



CME ARTICLE

Optimizing training: what clinicians have to offer and how to deliver it

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KEYWORDS

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learning objectives;
'deep' vs 'superficial'
learning;
assessment;
giving and receiving
feedback;
evaluating your teaching;
best evidence medical
education (BEME)

Summary Since experienced clinicians spend a substantial proportion of their time teaching and supervising trainees, a working knowledge of adult learning is of value. This knowledge will not only make you a more effective teacher, but will be of benefit to you when you are learning new information.

There are a number of important issues to keep in mind when teaching your adult trainees. For example, recognize the short attention span of adult learners (10–15 min only!); keep your teaching and learning in context (i.e. clinically relevant); set clear, achievable learning objectives; give regular, constructive feedback to your trainees; and be aware your trainees will have different learning styles and no single teaching method is best for all.

Assessment of your trainees needs to cover many different domains, including: knowledge, clinical competence, communication skills (written and verbal), procedural skills, teamwork and professionalism. Clearly, multiple methods of assessment will be essential. Further, a number of observers will be required to improve the validity of these assessment activities.

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INTRODUCTION

Experienced clinicians have always served an important additional role as educators, supervisors, assessors and mentors of the next generation of the medical profession. 'Learners' range from medical students, junior doctors and vocational (specialist) trainees. Clearly, clinicians have a great deal to offer in terms of clinical expertise, role modelling, training and passing on their accumulated experience and wisdom to younger doctors. However, few clinicians receive any formal training in medical education and few have a good grasp of the theory and practice of teaching and learning, particularly as it applies to adult learning. Further, very few clinician–teachers have ever had their teaching systematically evaluated.

When discussing teaching and learning issues with clinicians, many questions arise, including: How do trainees learn?; How do we, the trainers, learn new material?; What is the best teaching method/technique?; What can I reasonably expect to teach when I have limited time available for teaching?; How can I validly and reliably assess my learners? This article will address these frequently asked questions, as well as other relevant issues for clinician–teachers. There are many excellent references for those interested in reading more about clinical teaching, in particular a series of superb articles by Fiona Lake and her colleagues in Western Australia, 'Teaching on the Run',¹ and an excellent introductory text on adult learning, *Teaching for Quality Learning at University*, by John Biggs.²

This article has two purposes. The first is to review our current understanding of adult learning, and the second is to describe practical aspects of teaching and assessing your trainees, including a review of the available literature evalu-

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ating these methods. An obvious hidden agenda is the hope that as a result you will become a more effective teacher and supervisor. This article is divided into two parts, the first dealing with the background theory of adult teaching and learning, and the second with the practical aspects of teaching, learning and assessment in a clinical setting.

BASIC PRINCIPLES OF ADULT LEARNING AND MEDICAL EDUCATION

What do 'good' teachers do?

All of us have, at various stages of our careers, experienced outstanding clinical teachers. In most cases, these clinician-teachers simply had an intuitive understanding of adult learning. It is useful to consider why we considered these teachers to be 'good' teachers. Key features of such teachers are:

- Enthusiasm for the subject matter;
- Clear enjoyment of teaching;
- Friendly and professional approach;
- Create a safe, friendly learning environment;
- Manage students well around bedside teaching activities;
- Know how to deal with talkative patients and talkative students, and make sure quieter students are fully involved;
- Get to know their learners, and use their names;
- Know their subject matter extremely well and can simplify complex concepts, thus assisting rapid understanding and new learning.

Similarly, if you think about the features of those 'bad' clinical teachers you have been exposed to, you will know what *not* to do!

Evidence and medical education

Clinical medicine has an increasingly large pool of evidence on which to base best practice, particularly in therapeutics for which there are many high quality randomized control trials (RCTs). Unfortunately, medical education cannot claim to have such an 'evidence base'. A major problem is the difficulties of performing RCTs in education. Medical educators are attempting to address this weakness, and have coined the term 'best evidence medical education' (BEME) to encourage a culture of evidence-based practice.³ Despite this weakness, a number of general principles can be stated about adult learning, particularly as it relates to medical students and junior doctors. To improve the effectiveness of your teaching and to ensure optimal engagement of your trainees, you should follow these general principles of adult learning:

- Teaching and learning must be relevant to your trainees' clinical practice. If the relevance is not

immediately obvious, the importance of the topic under discussion should be made immediately clear.

- All learning should be in a clinical context. Ideally, the learning should be closely linked to what your trainees are doing clinically at that time. Facts and concepts are best recalled (and used) when taught and assessed in the context in which they will be used. For example, if you have a teaching session on evidence-based medicine, always start and finish the session with a patient's problem and address that problem using the evidence being appraised.
- Ensure your teaching is appropriate to your learners' level of training, neither 'dumbed down' nor overly complex. This can be a problem when the audience is mixed (e.g. students, junior doctors and trainees). Sharing the teaching with the more senior trainees is a useful approach.
- All teaching activities, including large group sessions (lectures), should be interactive, not passive. This two-way interaction ensures you address the learners' needs. It also allows you to ensure your learners understand the material covered, before you progress to more complex material. Moreover, you get immediate and invaluable feedback regarding the effectiveness of your teaching, and you will identify those areas where your learners are having difficulties.
- Wherever possible, use small group teaching sessions – ideally at the bedside.
- Respect your learners' prior learning and prior experience. You should take the time to establish the group's current understanding of the topic under discussion – a valuable exercise for most teaching and learning interactions.
- Ensure the learning environment is 'safe' and that your learners know there is no such thing as a 'dumb question'. Further, they should know that 'I don't know' is a perfectly reasonable response to your questions – or their questions to you!
- Always provide clear learning objectives (or goals) at the outset of all teaching activities. These should be limited in number and readily achievable.
- Allow opportunities and time for reflection. Encourage your learners to think about the topic and to self-assess their progress. Facilitate discussion of new or complex topics among the group, and suggest that this discussion is continued with peers outside the formal teaching sessions.
- Give regular, timely and constructive feedback to your learners.
- Emphasize enhancing your learner's communication skills – with other learners, patients, peers and other members of the healthcare team.
- Maintain a high level of enthusiasm in your teaching activities, as this will greatly assist the level of engagement of your learners.

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