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Back to reality: Reality television as an adjunct to CBL – an EDC prize winning project.

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00:01:04	COLIN Ok, so the participant ticker seems to have stabilised so I'll welcome you although I'm sure we'll get another few people joining us. So, you're all most welcome to this further ASME BITESIZE session. The session today is on Back to reality: Reality television as an adjunct to CBL, and importantly this is an EDC prize winning project. So, just a brief introduction I'm Colin Macdougall I'm Head of Medical Education at Warwick Medical School and until a couple of weeks ago I was the Chair of ASME EDC. And I've got a couple of housekeeping things to do before I tell you a little bit about the project and hand you over to the team that's presenting this evening. So, in terms of housekeeping the session will last about 45 minutes. I'd be grateful if you could use the chat field for any questions you have. We'll leave questions to the end and I'll be collating those a little bit if there are common themes, but do stick things in the chat throughout the presentation as we go. And please make sure that the chat's set to all panellists and attendees for your comments so that everyone can see what you've posted, rather than being just to an individual or to the panellists. Also, importantly this webinar is being recorded so that people can watch it afterwards, including obviously yourselves. Another key thing is if there is a technical problem please email events@asme.org.uk and if you look at the chat, you'll see that I've dropped that into the chat for any technical issues and they will get back to you directly rather than putting it in the chat. So, that's the housekeeping. In terms of today I think what we've got today is exciting, innovative and most importantly as I mentioned earlier already prize winning. This topic won the ASME EDC Education Innovation Award. And I think it'll become clear pretty quickly that what we're presenting today is very Covid relevant in terms of the world we're now living in but importantly it actually all happened and won the prize before Covid even existed so it was already an innovative idea at that point. Before handing on I will say just a couple of things about ASME prizes. Most importantly there are a lot of ASME prizes and again I've dropped into the chat the link to the ASME prize web page. EDC itself administers two prizes; the Education Innovation Award and the Educator Development Award but there are many, many other prizes and if you're ever short of cash to do something innovative or interesting in education or to help develop yourself, or you think you've done something great and you want the world to know about it. Do have a look at the ASME web pages and find the appropriate prize. In terms of the two prizes that EDC award tonight you're hearing something about Education Innovation and that's a prize that highlights, promotes and disseminates innovation and importantly it provides funding to do stuff. So, if you've got a good idea and you want to get on with it, but need some cash to help you this is the prize to look for. The other prize we administer is the Educator Development

	Award which is quite unusual and quite unique in terms of prizes because it's an award for people to develop themselves, and although it's lovely if you then tell other people and disseminate, actually it's about an individual developing themselves as an educator. No matter what their stage of development is so far. So, that's the background, that's a little bit about awards and without further ado I'll hand over to Fiona Osborne and team all from the North East to tell you a bit more about virtual reality and its place in CBL. Thank you very much.
00:05:04	FIONA So, we'll just do a quick round of introductions I'm Fiona, I'm a paediatric trainee by background and I'm currently a teaching and research fellow at Northumbria and I'm in my second year of doing a PhD in Medical Education.
00:05:20	BELINDA My name's Belinda Bateman, I'm a jobbing paediatrician up in Northumbria as well which is tucked in the North East of England and until very recently, I was Child Health Lead for Newcastle University undergraduate medical degree.
00:05:38	MILES Hi, I'm Miles Harrison I'm currently an anaesthetics trainee in the Northern Deanery and I've worked with Belinda and Fiona at Northumbria Healthcare as a Teaching Fellow for about 18 months.
00:05:54	FIONA Perfect. So, I thought an interesting way to kick things off would be to do a quick poll of our attendees, just to gauge the experience level of people using reality television as part of teaching. So, Leigh would you mind please putting up the poll for me now. So please fill this in if you can. Feels like Eurovision, the tense moments waiting for the result. I'll just give it a couple more seconds if you've not done it yet please do now. Ok I think we'll close it there then. So, if you could please share the results. Perfect. So, it looks like there's at least one person who's had experience of using reality television in teaching. That's great it'd be super to hear at the end actually about your own experience and what you think of what we've done and how that compares actually. Great so if we close that down just now. We started using reality television a couple of years ago now in the North East and it started really when Miles and I were asked to design a teaching session to address acute paediatric outcomes. We recognised there was a bit of a challenge in our district general hospital for students to get experience of acute and/or rare presentations. I absolutely believe that the best way to learn is through real clinical experience in practice but you are reliant in a way on what comes through the door and also what our students fed back to us is that sometimes they struggle to be included in sensitive situations such as managing death. So, Miles and I were also a little bit conscious that even when students really grasped the theory of something there can be a bit of a disconnect when trying to put that into practice. So, to use a recent example my students could recite back perfectly the WHO pain ladder so looking at different pain treatments but when they were presented with a child in acute pain clinically it was like it kind of all when out the window. And they really didn't know what to do. So, I think that's where reality television can actually be really useful as a bridge between theory and real clinical practice. I think you get those really powerful audio and visual cues. And also, I think it appeals to something in us as humans, learning from other stories. So, we've seen already that we're not the only people to be using reality television as part of teaching but what I think is possibly unique is in the way that we did that. So, we used a series of clips to represent a patient journey and we integrated that with paper-based cases and at each stage of

	the patient journey as events unfolded, we asked students to complete different clinical tasks. So, in a way they were treating the patient that they were seeing on the screen. And I'd like to introduce to you a really useful educational theory which we based our sessions around. I'm going to try now to share a graphic which hopefully will help to explain this. Hold on a wee second. So, this is the theory of Anchored Instruction and it was developed by Bransford and the Cognition and Technology Group in Vanderbilt in the '90s. And the principle was that students are exposed to a multi-dimensional problem and often it was video footage that they used and they were then asked to do authentic tasks in relation to that problem. So, for us it was the reality tv clips which were the problem and then the tasks were clinical things such as prescribing, requesting investigations or communication scenarios. And the theory is that by addressing these problems in context students are helped to develop useful knowledge rather than what the authors call inert knowledge. So, they're putting that into practice. So, if you think of my example before actually seeing a patient in pain and then prescribing that pain killer for them. So, just now to provide a little bit of background of how we structured the sessions. So, we had one case which was an acute seizure scenario and we used clips from 24 hours in A&E which followed the journey of a little one year old girl who has a prolonged febrile convulsion and first of all the students see this little girl being brought into the A&E resus area, she's pale, she's lifeless and has the really distraught parents with her. And the students have to pick up on quite subtle clinical cues. So, in this case we want them to pick up on the fact that the wee girl is still having a seizure, she's still fitting, and that's just a very subtle movement of the eyes in that case. And then we ask the students to prescribe an appropriate treatment to manage the condition. And we hope that they're prescribing something suitable like IV Lorazepam and then after that we can actually show them a video clip of the impact of having given that treatment. So, in this case the little girl develops respiratory repression and actually requires bag/mask ventilation. So, the students can see the impact of the treatment they've prescribed. And to me that was just a really powerful way to learn and actually quite different to when we run the similar scenario in our simulation centre where you're rehearsing the same protocol but when instead of video you've got this high-tech mannequin vibrating to represent seizure. So, I've spoken for quite a bit now and I'd like to hand over to Belinda who was the Child Health Lead for the medical school at the time we were developing this session. And I think's going to talk about how it fitted in with the curriculum.
00:12:19	BELINDA Hi everybody. So, we used it in three different areas of the curriculum really so as Fiona was talking about to start with we used it in our final year, our fifth year child health curriculum and really enabling the students to have relatively real, social and clinical context for the tasks that we were asking them to complete and I guess we didn't just hope that they'd prescribe the IV Lorazepam, we did check that they had managed to and supported them to change medication if necessary, or change the way they prescribed. We then moved through to our final year of adult medicine surgery block which is called hospital-based practice in Newcastle and that was the subject of our research. So, we managed to look at the impact of this session, partly with observations. So, Miles and I took observation notes while the session was underway and then Miles also interviewed a small group of students about their feelings about the session. And then finally we took the opportunity of a new curriculum that was rolling out in Newcastle and Newcastle's a regional medical school. And the Trust really had developed materials independently to date but this enabled us to produce some

	materials that could be used across the Trust in the region and certainly used in parallel with a simulation session so we were able to kind of divide the learning outcomes between the two sessions, appropriately I hope, and the feedback from around the region has been really positive. That they were useful materials, that they could adapt to their own teaching style and their own size of groups. So, I'll now hand you back to Miles and Fiona who are going to show you some clips and talk a little bit about how we did it in practice.
00:14:23	MILES Cheers. So, what we're going to do now is work through a case that is very similar to ones that we did with the students. So, at the start of the session we'd introduce ourselves, introduce themes, so I'd be 'I'm Miles I'm an anaesthetics trainee. I'm working with Fiona today who's a paediatrics trainee and we're going to work through some video cases with you'. We'd explain as we've said that we're going to show clips, give tasks, show further clips and work through the progression. And additionally, what we would do is we'd give the students a little task booklet which had extra information in it about the patient. So, it might have observations, it might have investigation results, it might have x-ray results. Things that you would get in real life that may not be shown necessarily in the clip. And then we would give them any stationery that they would need so if they needed to write up a drug kardex we'd make sure that one was provided for them as well. Then what we'd do is we'd start the clips and introduce them. So, what we're going to do now is we're going to show you a clip of a young lad called George he's 16 years old and he sustained a head injury and what we're going to do is we're going to work through that case with you the way that we would with students now.
00:15:34	VIDEO CLIP
00:15:53	MILES So, what you've seen there is George. He's been brought into the district general hospital and you can see that he's sustained a head injury. Now at this point we'd say to the students things like ok so you're one of the foundation doctors that's working in that emergency department, what do you think you might be doing to prepare for that trauma call that's coming in? Who else might need to be phoned, what other team members might need to be present? So, it's things like that you can talk through because quite often when they're in the emergency department they don't have time to talk through those things because they're preparing and reacting ready for those cases. It's quite nice to have the time to talk through that. Other practical little things is that the red phone's gone off in A&E and actually what is that red phone? And it's a direct link to the ambulance service, students sometimes don't know that because it's the practical things that don't necessarily get taught in the classroom and sometimes you don't always understand when you're working in practice. And then we'd often give them a little task to do. So, quite often in paediatrics you calculate the drug doses for the child that's coming in before they arrive so that you've got them ready. So, a task that we could give the students at this point would be calculate the emergency drug doses for the patient that's coming in and give them little forms to prescribe it on ready for the patient arriving. So, Fiona's going to take you through the next part of the clip now and I'll just show you the next bit.
00:17:10	VIDEO CLIP
00:17:44	FIONA

	So, in that clip we heard from George's father and his step mother talking about his collapse and then his condition afterwards and at this point I'd ask our students to imagine that they're in A&E resus and George has been brought in and they have to look after him. And as Miles said it can be quite useful to provide some extra clinical details to what's seen on the screen so either verbally and/or in their paper cases. So, I'd probably tell them at this point imagine George is brought in, his GCS was 10 but over about 10 minutes it improves 15. The team examine him and they don't find any focal neurology but they do find that he's got a boggy swelling in the left temporal parietal area. At this point we'd say to the students, can you request the most appropriate imaging to manage George and we'd hope that they'd request something like a CT head. We'd give them time to complete that task and then get them to feed back. It's an opportunity to talk through what would be a model request form to justify the scan to the radiologist so things might be the mechanism of injury, the serial GCS scores, the exam findings. And really quite interestingly what often stumps them is the very minor things that aren't included in the text book. So, for our request forms it asks the students to say whether the patient will travel down to scan by walking, in a chair, in a bed, in a trolley. And this stumps them, they're like oh what is a trolley. And you can have these discussions about the real practical elements of requesting investigations. And once we'd finish that we'd say let's see the next see the next clip and what happens to George now.
00:19:31	VIDEO CLIP
00:20:17	MILES So, the other useful aspect of using the video clips is that we can discuss about communication skills. So, we'd discuss with the students here, how do you think the news was broken? What do you think that the doctor there did well, what do you think could be improved upon? It's really useful because it's not just us acting a role play out in front of them, it's actually saying this is a real doctor and this is how they broke the news and it gets them to think about how they could do that in real life when they're working as foundation year doctors. Tasks that we would quite often associate with this is we'd talk through kind of discussing things, breaking bad news and then we could give them a role play that's based on this scenario. So, we'd say ok so what we'd like you to do is pair up, one of you will be the parents and we'd give them a little vignette so they've got a bit of background and some questions to ask, and then we'll get one of you to act as the doctor. And we want you to break the same news that's been broken and see how you could go about doing that and finding words that you find good. And the team that was facilitating the session would move around and we could be there to help answer questions. We could listen in to different students and the way they were doing it so that we could kind of support them through that. And it was really good for practising those communication skills. And then what we'd say is ok so now we've done that we've explained the findings to them. Let's continue with the story of George.
00:21:39	VIDEO CLIP
00:23:30	FIONA So, I've seen that clip so many times but it still always gets me. So, in that clip we saw the neuro-surgeon explain to George that he would need surgery and then the emotional moment where George is on the phone to his Mum and talking about that he's afraid that he's not going to make it through the surgery. And I think with your students at this point you'd want to debrief with them about how they're feeling and I

	think there's a real opportunity here to address the emotional aspects of being a doctor. And you might want to bring in one of your own experiences so, I might talk about a time recently where I've looked after a teenager who's been in real acute distress. There's lots of clinical tasks you could set to this. You could do for example working through the consent paperwork and then you could have a discussion around the laws around consent, particularly with young people and in emergencies. So, I'm afraid that's the last clip we've got time for but what we found from running this is that it's really important to give people closure. So, I can tell you that George actually does make it through his surgery and after four days he is out of hospital and has no long-term problems. So, that was a case which had a really happy ending. But we have had cases where the patients don't make it which is realistic and actually sometimes, they're the most powerful learning moments. And we'd one really memorable teaching session actually where a lot of the students and in fact the staff were brought to tears because of it. So, I'm going to pass over to Belinda now to talk about that emotional element of learning through the cases.
00:25:14	BELINDA Hi again. So, Miles and I were observers of one of the adult sessions and we watched a clip where there were two sisters who'd lost their, I can't remember if it was their Mum or their Dad now, but they'd lost their parent anyway. And yeah, it was really sad and Miles and I both independently observed that the students had a very social experience of feeling that and expressing that emotional investment in the clip of the people they were watching and were able to discuss the communication skills of the doctor which certainly weren't perfect. But I think were able to discuss them with a degree of reality about the demands on that doctor at that time, which was really useful. So, a real social experience of learning and a real definite investment of emotions, it was interesting and useful. So, I'll now pass you on to Fiona who'll tell you a little bit more about our research findings. So, what she did with Miles and my field notes and the interviews that Miles did.
00:26:24	FIONA Great, thank you Belinda. So, we wanted to explore the use of reality television and teaching a bit further and we did this through a case study-based research investigation. And as Belinda's mentioned we triangulated the findings from the field note observations of the teaching session that was observed and also qualitative interviews with a sample of the students. And our focus was on looking at the emotional learning and experience of learning in this way. And also, the extent to which it helped students identify their learning needs in the clinical environment so from our analysis we came up with several themes. I'm just going to talk quite briefly about four of them. So, first of all the students all reported that they found this much more memorable and realistic than a paper-based case. They felt much more engaged with doing the task that we'd set. Really interestingly one participant said that although they knew what they were doing it wasn't going to impact a real patient they still felt much more invested in doing it and doing it properly. And the participants described imagining themselves in the role of the doctor and I think through kind of the messy clinical reality they were able to identify gaps in their own learning. So, things that came up were simple things like how do you prescribe frusemide? And what do you do when a patient's got SVT but actually the drugs aren't working and then on a kind of different note what do you do when a patient you're looking after dies? You know the practical and emotional elements. So, as hopefully you've experienced from the scenario we've just run, these clips can have a real emotional dimension and the participants all commented on this explicitly. They spoke about how

	it made them feel more connected with the patients that they were watching. One participant said that it gave them an idea of what it would feel like to get to know a patient and look after them and for them then to pass away. And I think as we've seen you get some really candid footage of patients and their families and I think that's perhaps why students were really reflective about the importance of practising holistic care and they were quite struck for example when there was a case of an A&E doctor breaking bad news in the middle of a busy A&E floor. So, I could really talk for ages about these findings I thought it was really fascinating, I am biased. We have written a paper which I'm hoping will be published very soon so, if you're interested to learn more, I can direct you towards that but I'm sure, I hope some of you are interested in learning a bit more about the practicalities of how we did it. So, I'm going to hand over to Miles now, who's going to talk through some top tips for teaching with reality tv.
00:29:20	MILES Thank you. So, you've kind of seen now how the session works and I've seen that there's a few questions in the chat function as well so, hopefully I'll be able to answer a couple of those as we go through our top tips. So, with regards to the top tips. We had a few different ones. So, firstly, how to find videos. I think from a practical aspect what we did is we used something called the Learning on Screen resource. So, quite a number of UK institutions are signed up to use this. You might not even know that your institution has signed up to it so, if you go to learningonscreen.ac.uk it's there. You put the institution that you're working from and sign in just using your university login. And this means that you don't then have to get permission from producers, or contact people individually because they've all got rights there, that's already been signed up to to be able to use any clips on this and it's got thousands and thousands, and thousands of hours of TV. As you've also seen with the clip that we've shown you with George, you can use YouTube as well because they are free to access, you just can't edit any of those clips that are on YouTube. However, with the Learning on Screen resource if your institution's signed up to it, you can search for things, most of the episodes have been transcribed so we searched for things like aneurism and then it popped up with all the shows that said aneurysm. We could choose the shows we wanted, skip through the clips, skip to the bit where it said it so it saved us quite a lot of time. The other benefit of this is it actually allowed us to cut and edit clips down to short sort of 30 second/a minute, bite sized bits that we could then add together. YouTube was really, really good but it didn't allow us to do that and this allowed us to do it without having to get any extra information from producers or anything, or get any extra rights. Then once you've done them you can save them here and continually reuse them which was really, really useful. So, when we're going through it creating a case, we started to ask ourselves a few key questions. So, when we're choosing our cases, we firstly said what conditions do the students need to see? So, we looked at the log books, we looked at their outcomes for the year, and said ok so these are the things that they need to do by the end of third year, or final year, let's have a look and see which ones of these we think we can do something with. And once we'd picked the ones out that we thought would be useful we actually thought will they see this easily elsewhere? Is this a really common condition that they're guaranteed to see when they come through the emergency department, or is it something that we'd teach them loads on in simulation? So, rather than repeating the same things let's teach them things that maybe they're not going to have as much access to. Then we asked ourselves what do I want them to learn from this case? So, it gave us quite a lot of freedom to pick and choose different cases so that we could design different sessions but it also allowed us to then think well, do I want them just to learn the management,

	or as we've said; do we want them to learn about the more holistic approach of breaking bad news, breaking a diagnosis to a patient and actually we can incorporate lots of these different layers into the cases. So, these were some of our jottings that we laid down. Then we thought is it the best method of teaching this condition? So, Fiona mentioned that we do a session on status epilepticus in the sims week but we also did a video clip as well and the practical aspect of dealing with it in real time is more suited to a simulation centre whereas this allows us to actually look at the specifics of what a child looks like when they're seizing and how they act after they've had the benzodiazepine. So, think about how you are delivering it and is it the best method, and whether it fits into the curriculum better here or somewhere else. And then is there a video? So, sometimes we go to all these things and it takes a little bit of time but normally we've been able to find a video that allows us to work through all the things that we've found. Sometimes we have to tweak the tasks that we give the students but normally there's quite a lot we can tweak out of bringing in the videos. And then finally as Fiona said earlier, sort of closing the loop and having a progression through the patient journey. That's why we quite like 24 hours in A&E because it shows them coming in to the hospital, progressing through the journey and then it shows the patient outcome at the end. Whether that's a good outcome and the patient improves and goes home, or whether it is one where the patient passes away, they're still really useful for the students to see it because it closes that loop and it more mirrors real life what happens with patients. When we were thinking about our tasks we had to think quite carefully as well because you need to align what's on the screen with what is the task that you're giving the students. So, you need to make sure that if you've got somebody who's having an asthma attack, you're asking them about asthma, you're not asking them about a different condition so COPD or something make sure the two mirror up. It sounds a bit silly but sometimes students are able to pick up little differences that are kind of on-screen to what you're doing. Something we noticed in that was that actually we teach kind of the gold standard, this is how you should do things and sometimes that differs from how things are done in real life. And you do see that picked up on the video clip so just be careful with your tasks and if you do see differences between how you're teaching it and how it was done on screen explain why there's differences so the students understand. Something else we thought was thinking kind of outside the box. It doesn't just have to be prescribing or role plays. One of the patients that we had as Fiona said earlier passed away and it had quite an emotional response. But it opened up quite a lot of conversations about death and dying, and it opened up conversations about what you do to verify patient deaths and although it wasn't practical, we were able to talk about that with the students, how you verify a patient's death. So, then we decided that we'd get them to do a death certificate and complete that. It was much more useful for them because they'd seen the patient and they understood what was going on for them and then they were able to complete it rather than just saying put these things in the boxes. They'd thought about the cause of death and actually how they would go about filling this in which is something that they would be doing in less than 12 months' time as a foundation doctor. Our final tip was use your multi-disciplinary faculty. Now I can't kind of overestimate this issue, it's really, really useful to have an MDT faculty in the room. So, when we did the sessions, we had a mixture of people from different backgrounds so mine was kind of anaesthetics, Fiona's paediatrics, but we also had adult medics, for the adult medicine sessions, we had pharmacists that came in and did it with us. We had nurses, we had paediatric nurses. We had loads of different faculty. And the reason I've included this little picture here is because it's a screenshot of one of the

	cases that we did, and you can just see from this very brief screenshot that there's at least three different members of staff that are there. So, you've got the gentleman in blue that I think is a health carer, the dark blue is the sister, and then the doctor in the background. But it was really handy to have these other team members in the room because they were able to explain what they'd be doing in the situation. And actually, what they could do and what they couldn't do, so when students say oh well, I'd get the nurse to do this, the nurse could say well actually no we're not able to do that, that's so and so that can do that, and we can discuss things. It also allows us to discuss different things that would happen on the wards that maybe the students didn't think about. So, with regards to the patient that passed away sometimes people write may they rest in peace and the doctors would do that in the notes, and the nurses might open the window so little things that happen on the wards and why people do them it was really, really useful to have those conversations in the room. I'm going to hand you back over to Fiona now because I went back to full time clinical in February just as Covid was kicking off so I've not had that much experience of actually using this during the era of Covid, but Fiona's going to talk through a few tips that we've learned from using it when Covid's been happening.
00:36:44	FIONA Perfect. So, thanks Miles. I'm sure many of you have had the joy and challenge of delivering teaching sessions a bit differently because of Covid. So, our reality TV sessions have either been partly or fully online to cope with that. And actually, I think the good news is that it does lend itself really well for remote teaching. My tips would be for doing that as with everything to test out the technology beforehand. So, making sure that you're sharing both the video and the audio, there's usually an extra tick-box you've got to do and I forever forget to tick that box so, worth practising beforehand. And just making sure as well that your students at home, if they are at home, have the resources and the tools they need to do the tasks. And then getting them to feed back to you so you're not just broadcasting at them. Within the NHS you can sometimes have difficulties accessing some websites with firewalls etc. We did have a problem recently where our Trust changed what they were doing but the reassuring thing is actually the website that Miles mentioned, the Learning on Screen, were extremely helpful and within a couple of hours actually sorted out our problem. So, even if you think it's not working for you, I would contact the website and they can get that going for you. Speaking about websites we've actually just launched our own website which is a way for us to share the resources that we've come up with with you. It's just, it can be a bit time consuming developing these so if you want to take anything that we're using or share your own resources we'd love for you to use our website. Shameless plug there. So, Miles is just showing the website that's there. So, it just talks through you'll see on there the clip we've used today. It talks very briefly about how we used it, the format, and then probably most handily if you can find your way to the resources section, we've got paediatric resources and adult resources. Within those there are all the PowerPoints that we used and our teaching packs, and our student packs which can use for yourselves. So, please check that out if you are interested. So, I'm conscious of time and I really want to hear from you and your questions and comments. So, I hope that's been helpful to you. And I'm going to hand back to Colin now to manage a bit of Q&A. Thanks.
00:39:10	COLIN Thank you very much. I already knew a lot about that but even seeing it done that was absolutely fascinating, a very, quite an emotive case. We've had about three questions so far in the chat which we'll kind of go through. I think the first one which is about

	getting permission. I think you've already covered but if there's any further queries from the person that asked that do say. So, the next one, so, from Rachel which is, I presume you can see the questions as well, but around the flexibility of cases; you're of course producing your own cases and clearly have some control over the curriculum, I presume this question's been asked from a scenario where someone has perhaps been given cases and then looking to kind of put some sort of virtual reality support wrap around that, do you have any thoughts about that?
00:40:01	MILES So, yeah. Quite often what we'd do is we'd look at things that had been in the curriculum before. So, when we were planning the new third year curriculum, we'd look at core conditions about actually what the students needed to know and that allowed us to maybe tweak some of the cases that had been done previously. I think if you've got a very, very strict pre-written case that you need to do x, y and z it might be hard unless you can pick an exact video. But what you could definitely do is take an existing case and adapt it and use similar resources that you've got and link it to cases. Or you could use the case as a bit of a crutch and then bounce off it to do some of the tasks that you need to and link back in later. As long as the case that you use in the video that you're using makes sense with the tasks that you're giving them and things then I think it would work, I think it probably would need a bit of tweaking, you know if it's a very, very strict one you might struggle a little bit.
00:40:53	BELINDA Miles you might want to tell them about the challenge when the case doesn't quite align with the case on screen and how that kind of confused the students a bit with the adult with SVT wasn't it, I think.
00:41:08	MILES Yeah. So, sometimes students can get a little bit confused. So, if things get mentioned in the videos that don't exactly match up with what you're asking them to do task wise, so there was a patient who had a history of fast AF but had come in with an SVT, so a supraventricular tachycardia just on their ECG. We asked them to manage an acute SVT but the students had heard that they'd had fast AF in the past and it got them a bit confused so just when you're picking up clips just make sure that you're aligning them very, very closely to what you're actually asking the task of, or addressing if there's inconsistencies between the two, just so the students are aware.
00:41:45	COLIN Thank you. So, we've got another question around looking into the psychological safety for learners. And I'm wondering if it's possible to answer that in terms of how you used to do it, but obviously how you're now doing it virtually because I suspect the answer might be subtly different.
00:42:03	FIONA So, I hope that actually the way we run this now around the session it is a safe space for learners. So, of course they could be watching this at home on their couches if they wanted to. But I think the benefit is that they're surrounded by their class mates and they have the tutors there. So, we do warn students that they mind find some of the material emotional and obviously there's always, we set ground rules so there's space if they need to leave for any reason they can do that. And I think that's a kind of fairly standard thing we do with anything sensitive within our teaching sessions. And it's just about having an opportunity to debrief. So, when someone's at home it's a little bit more difficult but we encourage them to keep their camera on. So, then you can at least gauge how they're feeling and just to check in with them regularly, you know how

	do you feel about that. The very, very emotional material we haven't yet done fully online so that's a good thing for me to think about when we run that in January. So, it's a really good point thank you.
00:42:58	BELINDA I think face to face we thought a little bit halfway through delivering the sessions about how we arranged the room. And I think if you've got the luxury of a few facilitators then ensuring you've got a facilitator personal group of students enables them both to get immediate feedback about the tasks they're doing, and ask questions while they're doing it, but also, I think probably provide somebody to support that group immediately around safety rather than having an eye on the whole group, I think.
00:43:34	COLIN And it also strikes me that actually this is material that they could have just switched on the TV and seen on Channel 4 without support, indeed any member of the public could do that. And also, that actually you've got a mechanism for support that they would not necessarily have in a busy A&E, where they could actually be seeing the real, live thing in front of them with all of the stresses and strains. So, although that's clearly an important aspect you have ways of working through and preparing for that as well. So, I've got a question about student group size.
00:44:09	MILES So, for the paediatric sessions that we did, we had smaller groups I think the maximum we had was about 12 in those groups. And then for the adult session it was a much larger group. I think there was about 20 which is why we thought it was more useful if you could break the students down into smaller groups and arrange the room so that there were kind of maybe four or five to a table so that if there were any discussions it was more like that rather than rows and rows of people. It just made it feel a bit more of a community and that they could have more conversation then. But yeah, we think probably smaller groups is better if you can. And if you can't, then breaking it down into small tables of students.
00:44:47	FIONA I think it's a balance isn't it of having, we have like a big faculty where we can get it with this multi-disciplinary team and having the whole group together means that they can all benefit from that. And I think online it's a bit different and we're actually breaking into smaller groups of six maximum because probably those who've taught online, in a big group it can be quite difficult to keep that engagement and interaction. So, we're going to have just one tutor per small group for that and probably sadly lose a bit of the NDT element but it's one of those compromises we've decided to make.
00:45:17	COLIN So, thank you very much. We're pretty much on the dot of time so we'll pause a little bit just in case any more questions come in. But I would like to thank you and if there's any final points you want to make you can do so in a moment. I notice a question has just come in which we might want to look at but just whilst you're looking at that can just say a couple of things. Apart from thank you to everybody, thank you to Leigh for running the session. Please be aware that the video will be available but it'll be a few days before it's on the website. Thank you for everyone participating and for questions, and please do look at the up-and-coming sessions so the next one is the 25th November on representation in medicines, so that's only a couple of days' time, details on the website and I'll drop the details into the chat as well. So, that's the wrap up but I think are we allowed Leigh just one or two more minutes to cover the question from Susan and the point from Paul?

00:46:22	LEIGH Yes, go for it, that's fine.
00:46:23	COLIN Yeah so, I think Susan it's about the search function not yielding anything so I don't know if you've got any top tips?
00:46:32	MILES Yeah, I think you have to be logged in to be able to search because you've got to be signed up with your institution so it's probably worth trying to sign in and see if you're institution's enrolled and if it's not then getting in touch with whoever is in charge with your IT people. Just because to have the rights to be able to view the clips it's your institution that's got to be enrolled to it.
00:46:53	COLIN And if that doesn't work then I'm sure Miles and Fiona and Belinda would be happy to receive questions about the practicalities after the session. Yeah, everyone's nodding. So, I think final from Paul; sense of students finding differences and challenge between the paediatric and the adult sessions.
00:47:14	FIONA I think having done both sessions and from a paediatric point of view they are a little bit different but, in many ways, very similar so they find it difficult particularly having to do something. And it's that kind of gap between theory and practical knowledge and I think that was the same in paediatric and adult so, I haven't noticed a huge amount of difference between the sessions and actually the feedback that they get is quite similar from both of these. Students go through adult versions and paediatric versions. I need to be careful because Miles will laugh, I keep calling it the adult video session because I'm thinking of the paediatric, that's something very different but they're quite equivalent.
00:47:53	COLIN So, thank you very much we did promise to run to time so we're now a little bit over time I'm afraid the technology doesn't allow a round of applause but I will give my personal round of applause even if you can't hear the rest of the audience. I note that our full audience has stayed with us for the entire session which is a good indicator of the interest. For everyone who has attended the video will be available. Please tell your friends about it if you found it interesting send them the link, and lots of people are saying thank you, really interesting work and lots of appreciative things. So, thank you very much I do hope everyone's enjoyed this. Lots of thank yous coming through and I look forward to meeting many of you in the future and I encourage you all to look at future BITESIZE events because there is a whole range and variety of topics. And thank you again Belinda, Fiona, Miles for this evening's session. Thank you very much.
00:48:48	ENDS