REFLECTIONS ON MY STUDENT/TRAINEE FEEDBACK

• What is going well, and why?

Firstly, I was delighted that the subject matter was so well received, with all students feeding back that they thought the overall quality of the session either very good or excellent and all reporting that they found the level of content appropriate, presentation unbiased and objective, and effectively presented. I had been somewhat nervous as the subject matter was away from my clinical comfort zone, instead focusing on diagnostic error and clinical decision making, including exploration of cognitive bias and heuristics – a topic I find fascinating but wasn’t sure everyone else would!

I think the students enjoyed the session in particular because much of it centred around interactive digivoting questions using clickers. This made it interactive (so no falling asleep listening to me drone on!) yet non-confrontational / non-embarrassing due to the anonymous nature of clicker responses. The sample size was big enough to ensure variation in answers which they found interesting as it demonstrated that they all thought in different ways, which meant that they witness heuristics at play by being immersed in them rather than hearing about simple theory, giving the session good face validity. This validity was improved further by, after demonstrating each cognitive bias (admittedly by setting “clicker traps” for them to fall in to!), suggesting examples of how these might apply during day to day clinical practice, and supplementing this with articles and webpage clips of where real such cases in hospitals have made news headlines, making the relevance and validity apparent. I also used a couple of videos that challenge thinking and test their awareness – I think this helped keep them engaged and interested because they were presented with a range of learning materials that suited all types of learner, from visual to auditory to kinaesthetic.

Finally, I summarised the session into “ten top tips”, relating these to earlier learning, which I believe helped reinforce and anchor their learning during the session.
What could be improved and how could these changes be brought about?

I’ve delivered this session a couple of times now and it tends to either over-run or be a bit of a rush to fit something in. As this seems a consistent issue I need to address timekeeping, even if the trainees haven’t complained about it! I think this has probably occurred because I’ve tried to fit a bit too much in by including a preliminary section about teamwork; this was because the session was originally designed with that brief in mind but now I’m no longer committed to delivering this part of the curriculum and so could remove this less interactive session as it’s the bit that receives the least feedback and ties in less well with the rest of the subject matter, I think. By removing this chunk I can free up ten minutes which should allow a more reasonable pace of delivery of the rest of the session. It is important for the session to run to time so that the trainees do not become fatigued, overloaded with information or anxious about time missed from clinical commitments.

One of the interactive questions, designed to demonstrate confirmation bias, doesn’t work particularly well with TurningPoint digivoting because ideally I need to give trainees the option to choose one or more answers (TurningPoint allows just one). The feedback here, however, specifically comments that considering confirmation bias was useful, so I should still include teaching on this heuristic, but need to find/invent another question that addresses the issue but is more digivote-friendly. I’ve actually found this remarkably difficult to do and so may enlist the help of the hospital library services to do some research and come up with suitable example questions!

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)?

As I currently advertise my tutorials via TuBS it would be quick and straightforward for me to include a note in the introductory preamble there, under “other information”, about how the session has evolved in response to feedback from prior sessions – this may help students engage further in the feedback process by appreciating that their feedback is genuinely listened and responded to.

I have also considered preparing a handout to be circulated after the tutorial to summarise key points and direct students towards further reading if desired, to help reinforce learning – as the education centre compile session feedback without a couple of days of tutorials I could wait to distribute the handout by email once I have received the feedback and include a summary of it for the trainees to see too, alongside a note of thanks for their participation and a comment about any intended improvements etc.

Please return to cep@ed.ac.uk