**Title of Project**
“Enrichment of clinical learning in Primary Dental Care by means of shared clinical experiences using video clips developed by students and clinical teachers”

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**PROJECT DETAILED**

**Outputs: What has been produced thus far?**

After much planning and preparations to allow the project to fit into the current “total patient care” teaching at the Centre, the teaching project made a start on 7th January 2013.

The project has achieved the following to-date:

- The design of a working protocol for the study cohort
- Pilot production of the first wave of reflective videos
- Using the first wave of videos to allow for suitable compression of files for electronic editing, transmission and analysis.
- Informal reporting, discussion and analysis on videos with Professor Dillon
- Creation of an analysis strategy to involve the student cohort in a ‘think aloud’ reflection of the work carried out to date
- Video filming of the cohort involved in the study during the ‘think aloud’ session, and the transcription of the project (the ‘think aloud’ session) now pending.
**Outcomes/Impact:** To what extent are you achieving the original aims of the project? Please include examples where possible.

Output/Impact of the project so far are as follows:

The study cohort comprised a firm of ten dental students six of whom were from a postgraduate background. Five were medical practitioners and one a mature student from the armed forces. The remaining four students were representative of a conventional undergraduate intake. Following an outline of the project’s aims and objectives they were invited to take part in the project. No refusals or objections were received and implicit consent was therefore assumed.

The video protocol used was based upon a previous model successfully used for a previous video diary project. To date, approximately 20 short scenarios have been shot illustrating themes of clinical interest as identified between the students and clinical teachers.

Essentially the scope was to capture where possible “reflection-in-action” i.e. thoughts and ideas experienced during a (clinical) procedure, together with a “reflection —on —action” immediately following the filmed activity.

Initially there was a reluctance to engage with the “in-action” side of the project due possibly to a number of factors such as time constraints or feelings of inadequacy during various aspects of the task performance. Early findings from the first videos have identified this as a potential challenge. However, as familiarity with the process continues we believe, as some of the later videos demonstrate, this is proving to be far less of a problem to address than was first thought.

Of particular note has been the interest shown so far on the post procedure activities which comprise the “on-action” part of the study. A valuable organic off-shoot has developed namely a reflection to camera on the whole process *and being* of reflection, as used in this context.

Dental students in particular are not familiar with many of the concepts explored in this project and we believe the process may be opening doors to new and fresh thinking for many of the cohort.

There has been from the outset been a ready willingness to contribute to the project both by the students and the wider team including the nursing staff and participating patients.

**Supportive factors:** What are the main factors that are contributing to the successful progress of the project?

For some participants, the use of the simple camera set-up has presented certain technical challenges. The ability to present sufficient quality imaging in order to explain for example a procedure, has also proved difficult for some individual operators. However, to capture the reflective nuances generated in the clinical environment, to-date, a stand-alone camera operator in the form of a clinical teacher or a dental nurse has been used. This achieves the compilation of footage that will stand the scrutiny of open critique during a tutorial.

Initial feedback has been generally very positive with only occasional minor reluctance on the part of one or two individuals-mostly arising from a certain ‘camera-shyness’, as far as can be ascertained.

In contrast students we as teachers have identified as not strong natural communicators when used as study
participants report that they found the process very beneficial in terms of organising and presenting logical thought and argument to camera. This is a type of skill seen as crucial to the development of the modern clinician and for example particularly useful to the undergraduate in terms of effective performance in oral (viva-voce) examination settings. This appears to be a further exploitable spin-off from the main project.

**Challenges:** Have you experienced any barriers or challenges in developing your project? What could be done to support innovation in the curriculum?

The project to date is running well, to time and within the allocated budgetary allowance. Final examinations for our cohort of students is soon to be a limiting factor on what more can be done during this first pilot stage of the project. It is not likely much further data will be generated with this particular group of students.

There has been some small, deliberate collateral leakage into another more conventionally structured group of students, mostly to gauge their responsiveness to the methodology. Again this has been reassuringly positive and the findings may be suitable for use as part of the wider study.

**Recommendations:** Based on your projects, what recommendations would you make for improving the curriculum and student experience generally? Are there any wider implications of your project for the College/University undergraduate and/or postgraduate curriculum? In particular what would be the implications of introducing your innovation on a large scale across a range of disciplines?

It is still too early to make recommendations on this. The more definitive aspects of this section will be coming in future report(s), so watch this space!

So far as we can see, the wider the clinical teachers can provide a forum and environment to reflect the many aspects of the delivery of comprehensive total clinical care in a relaxed and non-threatened manner, the more the students seem to appreciate the fact, that an “ideal” procedure and an “ideal” patient do not exist, and it is the practical learning and management of these factors whilst interacting with all the external environment where the delivery of clinical care takes place, that makes the presentation of these video clips interesting and stimulating in terms of the delivery of meaningful and realistic teaching and learning.

**Dissemination:** Has the project been shared with colleagues within and beyond the institution yet? What are you plans to do so?

The project has so far been shared within the Maurice Wohl Team and the dental students at the Centre.

With further refinement of the project, It is anticipated that selected video-clips produced will go hand-in-hand with other teaching materials we are currently using to form a complete educational package as per the aims and objectives of this project.

It is anticipated at this point that further dissemination of the outcomes of this project be shared with the rest of the Dental Institute and beyond.

In the meantime, we are hopeful that we may have the chance of presenting our findings so far at the King’s Learning Institute Annual Excellence in Teaching and Learning Conference later this year.