

Faculty Development: Teaching in the clinical arena

Clive Lewis

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Objectives of the workshop

- Maximize opportunities for teaching and learning in the clinical setting
- Plan for clinical teaching
- Identify ways of integrating teaching and learning into everyday service provision
- Deliver effective teaching sessions in the clinical setting

Maximizing teaching and learning opportunities

Activity 1: Learning in Clinical Settings

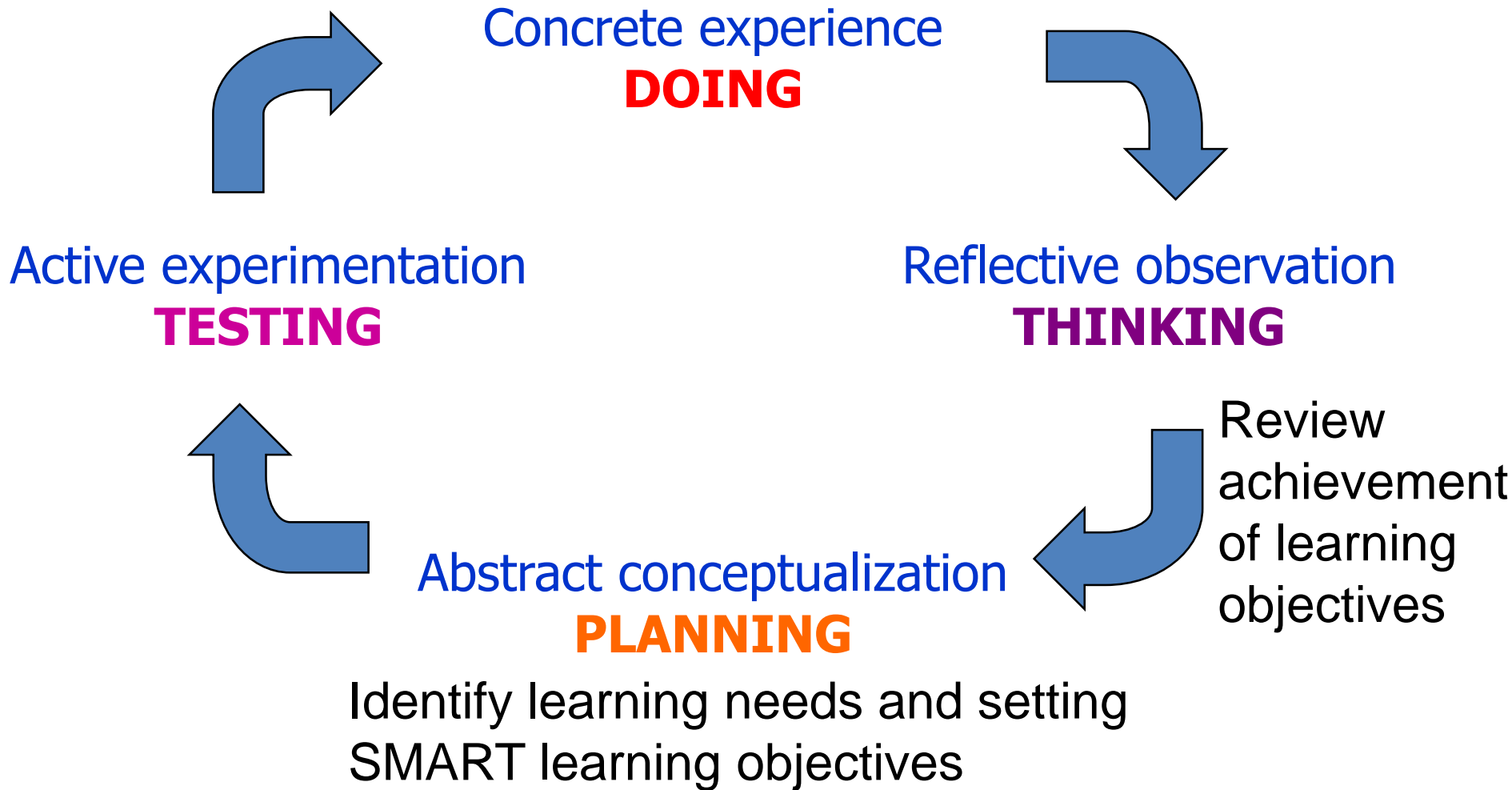
Based on your own learning experiences and those you observe in trainees:

- List ways in which individuals learn in clinical settings
- Identify what you could do to support this learning process

A ward round

What I did	What the trainees/students did
<ul style="list-style-type: none">• Briefed students/trainees and told them what to look out for• Got to know new admissions• Took histories• Chatted to patients and asked them about changes in condition• Read notes and asked patients/nursing staff/ other team members about developments• Discussed management with team• Discussed discharge with team and made discharge plans• Examined patients• Ordered investigations• Looked at test results and changed care where indicated• Examined X-rays and made decisions• Taught students/trainees how to do things• Supervised trainee and offered advice• Asked questions• Offered feedback	<ul style="list-style-type: none">• Stood• Listened• Watched• Fetched and carried things• Talked (among themselves)• Answered questions• Examined a patient each• Looked bored <p>(Morris, 2003)</p>

The Experiential Learning Cycle



Common problems with clinical teaching

- Lack of clear objectives and expectations
- Focus on factual recall rather than on development of problem solving skills and attitudes
- Teaching pitched at the wrong level (usually too high)
- Passive observation rather than active participation of learners
- Inadequate supervision and provision of feedback
- Little opportunity for reflection and discussion

Common problems with clinical teaching

- “Teaching by humiliation”
- Informed consent not sought from patients
- Lack of respect for privacy and dignity of patients
- Lack of congruence or continuity with the rest of the curriculum

Planning for teaching in the clinical setting

Why is planning so important?

“If you fail to plan you plan to fail” (anon)

Thinking ahead

- Trainee's needs
 - Condition-specific
 - Generic

- Opportunities
 - Predictable
 - Fortuitous

Activity 2:

Maximizing Teaching Opportunities

- Work in groups of three
- According to your preference for teaching in the clinical setting, choose one of the following:
 - a) by the bedside,
 - b) In the examination room or
 - c) on emergency duty
- Identify how planning could help you to maximise the teaching opportunities
- Prepare to present your ideas back to the whole group.

Identifying Opportunities

By the bedside

- Teaching vs business
- Planning – Service – Follow up
- 3 minute round-up

Identifying Opportunities

Examination room

- Sitting in
- Service led
- Service delivery with follow-up
- Planned training within service delivery
- Training clinic
- 3 minute round-up

On emergency duty

- Prioritisation of patients
- Delegation
- Organisational abilities
- Time management
- Seeking appropriate and timely advice
- Team working
- Communication skills

Teaching in the Clinical Setting

Responding to Experience

- Non-learning
 - No response or rejection
- Non-reflective learning
 - Imitation and memorisation
- Reflective learning
 - Contemplation and application of theory

Experience

Learning to do the same thing badly but with increasing confidence

On-the-Job-Teaching

“Tell me, and I’ll listen;

Show me, and I’ll understand;

Involve me and I’ll learn”

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On-the-Job-Teaching

Apprenticeship by

Osmosis

Coaching

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On-the-Job-Teaching

Planned vs Opportunistic

Fusional vs Intrusive

Integrating teaching and learning into everyday service provision

Planned On-the-Job Learning

“The single most important factor influencing learning is what the learner already knows. Ascertain that and teach him accordingly”.

Ausubel

Planned On-the-Job Learning

Agreeing agenda and individual responsibilities

Questions to ask:

- Enough responsibility?
- Stretched?
- Adequate supervision and support?

Planned On-the-Job Learning

One extensive study found that “many clinical teaching sessions, particularly ward rounds, were haphazard, mediocre, and lacking in intellectual excitement”

Newble & Cannon, 1994

Teaching Skills

General principles

- What do they want/need? = needs assessment
- Create opportunity not time = reduce conflict
- Focus on a patient = relevant & practical
- Non-confrontational = induce confidence

Teaching Skills I

General principles

- Summarizing & reflecting = reinforces learning
- Follow-up learning points = cyclical reinforcement
- Formative assessment = builds relationship

Teaching Skills II

Specific

Five-step microskills model

- Get a commitment
 - make them give you a diagnosis
- Probe for evidence
 - what makes them think that?

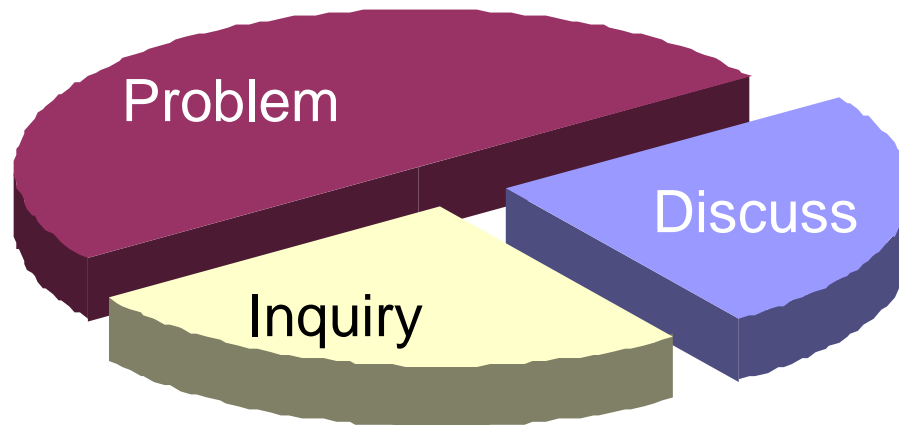
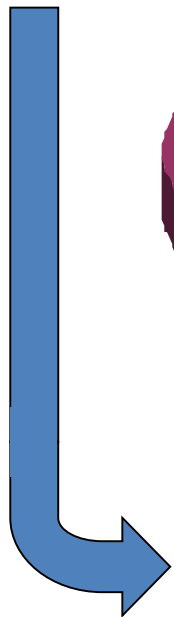
Teaching Skills II

Teach general rules

- avoid anecdote, stick to principles
- Reinforce
 - be specific, praise good practice
- Correct mistakes
 - sensitive, constructive criticism

How to do it

Diagnose Problem



Diagnose learner

1. Ask for an action plan
2. Probe for underlying reasoning



Teach

3. Teach general rules
4. Provide positive feedback
5. Correct errors