

Clinical Teaching Matters

A newsletter of the Queen Mary (Barts) Malta branch of the Academy of Clinical Educators.

4th Edition

October 2025

Hold the date! Saturday 17th January 2026

We will be running a half-day **clinical teachers' conference** at the Medical School in Gozo. Free to attend!

We will be sending invitations over the next few weeks, but please put it in your diary now if you are available.

In this edition

Welcome! A new term has started along with a new cycle of faculty development activities!

In this newsletter, we look back over last year – the summer graduation and awards (including winner of the bedside teaching award), an evaluation of the faculty development programme and a brief report on the fantastic uptake of the Annual review of Teaching

We look forward, with a new course catalogue for faculty development workshops, new events from London too, and early notice of an exciting new clinical teachers conference.

Finally, we have some updates and guidance to help you improve your teaching – making presentations more dyslexia-friendly, getting the best from AI (and helping your students to as well), links to a summary of med ed journals, advice on professional boundaries and supporting students struggling with workload, and a summary of a useful paper on Mentoring Trainees in Medicine.



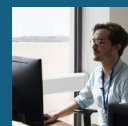
Queen Mary (Barts) Malta Graduation. July 2025

ART Annual Review of Teaching

In March 2025 we launched the ART programme - a new, friendly process to help you reflect on your teaching over the past year and plan ahead with purpose. This will give you evidence and a development plan for your educational portfolio.

Over the last six months we have sent out offers to participate to 766 tutors (past, present, formal/contracted and informal and completed 232 ARTs. Evaluation of the process has been very positive - these meetings were highly valued by tutors.

If you have missed your ART for last year, you can be one of the first this year! An overview of the process in 120 seconds can be found on [this page](#).



Faculty Development workshops

New course catalogue launched!

The **course catalogue** is now live! Anyone who teaches our students or is interested in teaching our students is very welcome to attend. All sessions are interactive

Certificates of attendance are provided which map to the four commonest teaching portfolios.

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The Bedside Teaching Award

Congratulations to **Francesca Karlsson**, who was awarded the **Bedside Teaching Award** for the academic year 2024/5. This was presented by Prof Anthony Warrens at the graduation ceremony in July 2025 (Below right). This award celebrates excellence in teaching, based on student feedback submitted via the Bedside Teaching Evaluation Record (personalised QR codes) – see bottom left to register.

On her role:

"I take students with me to see patients, teach practical skills like cannulas and bloods, review imaging together, and just go through cases together. It was quite informal and relaxed."

"As a junior doctor, I'm in a unique position to teach – I was in their shoes just two years ago."

On what she loves about teaching:

"What I love most is seeing that moment when a concept clicks for them."

"I try to be the doctor I wished I had as a student – someone who takes a few minutes to explain things and make you feel seen."

Teaching approach:

"I create a space where it's really OK to make mistakes – I don't know everything, and that's OK."

"With me, students learn the real-life things you don't get from textbooks."

Thoughts on bedside teaching:

"Bedside teaching is where theory becomes practice – you meet a real patient, and it clicks, and you'll remember it for life."

"It helps students feel included and valued, like they are part of the team."

On QR code feedback:

"The feedback was anonymous, very honest, and really motivated me to keep going."

Advice for new teachers:

"Keep it real – don't try to be perfect or overly formal."

"Meet students at their level, remember what it felt like to be in their shoes, and hold on to that empathy."

Ask the students to scan your code to give you feedback...



Gathering student feedback

One essential component of a teaching portfolio is student (learner) feedback.

For easy stepwise instructions on how to generate your personal QR code [click here](#).

You will be automatically enrolled into the bedside teaching award!



MedEd Insights: Making PowerPoint presentations dyslexia-friendly

dyslexia is a neurodevelopmental condition that closely relates to problems with reading. It is possible to have university students who are undiagnosed, and so not properly supported to overcome their disability. To make learning inclusive for students with neurodivergent tendencies in the classroom, the British Dyslexia Association suggests simple classroom initiatives to make powerpoint presentations dyslexia-friendly, namely:

font and text

- use sans serif fonts like arial, calibri, or verdana
- keep font size at least 18 points
- use lower case letters (as much as possible)
- use bold for emphasis
 - (not italics or underlining)
- do not exceed 6-7 words per line

colour and contrast

- use dark text on an off-white background

layout and structure

- use bullet points instead of long paragraphs

images and visuals

- use images, diagrams, and charts for comprehension
- use speaker notes, printed handouts or recordings

for more details on the dyslexia friendly style guide:

<https://www.bdadyslexia.org.uk/>

MedEd Insights: Education Journals

Do you want to know more about the core Medical Education Journals? Have a look at our new guide:

<https://qmplus.qmul.ac.uk/mod/resource/view.php?id=3316590>



Workshop notice 27th October from ACE London Evidence-based cognitive science strategies for teaching clinical skills

Dr Thiago Santos, Clinical Teaching Fellow and lead for Point of Care Ultrasound (POCUS)

This webinar aims to equip clinical educators with strategies and methods from emerging research in cognitive science to improve the way they teach clinical skills. We will review evidence-based tools to explore how to optimize knowledge acquisition and retention, overcome barriers to learning, and guard against problems such as skill deterioration. **REGISTER**

MedEd Insights - Mentoring Trainees in Medicine

Mentorship plays a crucial role in medical education, as it focuses on providing guidance and support in career building for trainees in medicine. This article is from the McMaster School of Medicine. It discusses both official and unofficial mentorship, their different features, and how they can help transform medical trainees into competent and well-rounded physicians.

The article highlights the benefits of integrating diverse mentorship styles, including career guidance, skills development, and personal growth. It also underscores the importance of mentorship in navigating the challenges of medical training, improving job-related well-being, and enhancing professional development. The authors also reflect on lessons learned from a new peer-based mentorship program and suggest ways to support mentorship initiatives in other settings.

The authors conclude that the availability of diverse forms of mentorship, both informal and formal, during medical training, are necessary to help better support professional development of trainees. To this end, mentorship programmes should be incentivised as teaching credits to encourage quality mentors to engage in both forms of mentorships opportunities.

Further reading: (open access)

Wu, J., & Olagunju, A.T. (2024). Mentorship in medical education: reflections on the importance of both unofficial and official mentorship programs. *BMC Medical Education*. 24:1233
<https://doi.org/10.1186/s12909-024-06248-7>

MedEd Insights: Getting the best from AI

AI models, particularly LLMs (Large Language Models) are revolutionising how we and our students work. Here's how to avoid common pitfalls and get better results.

Prompt Engineering

Many people use AI like a search box, typing a simple question. But AI works best when given structure: say what **role** you want it to take (advisor, teacher), give **context**, set a clear **task** (ideally in steps), and specify the **output** (report, summary, list). This is prompt engineering: shaping the question to get a better answer. Experiment, reformulate, and break bigger jobs into smaller requests for best results.

Example: "Act as a clinical tutor. Context: I'm preparing Year 3 medical students for their first bedside neurology exam. Task: create three short patient scenarios to practise cranial nerve testing. Output: a clear, bullet-pointed list."

Avoiding confirmation bias.

Karl Popper argued that science advances not by proving theories true, but by trying to falsify them: "The criterion of the scientific status of a theory is its falsifiability." This underpins the null hypothesis: assume "no effect" until evidence says otherwise.

AI tends to validate what you say, which feels nice but can reinforce bias. Instead, ask it to find flaws, counter-examples, or rival theories. This strengthens thinking and models critical reasoning. (Clinical reasoning works the same way: we look for tests that could disprove the diagnosis. If we can't, the diagnosis grows stronger.)

Focusing on endpoints

If your goal is to get fitter, using a car instead of running would defeat the object. The same applies to learning: if your aim is to develop your own clinical reasoning or problem-solving skills or higher order thinking skills, letting AI do all the thinking may feel efficient but robs you of practice. Use AI to support the journey (to explain, to challenge, to provide examples, to critique what you have created), so that we learn from it and develop. It is not only our students who might be tempted by a seductive shortcut and forget the endpoint.

Some links

- https://www.youtube.com/@futurepedia_io – brief, up-to-date AI tips.
- Jackson, J. (2025). Higher order prompting: Applying Bloom's revised taxonomy to the use of large language models in higher education. Studies in Technology Enhanced Learning, 4(1).
<https://doi.org/10.21428/8c225f6e.0915c17e>

An update from ACE London

The Academy of Clinical Educators is working on a program of activity, starting with our [virtual welcome event](#) on 8 October 2025 at 2pm. Here we will be giving updates for the year and answering all of your questions.

At this event we will discuss the dedicated Teams Classroom for Academy members: This platform will provide easy access to learning materials and resources, including:

- Original online trainings:
 - Induction to the Academy of Clinical Educators
 - Student Support Induction
 - Essentials of Learning and Teaching
 - Professional Boundaries – Staff–Student Relationships (policy update)
 - Peer Observation of Teaching
 - Introduction to SSCs
 - Working with Neurodivergent Students
- Dedicated year channels for communication with peers and ad-hoc clinics
- Access to curriculum materials

In addition, the Academy will be hosting **monthly webinars**. The next session will take place on **27 October 2025**, led by Dr Thiago Santos (Clinical Teaching Fellow and lead for Point of Care Ultrasound). The session will focus on evidence-based cognitive science strategies for teaching clinical skills.

Evaluation of the first year of FD

A huge thank you to everyone who completed the evaluation of the first cycle of the QMUL (Barts) Malta Faculty Development Programme, and the learning needs assessment to help us plan this academic year. Your feedback is invaluable – it helps us grow and ensures the programme stays relevant to you.

The results were strongly positive. Workshops were praised for their interactive and practical style, with many participants saying they had put what they learnt into practice immediately. The mix of online and face-to-face sessions seems to be working well, though some asked for even more opportunities for discussion. The Annual Review of Teaching was widely valued as a supportive space for reflection and signposting, and readers told us the newsletter is concise, relevant, and easy to read.

Several areas for growth were identified. We will focus this year on raising awareness of the programme, offering timely reminders for workshops and BeTER feedback, and piloting ideas such as recorded sessions and shorter formats where appropriate. There is strong interest in a Clinical Teachers' Conference, and planning for Saturday 17th January 2026 date is underway. Please pencil it in your diary!

Thank you again for your feedback and encouragement – your participation is what makes this programme so successful. Together, we are building a fantastic programme and community.

Welcome to the First Years!

On 10th September we welcomed our new cohort of first year medical students, they seem like a fantastic group. So far 54 students have arrived and started, with a few more likely to arrive soon.

After a couple of weeks of welcome events they are now fully embedded in the academic programme.

Freshers Fair – a welcome to new students 2025



Policy Update: Professional Boundaries – Staff–Student Relationships

This is to update all clinical teachers about an important change in QMUL policy relating to staff-student relationships. It has been developed in response to a regulatory requirement by the Office for Students (OfS) (focused on harassment and sexual misconduct). The guidance applies to all clinical teachers on placements, as well as all staff in the school.

The underlying principle of the policy is based on the premise that all staff–student relationships are deemed inappropriate due to inherent power imbalances, especially in healthcare where trust and respect are essential.

The main rule in this guidance is that all staff teaching QMUL students are strictly prohibited from entering into any intimate personal relationship with a student.

This applies to:

- o Academic staff
- o Administrative and support staff
- o Contracted and non-contracted individuals (e.g. NHS clinical teachers, security staff)

This policy includes physical intimacy (even if isolated) as well as romantic or emotional intimacy. It is also important to note this rule applies even if the relationship is consensual or initiated by the student. Pre-existing relationships are addressed with guidance, but new ones are strictly banned. Link to the guidance. Breaches of this code, even by Trust employed staff, will be regarded as serious and may constitute gross misconduct.