feedback, and have enjoyed reflecting on my learning and performance through the CEP. I endeavour to continue on my journey to becoming a better educator throughout my career.

References

1. Spencer J., (2003). Learning and Teaching in the Clinical Environment. British Medical Journal; 326:591

2. The Centre for Teaching and Learning. (2016). Writing Objectives Using Bloom's Taxonomy. UNC Charlotte. [URL: http://teaching.uncc.edu/learning-resources/articles-books/best-practice/goals-objectives/writing-objectives; Last accessed: 21/07/16]

3. NHS London Deanery, (2016). Setting Learning Objectives: lesson planning. [URL:http://www.faculty.londondeanery.ac.uk/e-learning/setting-learning-objectives/lesson-planning; last accessed: 21/07/16]

4. Peyton J.W., (1998). Teaching and Learning in Medical Practice. Great Britain: Manticore Europe Ltd.

5. Pendleton D., Scofield T., Tate P., Havelock P., (1984). The Consultation: an approach to learning and teaching. Oxford: Oxford University Press.

Appendices

Appendix 1: Teaching Log

Title	Date	Participant No	Level	Duration (mins)
Sepsis and Hyperkalaemia Case Based Teaching	09/10/13	8	Undergraduate	30
Preparation for Medical School Interviews Workshop	05/11/13	14	High School	210
Venepuncture Tutorial	18/02/14	30	Undergraduate	120
Examining For Finals – Locomotor	01/04/14	9	Undergraduate	120
Examining For Finals – Cardiology	21/03/14	10	Undergraduate	120
Clinical Skills Ward Based Tutorial	10/09/14	1	Undergraduate	120
Clinical Skills Ward Based Tutorial	23/09/14	1	Undergraduate	120
Human Body Workshop	15/10/14	45	Primary School	120
Preparation for Medical School Interviews Workshop	20/11/14	16	High School	210
Arterial Blood Gas Sampling	31/03/15	7	Undergraduate	60
A Career In Medicine	23/06/15	28	Primary School	20
A Career In Medicine	23/06/15	30	Primary School	20
Developmental Care	02/07/15	9	Postgraduate	45
Surgical Critical Care For Medical Students Workshop	03/09/15	14	Undergraduate	150
Arterial Blood Gas Sampling	10/11/15	8	Undergraduate	60
Arterial Blood Gas Sampling	24/11/15	7	Undergraduate	60
Surgical Critical Care For Medical Students Workshop	17/02/16	13	Undergraduate	150

Appendix 2: Giving Effective Feedback Learning Card

Clinical Educator Programme

Giving Effective Feedback workshop

Learning Outcomes

By the end of this workshop, participants will be able to:

- **Identify and maximise opportunities for assessment and feedback**

How am I going to implement this into my own practice?

What exactly will I do?

Each time I interact with students/junior trainees I will look for opportunities to give them feedback. This can be an informal discussion after observing/teaching them something. I can also be more formal/written such as when marking essays and exams. It is important to try and maximise time to write helpful feedback during OSCE marking when the pace is fast. I will ask students for their learning cards to complete after teaching sessions too.

When will I start?	When will I review my progress?
Immediately	1yr

- **Define the principles of giving and receiving effective feedback**

How am I going to implement this into my own practice?

What exactly will I do?

The reason for giving feedback is to promote insight and reflection. Effective feedback can be demonstrated by moving someone around the reflective cycle which was described by Gibbs in 1988. This starts by describing the situation and their feelings and opinions towards it, then moving through to drawing conclusions and forming an action plan for improvement.

When will I start?	When will I review my progress?
Immediately	1yr

- **Provide feedback on performance that students can act on**

How am I going to implement this into my own practice?

What exactly will I do?

Feedback needs to be balanced, description and objective. I prefer to use the sandwich model for giving feedback as it is easy to remember and implement. I can use Ende's principles to promote insight – by giving specific examples, suggestions for improvement and strategies to do this.

When will I start?	When will I review my progress?
Immediately	1yr

- **Help students to set and work towards clear objectives**

How am I going to implement this into my own practice?

What exactly will I do?

I will use the guidance laid out by Norcini and Burch (2007): I will ask the students to self-assess by asking how they thought they did, and then provide some feedback (focusing on 2-3 area only). I will have a dialogue with the student to see what they think about that feedback. I will then let the student create an action plan based on the discussion, including a timescale to work within.

When will I start?	When will I review my progress?

Appendix 3: Small Group Teaching Learning Card

Clinical Educator Programme

Small Group Teaching Workshop

Learning Outcomes

By the end of this workshop, participants will be able to:

- **Recognise advantages and disadvantages of small group teaching and identify how to maximise learning**

How am I going to implement this into my own practice?

What exactly will I do?

I will think about the layout of the room. If it is a practical skills tutorial with a small number of students I would have them in a semi-circle so that they have a clear view of the projector screen, but that the chairs would be easily moveable for doing the practical component. I would ensure all the equipment is set up before hand to maximise time for the students learning. If there was no practical skills element I would have tables set out in squares with chairs arranged so that the students would be able to have discussions in both pairs and slightly larger groups around their tables, as well as write notes. I will ascertain the baseline knowledge of the class through some informal questioning at the beginning to make sure I am pitching the tutorial at the right level. I will use a mixture of closed and open questioning during the teaching. I will use open questioning to facilitate reflection, and closed questioning for recall.

When will I start?	When will I review my progress?
Next tutorial	2 months

Select and use appropriate teaching techniques, resources and aids

How am I going to implement this into my own practice?

What exactly will I do?

I will try using more buzz groups as I think this is a great teaching technique to encourage active participation and give those who are reluctant to speak up in front of the whole group to contribute their thoughts. I will ask them to discuss point with the person next to them, and I will set a specific length of time for the task e.g. 3 mins. I may then ask them to discuss topics/questions with the bigger group at their table using a snowballing technique, and then feedback to the whole group. If they are doing the latter then I will get someone at each table to scribe some notes to help them feedback to the group. It's also important when using this technique to increase the complexity of the tasks to prevent boredom. I, personally, don't enjoy the snowballing technique if there is too much repetition.

When will I start?	When will I review my progress?
Next tutorial	2 months

Appendix 4: Planning and Evaluating your Teaching Learning Card

Clinical Educator Programme

Planning and Evaluating Your Teaching workshop

By the end of this workshop, participants will be able to:

Develop a good educational environment and help students learn within that environment
How am I going to implement this into my own practice?

What exactly will I do?

Use set, body, closure structure. Set the mood by explaining it's a safe place, 'what is said in the room stays in the room'. Establish their knowledge base by questioning or use a quiz. Prepare Learning Objectives. Keep session interactive, use a variety of teaching tools. Summarise by referring back to the LO's. Ask for questions prior to summarising.

When will I start?	When will I review my progress?
Immediately	6 months

Write objectives for a teaching session in the context of a basic session plan
How am I going to implement this into my own practice?

What exactly will I do?

-Limit to 3 LO's maximum, make them specific, measurable, achievable, realistic, time-bound. Include the necessary, cut out the extras if not enough time. - Include enough time for set, maybe around 10mins. Closure also needs time allocated (maybe 5mins)

When will I start?	When will I review my progress?
Immediately	6 Months

Select appropriate methods in order to undertake an effective evaluation of your teaching
How am I going to implement this into my own practice?

What exactly will I do?

-Can use variety of feedback tools. Feedback forms, traffic light coloured paper, post-it notes. - Good to reflect on the feedback received, and also on how I felt the session went. Best to do this soon after the session.

When will I start?	When will I review my progress?
Immediately	6 months

Appendix 5: Effective Supervision Learning Card

Clinical Educator Programme:

Effective Supervision Workshop

Following the lecture and workshop participants will be able to

Describe what effective supervision looks like.

How will this impact upon my practice and how will I know that it is having an impact?

Effective supervision requires you to not only have the adequate knowledge and skills in that field, but also importantly to have the correct attitude required of a supervisor. Reflecting on my own experiences, I feel that an effective supervisor is attentive and interested in me as a person, and makes an effort to find out more about me. They have respect for me, and work with me to set achievable yet helpful goals which will help develop my own knowledge and skills. When I supervise others during teaching sessions I will strive to build a good rapport with each individual by taking the time to find out more about them and listen to them. I will encourage the student to outline the goals they wish to achieve, and I can help guide them in achieving these and provide useful feedback.

When will I start to take these actions?	When will I review my progress?
1 month	4 months

Help a trainee to construct learning objectives and consider how these could be achieved and evidenced.
What will I do to implement this and how will I know that it is having an impact?

I am also currently supervising a medical student in a research project. We can work together to construct learning objectives around what he wants out of the project. These learning objectives could be around gaining skills in completing data collection, using excel and SPSP software, and writing and presenting research. They can also include objectives based around changing attitudes towards research including feeling more confident when dealing with data, and with communicating and liaising within the academic field. I can assess the impact of these learning objectives by looking at the progress of the project, and outcomes such as presentations at conferences and publications. I will also ask the student to reflect and then feedback on his performance over the next few months.

When will I start to take these actions?	When will I review my progress?
1 month	6 months

Support a trainee to be reflective in their thinking and practice
What will I do to implement this in my practice and how will I know that it is having an impact?

I can adapt my feedback technique to start with asking them how they felt their performance was, and to identify good points, and things they would like to improve on, which would help them reflect on their practice. I can provide feedback by reflecting back to them, using curious observations and by promoting a questioning stance. I will suggest that he should write up a reflection for his portfolio. We will ideally produce some action points from the reflections, and then the impact of this reflection can be seen through the changes they makes in line with the action plan.

When will I start to take these actions?	When will I review my progress?
1 month	4 months

Recognise the early warning signs of a struggling trainee
How will this impact upon my practice and how will I know that it is having an impact?

I will now be more vigilant for the signs of a struggling trainee. These include making mistakes, working slowly, emotional lability, not coping with the work, difficult to contact and defensiveness. I understand that is important to speak to trainees or their supervisors if you believe they're struggling in order to help them, and for the safety of the patients. I will also encourage anyone I supervise to be open and honest with me about any problems, as I am there to help them. I should be able to see the impact of this when meeting and working alongside the trainee.

Appendix 6: Supervised Teaching Session Feedback and Reflection

Teaching Observation Feedback Form – Clinical Educator Programme

Trainee observed: (name deleted)

Observed and feedback given by:

(name deleted)

Centre for Medical Education (CME)

The University of Edinburgh

Chancellor's Building

49 Little France Crescent

Edinburgh EH16 4SB

Details of teaching:

Date	24th November 2015
Location	Clinical Skills Lab Chancellor's Building
Type of teaching (e.g. tutorial)	Practical skills teaching – Arterial Blood Gas sampling
Audience (e.g.3rd year medical students)	7 x 4th Year UG Medical Students
Length of session	1hr

Aspect	Commentary
Communication **Attitude** UKPSF A4, V1, V2 Creating an effective learning environment, (MMUCKO - *Mood, Motivation, Utility, Content, Knowledge base, and Objectives)* **Voice and pace** UKPSF A2, V1 Clarity, diction, interest, engaging, speed (too fast, too slow), timing **Non-verbal communication** UKPSF A2, V1 Eye contact, positioning, reinforcement of verbal signs	**WHAT WENT WELL** You are articulate. You speak at good volume. Your proximity to the screen and students was good. I realise that the slides are not yours and that occasionally you refer to them but your placement was good in allowing you to address the slides as well as the students. Good Introduction, names and session (ABG) It's good to confirm that people are expecting what you have come to deliver. It's also really nice to be able to address your learners by name. You have a really approachable and pleasant nature – you smile and make eye contact with all the students in the group. This may be partly responsible for the students seeming willing to ask questions and participate. You share your attention equally throughout the group. **WHAT COULD BE IMPROVED** It would be beneficial to set the utility (why this is important to them at this stage) early in the session as part of "set". You did this later by explaining that they'd be expected to know this by exam time. You also add some clinical context by discussing when/where would ABG be appropriate. You are very clear in your verbal delivery. Be aware that you could slow down you delivery and still maintain student engagement. You could also allow more time when waiting for a response to question.

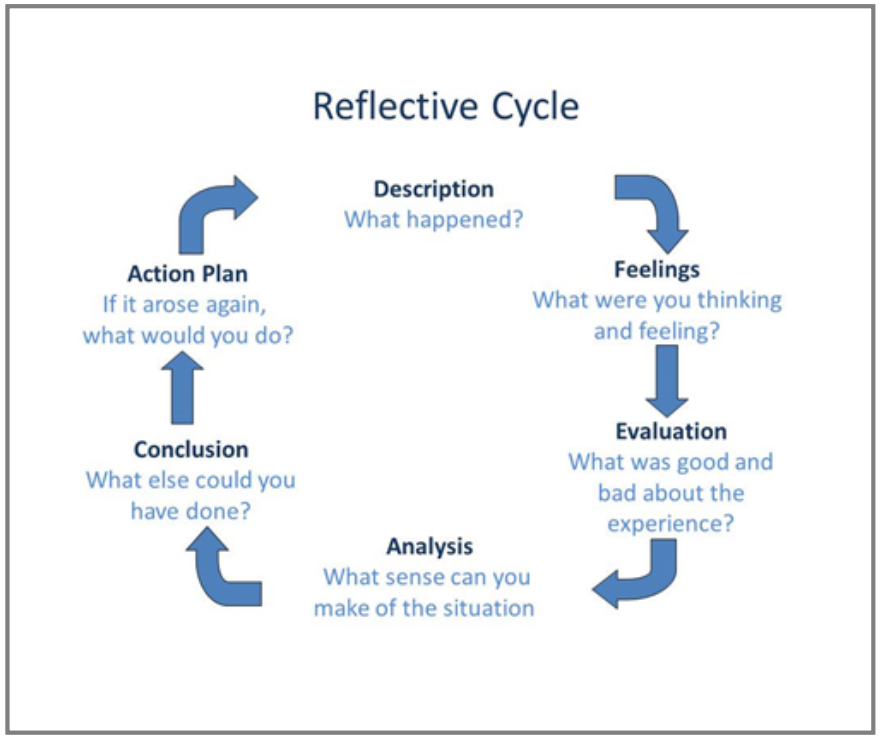
Aspect	Commentary
## Session planning, preparation and delivery **Session structure** UKPSF A1, A2, K2, V3 Learning objectives, set – body – closure, specific – general **Organisation and preparation** UKPSF A1, V2, A4, K1, K2, (V4) Clear overview, logical sequence, recapping, signposting, focus on key ideas **Interaction** UKPSF A1, A2, V2, (V3) Appropriate, well planned, engaging, use of different types of questioning **Use of visual aids** UKPSF K2, K4, (V3) Organisation, clarity, handouts	**WHAT WENT WELL** You clearly communicated the session aims/outline – what the session will cover (demonstration, practice, and interpretation). You could include an estimation of timing here. Good use of open questions – "why do ABG". This gets students to reflect on prior learning and experiences. Be aware of the types of questions you're asking and what it is you hope to achieve from them. You also gave opportunity for questions after the demonstration and the practical session. You could possible gain more engagement by asking more open questions here – "how did that feel", "what were the greatest challenges?" You were set up and well prepared (see set from set, body, closure from Planning and Evaluating your Teaching) prior to the session starting. This makes for a more seamless session with best use of time. I really like that you gave a 5 minute warning in the run up to the end of the practical session. **WHAT COULD BE IMPROVED** Whilst you sign posted the aims and lay out of the session, don't underestimate the value of setting learning objectives. This draws the student's attention to what they should be learning: eg by the end of this session you should be able to; 1) Identify situations where ABG will be appropriate; 2) Describe the procedure of ABG and any potential risks; 3) Obtain an ABG sample. I realise that the slides are not yours. Consider hiding slides which you do not wish to use (eg the graph). Students may feel short changed if they see information that they are not being taught. Your demonstration was very good. You identified the apparatus required, the universal precautions and PPE. You could consider using the four stage teaching technique for skills such as this. In the same way that learning objectives identify key learning for students, revisiting these by way of closure (ref. set, body, closure) ensures that students can identify with learning these points.

Action Plan

(SMART – Specific, Measurable, Achievable, Realistic, Timebound)

This next time I deliver this session, I will…

- *Draw attention to specific learning objectives and communicate the "utility" of the session at the start (set).*
- *Continue to offer the opportunity to ask questions but formalise the session's closure by summarising and revisiting the learning objectives*
- *Increase my awareness, and try to slow the rate, of my delivery (didactic element in particular). I will also try to leave more time for students to respond to open questions.*



SELF REFLECTION on OBSERVED TEACHING SESSION

Please think back over this teaching session to consider the questions outlined below. The first four questions each refer to one of the 'professional values' (V1-V4) required by the UK Professional Standards Framework (UKPSF) for teaching and supporting learning in higher education. We have provided our own interpretation of each question to help you think about how you have demonstrated each value. The fifth question is not drawn from the UKPSF. The reflections you enter in the boxes below are for your own purposes and they will also help inform the reflective assignment, which is part of the Level 3 CEP. Please remember to include examples.

Question 1 (V1)	**Did you respect individual learners and diverse learning communities?**
Our interpretation	This focuses on how you may have incorporated activities, actions and approaches in your session which were inclusive of individuals, or groups, across a range of backgrounds such as ethnicity, faith, social class, sexuality, gender, age. It is about demonstrating that you value and can work effectively with, and within, these diverse 'communities'.
Enter your reflections	There were 7 learners in the group who I treated equally. I asked everyone's name at the start of the session, and invited everyone to answers questions. I ensured that I didn't single anyone out or put any particular person the spot when asking questions. When observing the learners practicing the clinical skill I ensured that I observed each student independently, and gave balanced feedback equally to each member of the group. I offered time at the end for anyone to ask questions, and also invited students to approach me any time with queries.

Question 2 (V2)	**Did you promote participation in higher education and equality of opportunity for learners?**
Our interpretation	The focus here is on how you may have helped engage all the learners in your session by taking account of their differing levels of experience and individual learning styles. As for V1, it is about demonstrating that you value and can work effectively with all learners, since each has individual strengths and weaknesses.
Enter your reflections	At the beginning of the session I asked each student their year in medical school, and ascertained how much the knew/experience they had of the session (ABG sampling). I understand that people learn differently, and therefore I incorporated different techniques into my session. I had a Powerpoint presentation for visual learners, which I then talked through for auditory learners. I asked questions, allowing students to offer answers, and ensured that I stressed that I wasn't testing them and it didn't matter if the answers they offered were incorrect. I had students get into pairs and practice the Allen's test on each other – which is a good teaching technique for tactile learners. I gave a demonstration of the clinical skill and talked through what I was doing. I then ensured that all the equipment and the written protocol was available for the students, and allowed them to practice themselves or in pairs. I made myself available for students to ask me questions or ask for help at all times.

Question 3 (V3)	**Did you use evidence-informed approaches and the outcomes from research, scholarship and CPD?**
Our interpretation	This focuses on your use of sources of evidence (eg CEP workshops, clinical or non-clinical CPD, your reading) to inform your teaching and learning practice. Think about how you used these to enhance both the practice of your teaching and the quality of the learning experience. This value advocates the importance of engaging in professional development to enhance teaching or learning-support activities.
Enter your reflections	From the 'Giving Effective Feedback' workshop, I learned techniques for providing feedback. I ensured that I gave positive feedback, then an area for improvement (with suggestions on how to make that improvement), and then some more positive feedback. I allowed them to ask questions, and then checked that they understood the feedback given by observing them performing the procedure again. Evidence has shown that learners find an overview with learning outcomes and summary at the start and end of teaching sessions helpful. I did not include these in the teaching session and I will ensure to include these in future.

Question 4 (V4)	**Do you acknowledge the wider context in which higher education operates, and the implications for professional practice?**
Our interpretation	We see two interpretations of this. One is that you need to be alert to local or national issues that may be impacting on your, or your profession's, teaching practice. If this is your interpretation, you would need to demonstrate that you are aware of how your cultural or legislative context may influence your teaching practice. A second, though complementary, interpretation is that the quality of teaching of medical students has a significant and wide-ranging impact on the medical profession with implications for patient safety, the 'image' and role of each specialty etc.
Enter your reflections	Teaching medical students is very important, as their actions will directly impact patient safety. There used to be an attitude of 'see one, do one, teach one' which I feel in unsafe (depending on procedure), and it is now recognised that students and staff need to be competent and safe prior to performing skills unsupervised. I was teaching the skill of taking an arterial blood gas which is a painful, often tricky, procedure. I stressed from the beginning of the teaching session that when performing this procedure on patients they need to initially be observed by a trained professional (i.e. junior doctor) until competent. I also stressed the things that they should not do e.g. inject local anaesthetic, take the ABG from femoral artery. It is important that the learners are aware of the safety issues associated with doing these things.

Question 5	**How might aspects of this particular session impact on your clinical practice? You might comment on how your preparation of the session enhanced your knowledge of the subject, or perhaps feedback from the students highlighted something which may change your practice.**
Enter your reflections	The feedback I received from the students was excellent which is really good. An area identified for improvement from my feedback was to use learning objectives and summarise at the beginning and end of teaching sessions as this helps to focus the learners mind on the main objections of the session and what they should hope to get from it. I will endeavour to include this is future teaching sessions. Some of the students also presented feedback 'postcards' and asked for written feedback on their performance. This has highlighted these to me, and when teaching students in future I will ask for these at the beginning of the session so that I am aware of who desires feedback and I can be recording/remember this throughout the session.

Appendix 7: Cleanliness Champions Essay Marking Feedback

Reflective Marking – Self Directed Module

Clinical Educator Programme

Marking Module Feedback

What went well   Your feedback has a nice balance of positive and developmental comments, making good use of positive feedback to direct the student along the right path.   You also balance specificity with conciseness well.
What could be improved   You could give more guidance on how to reflect where appropriate; explain to students how they can move from description to reflection. Sometimes simply suggesting they examine a situation by asking the when, where, what, why and how questions might help students with analysis and the construction of better thought out solutions.

Date: (deleted)

Feedback assessors name: (deleted) **Signature:**