

## Postgraduate Certificate (Academic Practice / University Teaching)



### Reflective Portfolio Assignment Marking and Feedback

Course **Clinical Education and Academic Practice**

Candidate's Name **22021913**

*Please note that all recommendations are subject to approval by the Board of Examiners and moderation by the External Examiner.*

#### Result Recommendation

Marked by and date:	Ian Lee	Result Recommendation (PASS/NOT YET PASS/FAIL)	Pass
Internally moderated by and date:	Gavin Brown	<i>If 'not yet pass' student should arrange to see course organiser for further feedback and then resubmit by next programme deadline. 'FAIL' = fail after resubmission</i>	

#### Feedback

##### General Comments

Thank you for submitting your reflective portfolio. I am delighted to award this a pass and accept it towards Level 3 of the Clinical Educator Programme (CEP).

I'm going to offer you feedback on the structure of the portfolio and the content of the portfolio. Please be in touch if, for any reason, you would like to discuss any of this feedback in person.

Your portfolio is extremely well structured. It is incredibly well written and address the topics beautifully. There is an excellent balance between reflective writing whilst making relevant references to the literature and your appendices to support your discussion. The contents page and page numbering of the appendices make it easy to navigate. Your reference list is fairly extensive for what is primarily a reflective piece although it displays good evidence of further reading and you utilise the literature well throughout your portfolio. Your learning cards (LC) are both comprehensively completed and I like that they are typed. I notice in your Small Group Teaching (SGT) LC, that you hope to employ Buzz-groups, snowballing and Role-play into your teaching. I'd like to have read more about occasions where you applied these strategies' and how it went. I also notice that you mention Media Hopper from the Using Technology workshop and wonder if you might have expanded on this and included a LC. Feedback from your students and Teaching Observations and Feedback (TOF) session are very positive and you reflected well on your TOF in the portfolio. I was impressed to see that you also completed the Teaching Perspectives Inventory (TPI). You do make reference to this in your discussion but it would have added a further layer of reflection if you were to discuss how you score compared to your own self-evaluation.

The content of your portfolio communicates an understanding of the theories and concepts which underpin effective medical education and provides examples and evidence of being able to apply it. Your introduction opens with a nice reflection on your early evaluation of what makes for good teaching and defines clear aims for the portfolio. In paragraph 3 of your introduction, I was very keen for you to explore the impact that being "approachable" has. However, you went on to make a great discussion on how this contrasts with your early practical approach to teaching on page 3.

A2 of this portfolio is a nice balance of descriptive and reflective writing whilst drawing on the relevant literature to display a good understanding of educational principles. It seems that you have really analysed your own feedback

and made good use of your appendices. I thought that getting students to assist with moving tables was a great way to set the tone for collaborative working. This is just one innovative way of showing that you are implementing what you understand about effective teaching and learning. As well as utilising your TOF well, page 6 shows a nice philosophy of education which goes some way to providing evidence for V1 and V2.

Again, in A3, I feel you made good use of the literature but believe you could have made more reference to your TPI on pages 8 and 9. I'm unsure what you mean by "cyclic AMP". On page 10, you offer a strong sense of appreciating the role that self-evaluation plays in terms of providing feedback and how you actually do this through the implementation of a model (Pendleton's Rules). The next paragraph demonstrates a sense of increasing confidence and development in terms of assessment and feedback. However, it would offer a deeper level of reflection if you were to examine your feedback strategy from the trainees' perspective. The penultimate paragraph of part 1 (A3) shows the "hidden curriculum" at work, in that having been on the receiving end of effective feedback, it has motivated you to do the same for your learners.

Within part 2 of your portfolio (philosophy of education), I thought you gave some wonderful examples of what you actually do to demonstrate your philosophy of education. V1 is backed up nicely with evidence from your TOF. Again, you offer a good example for V2 and draw a nice comparison between the application of evidence to inform educational practices as well as medical practice. The same can be said for your appreciation for professional values for both medicine and education in V2. There is another example of the hidden curriculum in V2 too where you are role modelling your attitudes and behaviours for the benefit of your learners but as an example to your peers.

You conclude nicely by considering what educational pathway your clinical role is likely to take you. I wonder if, in preparation for your supervisory role, you might be interested in the Effective Supervision and/or Ongoing Development for Supervisors workshops.

## Marking Guidelines:

ELEMENT (UK PSF ref)	'NOT YET PASS'	PASS
<b>Ability to critically reflect on personal development as a clinical educator.</b>	Does not reflect critically upon their own experiences and practice as an educator. Does not question own experiences in an open, honest manner which facilitates learning and development. Does not make reference to learning from the CEP, (eg workshops, teaching observation), or similar learning experiences. Does not demonstrate attention to any feedback that has been gained from learners or colleagues.	Demonstrates skill in reflecting upon, and critically analysing their experiences. Shows that they have thought about their own, their learners' and / or colleagues' perspectives, in the light of learning from the CEP, (or similar learning experiences), and feedback from learners. Makes reference to the literature, where appropriate: for example, where models of reflection, (eg Gibbs or Moon), are used as a basis for reflection, these should be referenced. Most important is that writing is personal, frank and honest, demonstrating a willingness to question own practice, illustrated with specific examples.
<b>Ability to convey ideas using critical reflective writing style.</b>	Does not use reflective writing style. Portfolio structured or written in a manner that cannot be understood: may be due to lack of sub-headings or grammar / spelling errors. Referencing system unclear or inconsistent. Text word-count substantially outside range.	Uses critical reflective writing style. Conveys ideas clearly. Text is well structured. Appendices are referred to within text. Is referenced appropriately using either Harvard or Vancouver style. Text word count is within specified range.
<b>Understanding of impact of teaching, learning and assessment practices on learning. (K1-K2 minimum)</b>	Does not show an understanding of the importance of high quality educational experiences for effective learning. Does not make reference to own learning from the CEP, (eg workshops, teaching observation), or similar learning experiences. Does not use examples to illustrate understanding. Does not include any references.	Demonstrates, with specific examples, a clear understanding of the importance of high quality educational experiences for effective learning. Makes specific reference to own learning from the CEP, or similar learning experiences. Makes reference to the educational literature, where appropriate.
<b>Understanding of concepts and theories relating to clinical education. (K1-K2 minimum)</b>	Does not demonstrate an understanding of the key concepts in clinical education. Does not make reference to own learning from the CEP, (eg workshops, teaching observation), or similar learning experiences. Does not use examples to illustrate understanding. Does not include any references.	Demonstrates, with specific examples, a clear understanding of the key concepts and theories in clinical education. Makes specific reference to own learning from the CEP, or similar learning experiences. Makes reference to the educational literature, where appropriate.
<b>Understanding of impact of multiple perspectives and diversity on learning. (V1-V4)</b>	Does not evidence respect for a range of learning preferences, individual learners and diverse learning communities. Does not use examples to illustrate this. Does not include any references.	Demonstrates, with specific examples, an awareness of diversity among learners and how different perspectives impact on teaching and learning. Makes reference to the educational literature, where appropriate.
<b>Understanding of impact of the workplace on learning. (K1-K2 minimum)</b>	Does not identify the challenges and opportunities for learning that the workplace environment presents. Does not make reference to own learning from the CEP, (eg workshops, teaching observation), or similar learning experiences. Does not use examples to illustrate understanding. Does not include any references.	Demonstrates, with specific examples, an awareness of the opportunities and challenges that the (academic and / or clinical) workplace presents for teaching and learning. Makes specific reference to own learning from the CEP, or similar learning experiences. Makes reference to the educational literature, where appropriate.