



Insight

Becoming the bridge: Supporting student learning in a tertiary paediatric centre

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This reflective piece explores my transition as a paediatric trainee in the second year of specialty training from learner to educator within a tertiary paediatric centre. It highlights the role trainees play in supporting student learning in complex clinical environments, and the shift from viewing teaching as a separate activity to recognising it within everyday practice. Drawing on experience from my hospital's teaching programme, it reflects on how teaching shapes professional identity and contributes to more accessible and inclusive learning for students.

"I'm really sorry, but could you explain what's going on with that patient?"

It was during a busy ward round, early in my tertiary neurology rotation in the second year of paediatric specialty training (ST2), when a medical student asked me this. We had just seen a child with a rare genetic epilepsy and the conversation on the ward round had moved quickly, discussing complex investigation results and treatment decisions with lots of specialist language. As I started breaking things down to the student, I became aware of a subtle shift in my own role. Even with prior teaching experience as a paediatric clinical teaching fellow during my third foundation year, this felt different. I was no longer just teaching in structured sessions. I had become part of how the students learned in the small, informal moments of everyday clinical work.

When I started paediatric training, I thought my role was simple: learn as much as possible, build my clinical knowledge, and become more confident in managing patients. Teaching was something I did during planned sessions, on a Supporting Professional activity (SPA) day, or as part of a structured teaching programme, where there was time to prepare. But in a tertiary centre, things don't really work like that. You're constantly surrounded by students trying to navigate unfamiliar territory, and without realising it, you start becoming an integral part of their experience.

There's something quite special about learning in a tertiary paediatric setting. I remember how excited I was to have this placement as a medical student. It helped solidify that I wanted to pursue a career in paediatrics. I saw such interesting cases and applications of technology and techniques that I hadn't seen anywhere else. I found it very exciting. However, I also remember how quickly everything moved. Conversations could

be hard to follow and at times I very much felt at the periphery; inspired by the complexity of care but unsure how to engage meaningfully with it or take away learning that felt relevant to my level of knowledge.

I've started to notice I occupy a unique position in all of this. I'm very much still learning, still figuring things out, but I'm also close enough to remember what I didn't understand as a student. Over time, I've realised that part of my role is to bridge the gap. Not always in a formal, structured way but in small, everyday moments. Explaining a case again after a ward round, breaking down a management plan, or just checking in to see if something made sense. It's less about "teaching" in the traditional sense, and more about making the environment feel a bit more accessible and a bit less intimidating.

At the same time, it's not always easy to hold this role. Most of the time, teaching isn't planned. It happens in between everything else. Between jobs, between reviews, between trying to keep on top of your own workload. There's always that underlying pressure that patient care comes first, and rightly so, but it can make teaching feel like something extra, rather than something built into the job. I often feel that quiet tension, and unfortunately, it's easy for teaching to slip into the background.

Being part of my hospital's teaching programme has helped me gain confidence in my teaching in these informal settings, equipping me with bedside teaching models and reinforcing the value of our role. It has also provided a network where I can talk to other trainees, share experiences, and reflect on what works well and what doesn't.

Through my involvement with this programme, I've started to understand how educator identity develops alongside clinical expertise. I've also come to see that teaching is not just about explaining information but about helping students feel like they belong in a space that can otherwise feel overwhelming. It requires patience, empathy and a bit of vulnerability,

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especially when you're still learning yourself.

Looking back, it feels like this shift from keeping teaching separate to recognising it within everyday practice has been a really important part of my training. As I move towards the end of my ST2 year, I'm trying to become more proactive in helping students make sense of the clinical world. Balancing teaching with everything else isn't always easy and there are definitely days when it feels harder to prioritise, but it has now become part of what it means to me to do my job well.

I think there's something important here for how we think about training in tertiary centres, particularly around how accessible learning really is. These environments have so much to offer students but come with challenges. Small things can make a big difference. Slowing down, inviting questions, creating moments of inclusion, and recognising that as trainees, we play a big role in making that happen.

That moment on the ward has stayed with me. Not because it was unusual, but because it marked a shift in how I saw myself. Becoming an educator didn't happen all at once. It's been gradual, shaped by lots of small interactions like that one. It has changed how I think about my role and the journey I am on, particularly in how I support and educate medical students. And perhaps that's what being a bridge really means, not having all the answers, but helping students take the next step forward.