Student Perspectives on Clinical Learning Experiences

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Background

The UCSF School of Dentistry currently uses a scheduled evaluation form (E-value) for students (D3/4) in their clinical years to provide general praise or critique for faculty members. In this one-sided interaction, faculty members do not have a way to respond or get more information, unless a personal relationship was built to the point where a student felt comfortable enough to provide face-to-face critique to the teacher. Even then, due to the individual nature of such a rare discussion, there remains loss learning/teaching opportunities for other students, and even other faculty members, who were not participants in the discussion.

The main goal of this project was to create a teaching tool in which D3/4 students can anonymously report the student perspective, both positive or negative, on specific interactions and incidences with faculty members.

Once enough cases/feedback was received, a PowerPoint seminar was used to share the cases with a panel of clinical faculty. All discussions from faculty members and resulting "clinical teaching pearls" are included in this newsletter.

Inside This Newsletter

Protocol

1) Crafted a series of carefully tailored questions allowing 3rd and 4th years to report the student perspective on a teaching situation (positive/negative) with specific details of the incidence *(shown at the right)*

2) Created a discussion seminar for clinical faculty members to understand the student perspective from specific teaching experiences reported by D3/4 students

3) Developed a survey to gauge whether faculty members found the format/content to help improve their teaching practices and their understanding of the student perspective, esp. during the transition from didactical to clinical years

Clinical Learning Reflection Form (D3/4)

* Required

Please describe the situation in detail. *

Your answer

Rate the learning experience. *

	1	2	3	4	5	6	7	8	9	10	
Worst experience	○	○	○	○	○	○	○	○	○	○	Best Experience

What did the faculty do well? What could the faculty have done differently? *

Your answer

How would you have wanted the interaction to go instead? *

Your answer

What could you have done differently in this situation? *

Your answer

What lasting impact did this interaction have on you? *

Your answer

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Never submit passwords through Google Forms.

Commonly Reported Student Perspectives

Reoccurring Themes (across multiple cases):

1. Students do not like being reprimanded in public when others are around.

2. Students avoid working with the same faculty again if they feel that they had a previously negative learning experience.

3. Students want faculty members to double check them on their thought process/critical thinking and steps.

4. Students want to be listened to in a non-judgmental way.

5. Students want to feel respected and appreciate words of encouragement.

6. Students are open to accepting critiques more readily when they feel that the faculty have their best interests in mind.

7. Students want faculty to be readily accessible, perhaps even after a clinical session.

8. Students want feedback that is clear and supported by examples.

Rate the learning experience.
18 responses
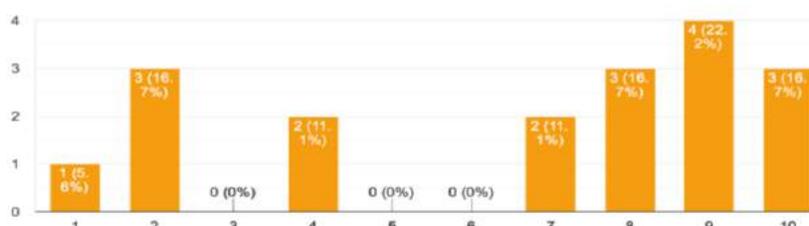
Faculty Perspectives (for students)

On Preparedness:

1. Faculty gauges a student's preparedness by looking at a student's cubicle set-up.
   a. Do they have the right materials?
   b. Are they rushing to set up, or have they already set up with ample time to go prior to the appointment?
2. If a student shows up less prepared, faculty are more likely to ask you follow-up questions.
3. If a student shows up prepared, on the other hand, the faculty is more likely to give more independence for the student to complete the procedure.
4. If a tough case is coming up, email the faculty with ample time in advance and tell them the specifics of when the case is happening, what the case is about, and your own thought process.
5. Faculty expect students to display knowledge appropriate for that student's level. Students should always prepare the night before by reading the yellow clinic manual.

Endo-specific:

1. It's important for students to stop at 11AM or 4PM.
2. Ask for feedback as-you-go in a step-wise manner to avoid negative, irreversible clinical outcomes (e.g. perforation).
3. Check the restorability before considering endo.

On Appointments:

1. Due to the time constraints of clinic, ask the quick/urgent questions first.
   a. Longer, more time-intensive questions should be saved for scheduled time with faculty (e.g. before clinic, down time during clinic, after clinic.)
2. The amount of interest a student displays is important for faculty.
   a. How interested is the student in learning the how's of a procedure vs. just wanting the faculty to do all the work?
3. Information should be presented methodically in the correct sequence. Anticipate what the follow-up questions should be already. For example:
   a. Has the patient already taken their medications?
   b. Have they had something to eat before the appointment (for the diabetic patients)...etc.
4. Students who are struggling with time-management should time themselves.
5. For better logistics in the row, students should cover for each other and let faculty check the more urgent cases
   a. e.g. when one student needs a prep-check while another might need a COE-check.
6. Students should more strictly follow the guidelines of completing the procedure, setting the next appointment, and dismissing the patient 15 mins before each clinic session ends, allowing enough time to finish notes, and have them reviewed and approved by end of the session.
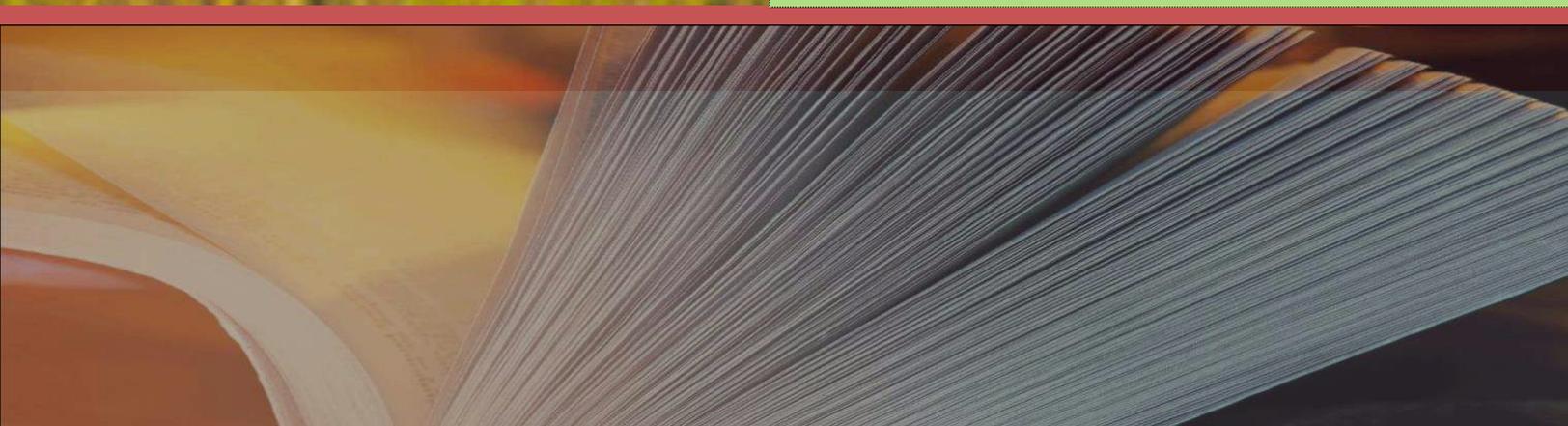
On Feedback:

1. Students should self-assess first before getting faculty feedback.
2. The burden of great, clear feedback is not just on faculty to provide. Students who want specific feedback should ask more **specific** questions.
3. Don't assume a faculty is difficult to approach from the get-go based on their expressions. Sometimes a facial expression can unintentionally appear as if a faculty is angry, annoyed, or irritated, when in fact the faculty member is relaxed, resting or not expressing any particular emotion.

Clinical Teaching Pearls for Educators (from Educators)

1. Employ teach-back ("show me") methods.
2. Assume the students are already trying their best, and ask questions directed to find out more.
3. Consider setting expectations from the get-go with regards to when you might interject/step-in, so students won't feel disrespected.
4. Ask students to self-assess and identify areas of improvement before giving them feedback so you have something to build off of.
5. Consider using more positive reinforcement: there is always something the student did well, even if "small" (e.g. polish of a composite.)
6. Consider becoming more generous with your complements if you think a student really put a good amount of effort in.
7. Feedback should be tailored. For example, feedback to a D3 should be different than to a D4.
8. Telling visibly-stressed students to "relax" or "we got this" generally doesn't help.
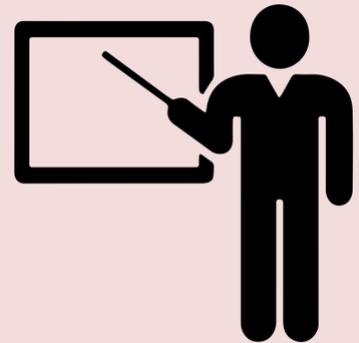   a. Consider checking-in with the student with questions like: "What's going on?"

Faculty Feedback Survey Results
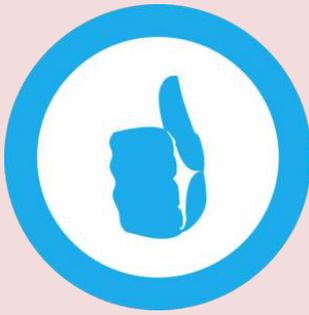
100% of faculty members who attended would recommend the seminar on student perspectives to other faculty members

6/8 of faculty members strongly agreed that they now have a better understanding of the student perspective

50% of faculty members agreed that they will change their teaching practices based on the seminar, while the other **50**% <u>strongly</u> agreed
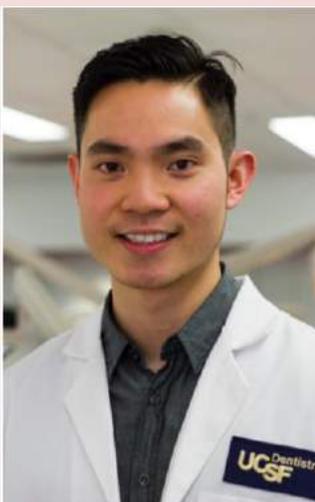
Questions/comments/ suggestions?

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