

Improving child development teaching for final year medical students: An interactive, reflective and adaptive approach.

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Objective

To effectively plan and improve child development teaching.

Background

Students identified the following through questionnaires regarding child development at the beginning of their child health rotation:

Previous experience

- Young relatives or extra module experience
- Some only experience was in third year.

Particular challenges

- Every child being different.
- Differentiating variations in normal and abnormal development.
- Little previous exposure.
- Endless number of milestones.

Best way to learn

- Seeing normally developing children of different ages
- Performing assessments/watching videos
- Guessing the age

Lesson planning and justification

Given the findings above, parents and children were recruited at a local community centre for an interactive session on child development. Students had the opportunity to do developmental assessments on 5 different children, they then presented their findings and covered other course outcomes in a classroom session.

Performing an assessment in a structured clinical scenario meant that, as well as resembling their end of rotation exams, skills could be transferred more easily from the classroom to clinical situations faced during the rest of their rotation (Yardley et al. 2012).

Improvements

Improvements between 8 sessions were guided by reflection, student feedback, parent feedback and educational literature; Improvements included:

A video introduction

- RCPCH video demonstrating a developmental assessment was shown prior to the interactive session.

Quizzes

- Sessions had to be quite flexible around the children and Quizzes could be done at any time.

Pre and post session confidence scales

- Students assessed confidence in each learning outcome pre and post session, aiding session improvement and highlighting learning outcomes (Nottingham 2015).

Larger age range of children

- Based on student feedback the age range of children recruited was widened from 6 months - 3 years to 6 weeks - 5 years.

Constructive, student-led feedback

- Feedback on assessment findings became student-led, constructive and promoted goal setting (Hattie 2011).

Peer learning

- Altering prompt sheets and helping students structure feedback focussed on processes (Gan 2011) saw self-assessed confidence scores increase significantly ($t=4.27, p<0.001$) (Fig1).

Gathering parent feedback

- Identified ways to increase comfort. They reported being well informed and enjoying the session.

Fig. 1: Improvements in pre and post session confidence scales before and after peer learning improvements for the learning outcome "List causes of abnormal development".

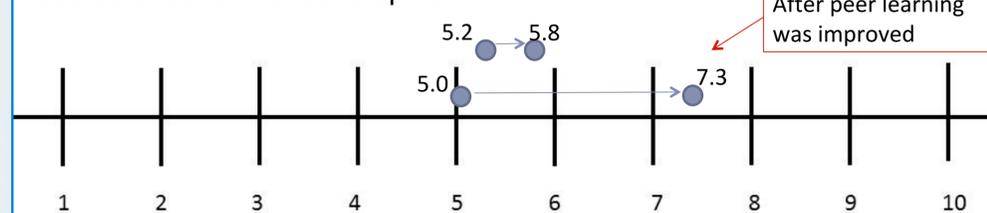
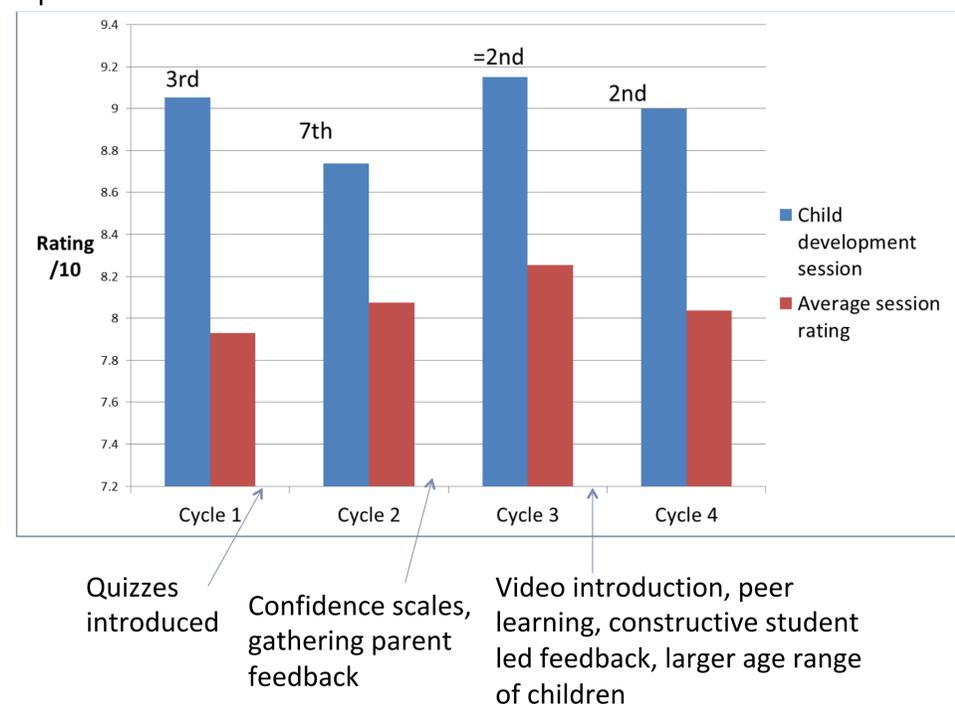


Fig. 2: A bar chart comparing end of rotation session evaluation scores for the child development session with the average scores for the other 25 sessions.

The scores are compared between the 4 cycles with numbers signifying where it came in order of session rating. There is a time scale for when improvement interventions were introduced.



Lessons learned

The value of using questionnaires, reflections, confidence scales, educational literature and feedback to guide lesson planning and improvement.

Benefits of peer feedback and formative assessment.

Using public involvement within teaching effectively(GMC).

References

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