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Student tutor training program for M38 (simulation based emergency course) – Draft –

At the beginning of the program the student tutors are asked to assess their pre-existing knowledge and skills. These will be discussed in a first individual meeting with their supervisor to identify areas which need more focus and special training. Each student tutor gets an individual training plan corresponding with their goals. For example attending emergency simulation courses in the winter semester, shadowing physicians in the department of anaesthesiology to learn clinical skills, self study… . This phase of individual training is followed by a first training day of teaching simulations in a microteaching format using video feedback. At the beginning, all student tutors get trained as raters using DOPS, DOTS and anchored checklists by their supervisor (see table 1). In the different training sessions one of the students performs while the others use either one of the tools, or just watch and give global feedback at the end. Each student tutor is asked to collect feedback forms and a documentation of what training he has performed in a personal portfolio. This portfolio, including a second self assessment, is used in a second personal meeting with their supervisor after the first training day to review the progress and define new goals. While reviewing the DOPS and checklists, it will be decided if further clinical training is necessary, or a mastery level is already reached. In the following weeks the tutors are supposed to meet and perform small teaching simulations (15 minutes each). There they will give group feedback to each other. During that time they are asked to get assessed by each of their fellow tutors using DOTS as longitudinal assessment at least once. Before the beginning of the summer semester another training day is going to take place – again using microteaching and the same multisource assessment battery as before. Before the third personal meeting with the supervisor a last self assessment has to be performed by the student tutor. In that meeting the supervisor, using the portfolio, decides with the student tutor if more training is required or the student tutor is ready to start as an instructor. Once the student tutor is fully trained and engaged we can re-evaluate the student tutor training program. It has to be assessed how well the student tutors felt and were prepared, the interaction with students and clinical co-instructors and the acceptance by medical students. This information will be obtained again in personal meetings with supervisor as well as medical student's evaluation. Also a focus group with student tutors is planned. Last but not least the outcome as in exam performance of medical students will show the effectiveness of our student tutor training program.

Table 1: Blueprint Airway Management (exemplary)

Competency	Objective/ Required skill	Self-assessment	DOPS	Checklists - anchored	DOTS	Group feedback microteaching	Video-feedback
Knowledge	Knows objectives of this session (e.g. airway) for students to be taught.	X				X	
	Knows and is able to present medical content of this session (e.g. causes and clinical symptoms of shortness of breath, indications for intubation, airway management, guidelines).	X				X	
Practical skill	Is able to perform clinical skills on a professional level (e.g. bag mask ventilation, intubation with tube and laryngeal tube on phantom).	X	X	X		X	X
Interpersonal& Communication skills	Provides feedback in a professional manner.	X			X	X	X
	Manages conflicts within the group in a professional manner (e.g. “the difficult participant”).	X			X	X	X
Teaching skills	Creates a safe learning environment.	X			X	X	X
	Motivates students to participate actively.	X			X	X	X
	Uses Peyton`s four step approach teaching practical skills (e.g. bag mask ventilation, intubation with tube and laryngeal tube on phantom).	X			X	X	X

Notes: DOPS (Direct Observation of Practical Skills), DOTS (Direct Observation of Teaching Skills) – to be created analog to DOPS