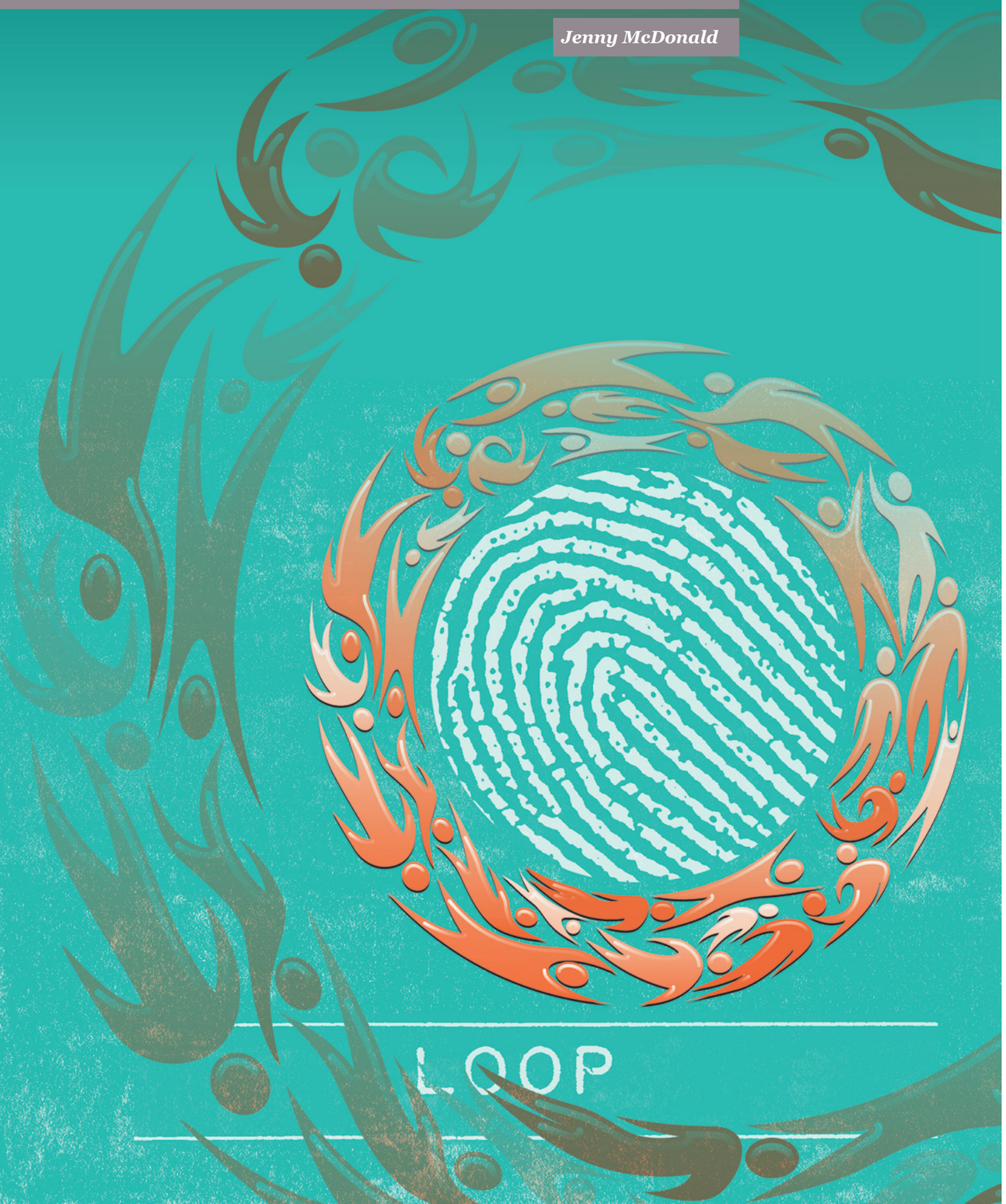
CLOSING THE LOOP: EVALUATING THE SPOTLIGHT ON TEACHING CONFERENCE 2013

Jenny McDonald



Good teachers understand the need to reflect on and evaluate the impact of their teaching and use a wide range of methods to achieve this. What is less often practiced is sharing the results of an evaluation with students; this is called 'closing the loop'. Closing the loop serves several important functions:

- It improves the quality of student feedback by demonstrating that their responses to questionnaires can make a difference (Spooren et al, 2013). Furthermore, students are more motivated to participate in the evaluation processes if they believe that their feedback is taken seriously (Chen and Hoshower, 2003);
- It strengthens the learning community between teachers and students as communication is more transparent and valued;
- It provides evidence of ongoing good evaluation practice when this is needed for internal and external bodies; and
- Reporting on the evaluation assists teachers with the process of reflection.

In the spirit of 'closing the loop' and in an attempt to model good practice, during the closing plenary of *Spotlight 2013*, we undertook to share the results of the *Spotlight* evaluation. A summary of the 72 responses (52% response rate) we received to a questionnaire seeking your feedback on *Spotlight* is on Pages 20-21. The evaluation was designed to assess the extent to which the stated goals of *Spotlight* were met. These were to:

- Share good teaching practice;
- Disseminate findings of higher education research;
- Promote research into university teaching; and
- Foster networks of staff interested in sharing ideas.

The organising team for *Spotlight 2013* met to review the results of the questionnaire in addition to reviewing individual feedback we received. Many of your comments resonated with our own impressions. Some key suggestions for the next *Spotlight* in 2015 include:

- Providing a presenter contact list;
- Providing a list of delegates;
- Explicitly linking the conference programme to the aims of the conference;
- Increasing the amount of time for presentations;
- Incorporating posters into morning and afternoon teas;
- Encouraging members of the University executive to become more involved in the event;
- Attend to specific points for improvement in communication with authors and timing of acceptance notifications.

If you have any specific comments or suggestions for the next *Spotlight* in 2015, please do let us know! Suggestions and comments via email are most welcome to hedc@otago.ac.nz.

If you would like advice or support in relation to evaluating your own teaching check out the evaluation resources on the HEDC website: http://hedc.otago.ac.nz/hedc/teaching/evaluating-your-teaching/ or contact the HEDC Evaluation Office: ext 7581 or email hedc.evaluation@otago.ac.nz.

References:

Spooren, P., Brockx, B., & Mortelmans, D. (2013). On the Validity of Student Evaluation of Teaching: The State of the Art. R*eview of Educational Research, 83(4)*, 598-642.

Chen, Y., & Hoshower, L. (2003). Student Evaluation of Teaching Effectiveness: an assessment of student perception and motivation. *Assessment & Evaluation in Higher Education, 28(1)*, 71-88.

UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND

SPOTLIGHT ON TEACHING AND LEARNING

26-27th August 2013
St David Street Lecture Theatre Complex
University of Otago

Spotlight 2013 Questionnaire Summary

Q1. *There were four aims of the Spotlight on Teaching and Learning Colloquium. The first aim was to share good teaching practice. How well do you think the Colloquium met this aim?*

	Very well 1	2	3	4	5 Not at all
Number	35	30	4	2	0
Distribution 1	49%	42%	6%	3%	0%
Distribution 2*	**90%**		**6%**	**3%**	

NIL	Median
1 1%	1.5

Q2 *Please explain your answer to the question above.*

Participants appreciated the range of sessions offered, the opportunity to hear from colleagues about their teaching and the opportunity for discussion of teaching practice. Some also commented that they appreciated the cross-disciplinary nature of Spotlight. There were concerns that some sessions were too short and with little opportunity for more in-depth questions/discussion or presentation of evidence to back-up claims.

Q3 *The second aim was to disseminate findings of higher education research. How well do you think the Colloquium met this aim?*

	Very well 1	2	3	4	5 Not at all
Number	27	28	14	2	0
Distribution 1	38%	39%	19%	3%	0%
Distribution 2*	**76%**		**19%**	**3%**	

NIL	Median
1 1%	1.8

Q4 *Please explain your answer to the question above.*

There were mixed views about how well higher education research was disseminated. Some found it hard to tease research apart from practice. Some felt the research component was not very strong whereas others expressed the opposite view. The short time allowed for some presentations also came up again as an issue. Some folk found it very useful to hear of local examples of research into teaching practice.

Q5 *The third aim was to promote research into university teaching. How well do you think the Colloquium met this aim?*

	Very well 1	2	3	4	5 Not at all
Number	25	29	14	2	0
Distribution 1	35%	40%	19%	3%	0%
Distribution 2*	**75%**		**19%**	**3%**	

NIL	Median
2 3%	1.8

Q6 *Please explain your answer to the question above.*

Many commented that promoting research into university teaching was less apparent as an aim. Nevertheless, opportunities for sharing, hearing about the research of others, legitimising research into teaching were given as examples towards this goal

Q7 *The fourth aim was to foster networks of staff interested in sharing ideas. How well do you think the Colloquium met this aim?*

	Very well 1	2	3	4	5 Not at all
Number	40	20	7	4	0
Distribution 1	56%	28%	10%	6%	0%
Distribution 2*	**83%**		**10%**	**6%**	

NIL	Median
1 1%	1.4

Q8 *Please explain your answer to the question above.*

There were many strong positive comments relating to Spotlight as a venue for fostering networks. Some participants noted that there were no formal activities for getting to know each other and suggested that this may be useful. A few folk suggested creating opportunities for ongoing networking or discussion through online fora or communities of practice.

Q9 *How relevant was the Colloquium for your teaching?*

	Very relevant 1	2	3	4	5 Not at all
Number	28	23	10	5	3
Distribution 1	39%	32%	14%	7%	4%
Distribution 2*	**71%**		**14%**	**11%**	

NIL	Median
3 4%	1.8

Q10 *Please explain your answer to the question above.*

There were mixed views in relation to the relevance of Spotlight to individual teaching. Some found it very relevant, others less so but generally still found the event to have value and stimulate thinking.

Q11 *The creative communication session was new to Spotlight. Would you like to see this included in future Spotlights?*

	Yes	No
Number	53	6
Distribution 1	74%	8%
Distribution 2*	**82%**	

NIL	Median
13 18%	1.1

Q12 *Please explain your answer to the question above.*

The majority of participants strongly endorsed the creative communication format although a number of folk commented that they did not attend this session.

Q13 *Please rate the organisation of this Colloquium*

	Excellent 1	2	3	4	5 Very poor
Number	50	17	3	1	0
Distribution 1	69%	24%	4%	1%	0%
Distribution 2*	**93%**		**4%**	**1%**	

NIL	Median
1 1%	1.2

Q14 *Please rate the technical support for this Colloquium*

	Excellent 1	2	3	4	5 Very poor
Number	48	17	4	1	0
Distribution 1	67%	24%	6%	1%	0%
Distribution 2*	**90%**		**6%**	**1%**	

NIL	Median
2 3%	1.2

Q15 *Please rate the food at this Colloquium*

	Excellent 1	2	3	4	5 Very poor
Number	38	18	9	5	0
Distribution 1	53%	25%	13%	7%	0%
Distribution 2*	**78%**		**13%**	**7%**	

NIL	Median
2 3%	1.4

Q16 *Have you attended Spotlight before?*

	Yes	No
Number	39	31
Distribution 1	54%	43%
Distribution 2*	**97%**	

NIL	Median
2 3%	1.4

Q17 *What were the best things about this Colloquium for you?*

The best things about Spotlight were generally the opportunities for sharing teaching and research, networking and hearing about the work of colleagues.

Q18 *What areas could be improved in future Colloquia on teaching and learning?*

Suggestions for improvement included: greater involvement of senior University staff and executive team; rethinking the format for poster presentations; issues with the Spotlight programme numbering; use of parallel sessions in creative communication session; 10 minute presentation time too short; better briefing of session chairs; the provision of a participant list.

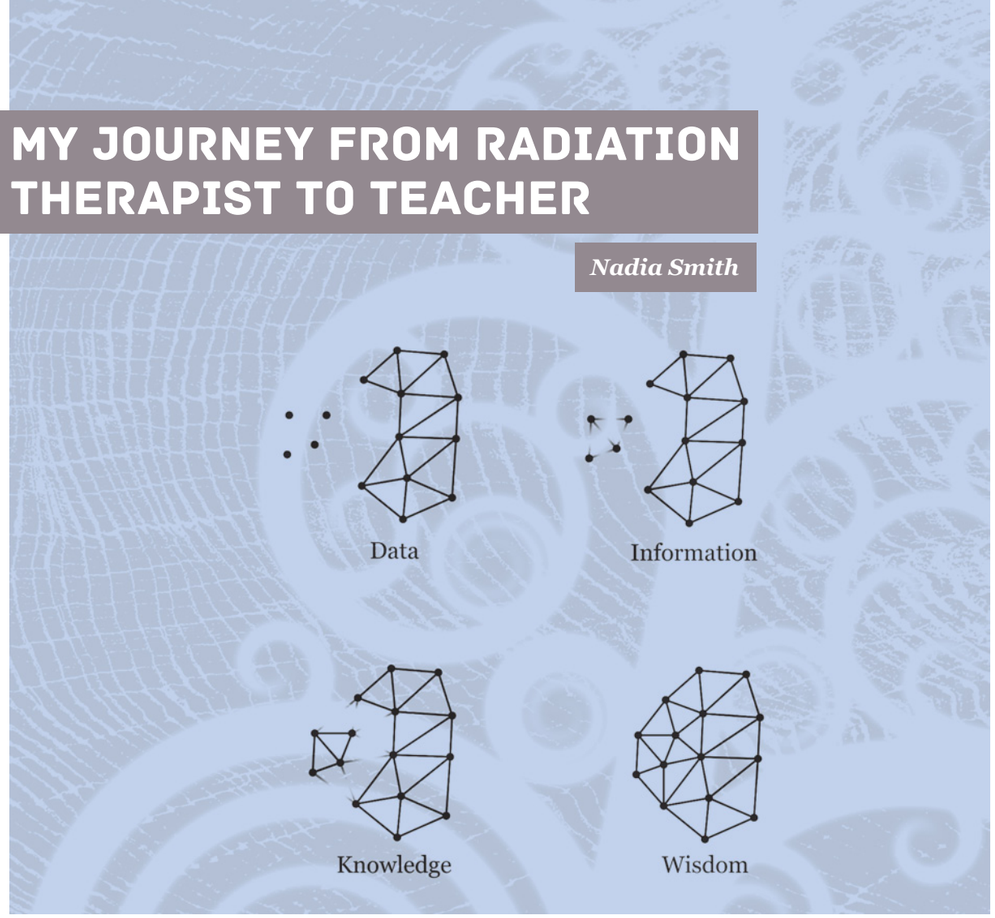
*Distribution 2 shows the responses as %(1&2), %(3) and %(4&5).

The "Median" calculation is an interpolated median.

"Nil" means no response received for this question.

MY JOURNEY FROM RADIATION THERAPIST TO TEACHER

Nadia Smith



After working as a radiation therapist in New Zealand oncology departments and internationally for about fifteen years, I chose to transition into a clinical teaching role. I was a practitioner but how would I become a teacher? What were the important things to know and to learn? I felt that I could step into a clinical teaching role by drawing on my background in all aspects of radiation therapy, as well as my experiences of student mentoring and assessment from working clinically. I was very aware that the course content and structure had changed since I was a student, yet I also felt that I had many experiences from my student days which I could draw from. I understood that becoming a teacher would be a challenge, but I had the support and encouragement of my radiation therapy colleagues and was ready for the challenge.

During my first year as a Clinical Tutor Radiation Therapist, I received support and mentoring from friends who were employed as Clinical Tutors at oncology centres throughout New Zealand. A learning pathway incorporating education workshops and study days was provided by The Department of Radiation Therapy, and this enabled me to develop my teaching skills. I enjoyed having a new focus and I had a lot of enthusiasm and energy to bring to my teaching role.

Following my first year as a teacher, I considered it was time to pursue some study of postgraduate tertiary teaching so I could expand my knowledge and understand what it means to be a good teacher. I wanted to learn some of the theory behind different approaches to teaching, and learn some new strategies which would enable me to become a better teacher.

The staff from the Higher Education Development Centre gave me the encouragement and motivation that I needed to embark on part-time tertiary teaching study. I enrolled in HEDU501: Critical Reflection on Higher Education. It was slightly nerve-wracking when I first met the small group of Dunedin based 'students' who were taking this same course of study. The fact that everyone else in the room already had a PhD was slightly disconcerting! Apart from the obvious lack of letters after my name and my lack of recent study, I did however seem to have a lot in common with my fellow students. Many were teaching at Otago University within the Faculty of Health Science, and the majority were teaching clinical studies papers.

This teaching paper was structured in a way which fostered a reflective and collaborative approach to teaching. I enjoyed being able to reflect on some of the challenges that I have faced in my teaching, such as how to identify when my students were struggling to grasp a concept. It was also reassuring to hear that my colleagues on the course had faced similar challenges and it was helpful discussing the different approaches taken.

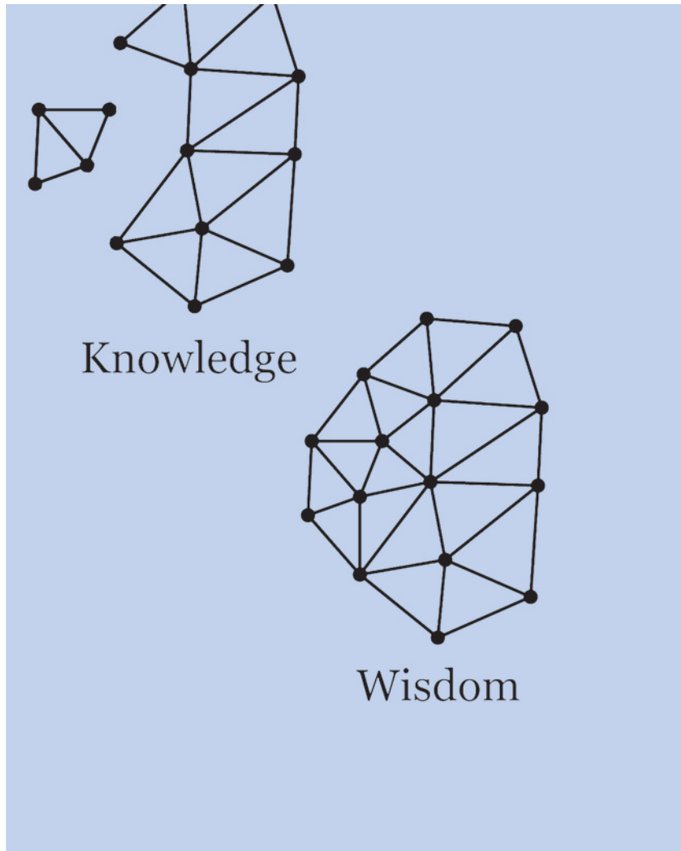
By reflecting on my teaching, and comparing my approach with that of colleagues, I now have a better understanding of my teaching.

My students come into the clinical setting with a good theoretical knowledge of radiation therapy. I assist them to further their knowledge and understanding by observing and participating in clinical procedures. I encourage the students to initiate discussions with the radiation therapy staff that they work with, and to determine why the staff members do things in a particular way. I encourage the students to take a deep approach to their learning so they understand the practice of radiation therapy, and develop good clinical reasoning, rather than just memorising the procedural steps which they have observed.

My teaching style begins with engaging the students and communicating effectively with them. But I also offer support and mentoring, direction and guidance. My tutorials tend to start with an overview of a procedure or a process, and then I ask the students to explain why they think this procedure is performed in this particular way. I encourage the students to use the resources available to find the answers to their questions. I ask them which resources are most likely to provide the required information, and I encourage them to utilise textbooks, the internet or a specialist member of staff rather than just telling them the answer. I also ask the students to reflect on a procedure or concept which they have observed, but which they do not fully understand. I will discuss the procedure or concept in detail while deconstructing the process into smaller components to teach the students in a stepwise way. I want my students to take ownership of their learning, and I feel this teaching approach encourages the students to use their initiative and to become good problem solvers.

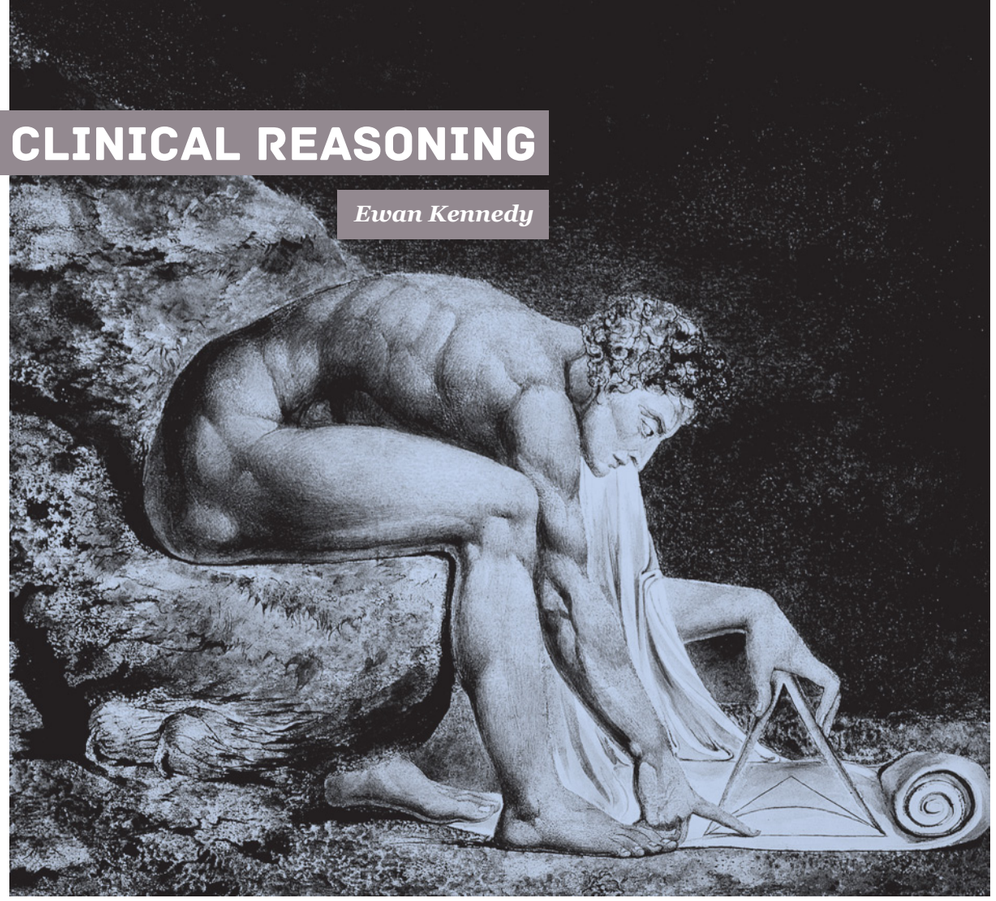
Another common strategy I use is to encourage the students to reflect on something which they have recently observed or learned. As each student is rostered to a different area within the oncology department they are exposed to different learning experiences. The students love reflecting on something unusual and interesting they have observed - each student's reflection tends to pique the interest of the others and they learn from each other by sharing their experiences. Working with cancer patients can be emotionally challenging at times, and I have found that incorporating reflection into my teaching enables the students to debrief in a supportive environment alongside their peers

I realise there is a lot more to learn, and I plan to continue to build on my knowledge and understanding so I can bring new ideas to my teaching and become an even better teacher. ■



CLINICAL REASONING

Ewan Kennedy



I have been a Clinical Supervisor/Educator of Physiotherapy students since 2008. When I started I had just completed my PhD in Clinical Anatomy and was essentially re-starting clinical practice. This gave me useful insight into how to develop clinical skills and reasoning, as I was very much learning alongside my students.

After a short time in this role I realised that although students entering their 4th and final year feel quite good about gathering information from a patient history and examination, they struggle to interpret what their findings mean. I believe that good reasoning is characterised by the ability to tell a story about the patient's problem, incorporating concrete evidence from the history and examination. But my students seemed unable to tell this story. For example, a student might ask good questions about how an injury happened, but have trouble judging what part of the body was under stress. To help them, I gave feedback about their thinking, and worried less about issues like their style of questioning or hands-on skills. In practical terms, we talked through their clinical thinking process after taking a history and before examining the patient, and debriefed after each session.

I found that when asked what they are thinking, students often report their findings and bypass the thinking process; a student merely repeats the information they learnt through taking the history: "So the patient has sharp right sided back pain, it started two weeks ago after a game of squash and is getting worse, they had a similar problem three years ago…" When prompted for their thoughts students told me they weren't sure where to start. So I developed a planning sheet to provide a scaffold for making judgments from the history (clinical reasoning). The goal was to provide a series of questions that would prompt students to interpret their findings and provide a record of their thinking. The first two questions provided the terms of reference for the session, and helped students to separate their own concerns (e.g. "Can I improve their movement with treatment?") from those of the patient (e.g. "I'm worried it might be broken"). The other questions required the students to think about their findings from parts of the history, and judge what they meant. For example, putting the answers from the sheet together a student can describe a high impact and inversion ankle injury in the acute stage. ("This injury is consistent with bone and/or ligament damage. Details of the patient's symptoms reveal constant pain consistent with active inflammation, perhaps because they were out drinking and dancing when the injury occurred, but these [assume pain and inflammation] are also worrying signs for a fracture.") Using the sheet the student is prompted to interpret their findings, going beyond what the patient said. When put together, the answers tell a story of the presenting problem leading into diagnosis and treatment planning.

The new form provides a vehicle for openly discussing not just what they found, but also how the student is thinking about their findings. Without the form, I found it difficult to deconstruct a patient session and identify specific issues. The student may have reached the wrong conclusion, but it might not be clear where things went wrong. Their written thoughts show a snapshot of their thinking about different parts of the history, which makes it easier to see which areas need to be discussed. I can now identify missing information when students struggle to answer questions in the planning sheet. I am able to see their answers to the questions and compare them to what I heard (or read in their patient notes) to see if we are thinking the same way, and then discuss any differences. In this way I can identify whether their issue is with gathering information, their knowledge base, or their interpretation. My feedback is now based on specific written examples of their thoughts. Using the form we can discuss how I came up with my answer and how it may differ from theirs, even when we heard the same patient history, Students not only see what I think, but *how* I think.

When students present their thoughts, I find there is a tension between being too closed off and rejecting their ideas completely (e.g. "No, a fracture isn't likely"), which leaves the students no option but to copy my thinking, and being too open (e.g. "Well it could be that too…"), which weighs ideas equally and doesn't allow for judging one idea as more likely than another. I aim to walk a middle path that allows the students to think for themselves but leaves no doubt that some ideas are better than others (e.g. "What evidence supports a fracture?"). By helping the students to structure the evidence supporting their thinking they can better judge the quality of their own answers. I know I'm making progress when a student moves from talking about 'right and wrong' answers to 'better and worse' answers.

While I am supervising, the first question I ask after a student sees a patient is "How do you think that went?" There are many reasons for asking this; perhaps the most important one is that this was the key question put to me by my most memorable clinical teacher. This teacher routinely asked this question, even during clinical exams. Through her approach I learnt to reflect on my own performance, which has been of great value to me. This question initiates an open reflective discussion and allows the student to lead the dialogue to the issues they are most concerned with. For example they might say; "That went really badly. I felt really lost during my examination because I had so many positive findings that I couldn't make sense of them". Through this comment I can see that the student had insight into the session, knew where it went wrong, and understood why they did things the way they did. From this platform it is straightforward to draw the specific issues out further and discuss ways to address them. I am gratified that my students find this approach valuable; when this approach is done routinely the student learns more than how to reflect – they become reflective.

Being a supervisor is a great equaliser, as each patient is unique and supervisor and student meet the patient together. This context allows you to work alongside your students honestly, without a pre-decided answer sheet in your pocket. Establishing a common approach to reasoning has been useful for focusing attention on student thinking/reasoning, and regular open reflection plays a key role in creating a comfortable but challenging learning environment. I'd like to think this creates a place where students can focus on doing their best for their patients and grow into thoughtful reflective clinicians. ■