



how to

TEACH IN CLINICAL SETTINGS

Mary Seabrook

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Table of Contents

[Title Page](#)

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[Acknowledgements](#)

[Introduction](#)

[Reference](#)

[Chapter 1: Creating an effective learning environment](#)

[Practical ways to create an environment conducive to learning](#)

[Design of clinical placements](#)

[The teaching climate](#)

[What makes a good clinical teacher?](#)

[Involving patients in teaching](#)

[Involving other disciplines in teaching](#)

[Some principles of effective clinical teaching](#)

[Useful strategies for clinical teaching](#)

[Five tips for clinical teaching which do not take time or money](#)

[References](#)

[Chapter 2: Teaching in clinical contexts](#)

[Teaching on ward rounds](#)

[Handover meetings, board rounds and bench rounds](#)
[Bedside teaching](#)
[Teaching in clinics](#)
[Teaching the interpretation of images/specimens](#)
[Teaching in theatre](#)
[Teaching practical skills](#)
[On-call/remote teaching](#)
[Teaching patients](#)
[Teaching other disciplines](#)
[Further reading on clinical teaching](#)
[References](#)

[Chapter 3: Workplace-based assessment and feedback](#)

[The workplace-based assessments/supervised learning events](#)
[Giving feedback](#)
[Further reading on assessment and feedback](#)
[References](#)

[Chapter 4: Common problems in clinical teaching](#)

[Balancing teaching and service demands](#)
[Pitching teaching at the right level](#)
[Dealing with complaints and clinical incidents](#)
[Ad hoc teaching](#)
[Teaching people at different levels together](#)
[Teaching older or more experienced colleagues](#)

[Engaging the quiet or reluctant learner](#)
[The difficult consultation](#)
[Teaching multiple students](#)
[Teaching trainees with no interest in your speciality](#)
[References](#)

[Chapter 5: Next steps](#)

[Developing as a teacher](#)
[Evaluating your teaching](#)
[Useful resources](#)

[Appendix](#)

[Index](#)

How to Teach in Clinical Settings

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Introduction

Traditionally, learning to become a doctor has been an apprenticeship, with students and junior doctors working alongside practising clinicians and gradually taking on more responsibility for patient care. In recent years, the nature of the apprenticeship has changed: in many places, the master-apprentice relationship has become less prominent and junior doctors now work within wider teams of colleagues. At the same time, there has been an increased formalisation of training with the development of curricula that specify what is expected at each stage. There has also been more emphasis on providing regular, structured teaching, which tends to take place away from immediate clinical demands.

Nothing, however, can replace the centrality of ‘on-the-job’ learning because assessing and managing patients requires so much more than can ever be taught in a lecture theatre. Over 100 years ago, William Osler said that

To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all [1].

In a clinical environment, people, often unconsciously, take in the sights, smells, sounds, the way in which the team works and decisions are made—multiple facets and subtle nuances of practice that can only be learnt on the job. Doctors often call this ‘learning by osmosis’ and, although much can be learnt in this way, learning can be greatly enhanced by good supervision.

Individual supervisors can make a real difference, but face conflicting demands as clinical environments have become increasingly pressurised. Greater bureaucracy, busier clinics, less time with patients and targets focused on

clinical work rather than education, all make finding time for teaching challenging.

This book aims to help medical teachers/supervisors at whatever stage—from students to consultants—to explore different ways in which to help others learn. It is designed primarily as a practical manual, providing examples of hands-on strategies that can be used in daily supervision and teaching. These have been gathered from first-hand observation or reports of effective teaching provided by students and doctors. The content is underpinned by educational theory and evidence, but references and theoretical explanations are kept to a minimum as there are many existing books that cover this material (see Further Reading sections).

The book is divided into five chapters:

- 1.** Creating an effective learning environment.
- 2.** Teaching in clinical contexts: strategies suitable for teaching during routine clinical work and for teaching patients and other disciplines.
- 3.** Workplace-based assessment and feedback: effective ways to use the current tools.
- 4.** Common problems in clinical teaching: guidance on issues such as teaching multiple students and pitching teaching at the right level.
- 5.** Next steps: suggestions for further developing your teaching.

Not everything will be relevant to everyone, but there should be something for all. Some suggestions may seem idealistic, but the contexts in which doctors teach vary enormously, so select what is appropriate to your context. The book was written for doctors in hospital and community trusts, but some sections may also be relevant to general practitioners or other disciplines.

Some ideas or information relate specifically to *students* (undergraduates), others to *trainees* (postgraduates) and

some to both (*learners*). *Teachers* and *supervisors* refer to those in a teaching or supervisory role, whatever their level of seniority.

Each chapter has a number of sections containing some or all of the following:

General principles of teaching relevant to particular clinical settings.

Useful strategies: drawn from good practice observed by the author or described by medical students or doctors.

Vignettes: practical examples of teaching and learning, chosen to illustrate specific points.

Quotes: from famous people about education.

Teachers' and learners' comments: views from the shop floor (sometimes paraphrased).

Challenges and thinking points: designed to help you explore key issues and apply ideas to your own teaching.

Discussions: commenting on the challenges and thinking points.

Theories of learning: a few theories of particular relevance are included.

Further reading: a personal selection of recommended articles and books.

This book is designed as a resource for teachers to dip into for ideas and inspiration—hopefully helping to expand their repertoire of approaches and understanding of effective teaching and learning.

Reference

[1] Osler W. *Aequanimitas: with other addresses to medical students, nurses and practitioners of medicine*. Philadelphia: P. Blakiston's Son & Co; 1906. p. 220.

Chapter 1

Creating an effective learning environment

The clinical environment can be an exciting and, at the same time, daunting place in which to learn. Students entering clinical placements have to adjust to learning in a work environment, where, unlike at school or college, their learning is not the organisation's primary goal. They are usually enthused by the prospect of clinical work but feel that they lack a genuine role or place in the team. They may need help to learn how to gain access to patients and find learning opportunities.

So what determines how much people learn in workplace settings such as hospitals and general practices?

A study of learning at work found three main factors ([Table 1.1](#)).

Table 1.1 Main factors affecting learning at work [1]

Factor	Examples
1. Characteristics of the learner	Confidence, motivation, capability, prior knowledge (This is probably the most important factor, accounting for about 50% of variance in learning.) [2]
2. The immediate work culture	Level of challenge and responsibility, quality of supervision/management, emotional support, learning climate, pressures and priorities
3. The broader context	The career structure, appraisal systems, working hours, training policies

Depending on your role, you may be able to impact on different areas. Most people find it quite easy to teach a motivated, competent and appropriately confident student

or trainee. However, what if a trainee appears uninterested or lacking basic clinical skills? Someone in a pastoral role such as an educational supervisor or a personal tutor could address areas such as a learner's confidence and motivation. They might also help learners to set goals for developing their clinical skills, with teachers at all levels providing opportunities for practice and feedback.

Someone with a more strategic role such as a course organiser or training programme director may have some influence on the broader context, for example, ensuring that learners have adequate time for private study in their timetable.

Those supervising learners on a daily basis (often students or trainees at the next level up) will probably have most influence on their immediate conditions of work, such as the climate for learning and the type of work in which they are engaged. These aspects (which are addressed in the next two sections) are important, and sometimes underestimated, although not by Albert Einstein, who is reported to have said

I never teach my pupils; I only attempt to provide the conditions in which they can learn [3].

Thinking point

Can you remember your early clinical placements as a student or newly qualified doctor? What were your first impressions? What messages did you receive about how easy or difficult learning would be? What, if anything, would have made you feel more ready and able to learn? What do you think is the optimum climate for learning?

Discussion

Most doctors will have had mixed experiences. Learners report positive aspects such as supportive teams, effective, approachable teachers and constructive feedback, and difficulties such as unstable or incomplete teams, lack of patient continuity and teaching by humiliation [4-6]. Views on the ideal learning climate also vary, both individually and between specialties. Some favour a supportive environment. Others believe that exposing learners' deficiencies publicly is necessary to protect patients, maintain standards and prepare doctors for the demands of their working lives [7]. Evidence from relevant research studies follows.

Factors identified by medical students as influencing the effectiveness of placements at a large teaching hospital are shown in [Table 1.2](#). Trainees mention similar helpful characteristics: a study of resident medical officers in Australia identified eight elements of a placement contributing to professional development ([Table 1.3](#)).

Table 1.2 Medical students' experiences of clinical placements [6]

What students found helpful	What students found difficult
Feeling valued within the team	Feeling in the way

Being made to feel useful	Being ignored
Having a forum to discuss their ideas where they will not be laughed at	Being talked over and not having things explained to them
Friendly, accessible and approachable staff	Not being able to contribute to patient care
Staff who want to teach	A pattern of teachers being late or cancelling planned teaching
Lots of practical experience and exposure	Hanging around waiting for opportunities
Doctors being interested in what they are doing	Lack of induction—learning by getting things wrong
Expectations being made explicit	

Table 1.3 Elements of the clinical environment perceived by trainees as contributing to learning

Element	Description
Autonomy	Responsibility for patient care
Supervision	Guidance and direction from senior medical colleagues
Social support	Being accepted, recognised and valued within the team
Workload	Balance between service and professional development
Role clarity	Clarity of expectations about what should be done and achieved
Variety	Diversification of the work
Orientation to learning and teaching	Emphasis on learning and development and availability of learning activities
Orientation to general practice	Attention given to learning requirements relevant to general practice

Adapted from [8] with permission from Taylor & Francis Ltd.

Both studies highlight the importance of clear expectations, opportunities for practical experience and the exercise of responsibility. They also agree on the need for a social climate in which learners feel accepted and valued. These findings are supported by a major review of educational research which found that expert teachers respect students, both as learners and as people, showing

care and commitment for them [2]. The optimal educational climate is described as one '*where error is welcomed, where student questioning is high, where engagement is the norm*' [2].

In a clinical context, error would not be *welcomed*, but it is safer for patients if the climate is sufficiently open that learners are not afraid to ask questions or admit mistakes or weaknesses [9, 10]. It is easy for senior doctors to forget how scary they can seem to those lower down the hierarchy! At the same time, a culture of high expectations is important, with teachers demonstrating high standards themselves and expecting the same of their learners [11].

Practical ways to create an environment conducive to learning

Aim for a combination of challenge (setting goals and tasks which are demanding but achievable) and support (providing advice, encouragement and feedback to enable goals to be met). Practical things you can do include the following.

Before students/trainees arrive

- Send a welcome letter/e-mail to let them know where and when to come and what to bring.
- You may want to suggest how they could prepare for their placement, for example, relevant reading.

On arrival

Make them feel welcome/part of the team:

- remember and use their name;
- show a personal interest, for example, finding out more about their previous jobs, travel to work, spare