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A teaching skills assessment tool inspired by the Calgary–Cambridge model and the patient-centered approach



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ABSTRACT

Objective: The aim of this study was to develop a descriptive tool for peer review of clinical teaching skills. Two analogies framed our research: (1) between the patient-centered and the learner-centered approach; (2) between the structures of clinical encounters (Calgary–Cambridge communication model) and teaching sessions.

Method: During the course of one year, each step of the action research was carried out in collaboration with twelve clinical teachers from an outpatient general internal medicine clinic and with three experts in medical education. The content validation consisted of a literature review, expert opinion and the participatory research process. Interrater reliability was evaluated by three clinical teachers coding thirty audiotaped standardized learner–teacher interactions.

Results: This tool contains sixteen items covering the process and content of clinical supervisions. Descriptors define the expected teaching behaviors for three levels of competence. Interrater reliability was significant for eleven items (Kendall's coefficient $p < 0.05$).

Conclusion: This peer assessment tool has high reliability and can be used to facilitate the acquisition of teaching skills.

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1. Introduction

It is widely recognized that effective clinicians are not automatically effective teachers and that faculty development is necessary to train teaching competencies [1–3]. Most universities have implemented faculty development programs following the recommended guidelines for training effective teachers [4–8].

1.1. The clinical teaching skills

The different roles of a good clinical teacher have been well described. Skeff et al. [9] described seven components for the «Stanford Faculty Development Program» (SFDP: a collection of seminars in clinical teaching): (1) the establishment of a positive learning climate; (2) control of the teaching session; (3) the communication of goals; (4) the enhancement of understanding and retention of information; (5) evaluation; (6) feedback; and (7) self-directed learning. Irby identified the domains of knowledge that a clinical teacher should master: clinical knowledge; knowledge of the patients and of the clinical context; the learner's knowledge; general teaching principles and the principles of teaching problem-based scripts [10]. Hesketh suggested a conceptual framework consisting of three levels of competence illustrated by circles expressing the educational outcomes (performance of tasks, approach to tasks and professionalism) [11]. Within these three levels of competence, twelve roles have been defined and thoroughly described for clinical

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teachers [12–14]. Sutkin reviewed the literature for the required skills of a good clinical teacher in 2007 and identified five major themes: medical knowledge; technical skills and clinical reasoning abilities; interrelational skills; communicational skills and enthusiasm for clinical work and for teaching itself [15]. More recently, Srinivasan et al. published a new literature review and survey among expert clinical teachers. Their work classifies the different skills the clinical teacher needs into six categories: medical knowledge; a learner-centered approach; communication and interrelational skills; professionalism and role modeling; a practice-based reflexion and use of learning promoting

resources [16]. Recent other studies asking learners about the important teaching skills have confirmed these categories [17,18].

All the above-mentioned authors agreed on the necessity to have good clinical knowledge and some specific teaching skills as well as knowledge related to theoretical aspects of teaching, and communication and interrelational abilities. In particular Harden and Srinivasan added professionalism and personal development as necessary dimensions of a clinical teacher's expertise [11,16]. Therefore, we considered it important to add a reflective and formative approach to other predefined dimensions of teaching skills.

Teacher's skills	<u>Patient-centered education</u> The physician as trainer for the patient	<u>Learner-centered teaching</u> The clinical teacher as trainer for the resident
-to define and to answer the learner's needs	The physician defines the patient's needs and answers the patient's needs (specific treatment needs, fears, lack of knowledge, need of support, etc.)	The clinical teacher defines the learner's needs (previous knowledge, learning objectives) and answers to these needs
-to develop the relationship	The physician establishes a therapeutic relationship using empathy, integrity, respect and being patient centered (valuing his needs, expectations, fears, emotions).	The clinical teacher establishes a relationship in a learning climate using empathy, integrity, respect and being learner centered (valuing his needs, expectations, fears, emotions).
-to guide the learning process	The physicians favors patient's autonomy that enhances his own management of illness	The clinical teacher favours learner's activity and autonomy that enables him to manage his own learning plan and to practice independently
-to be empathetic	The physician takes into account the patient's emotions and psychosocial distress	The clinical teacher takes into account the learner's emotions and psychosocial distress
-to check the understanding and the relevance of learned topic	The physician checks the patient's understanding of the illness, the treatment, the procedures, etc	The clinical teacher checks the learner's understanding of clinical reasoning, choice of treatment etc
-to check the retention and acquired knowledge	The physician checks the retention of new information, explanation, etc,	The clinical teacher checks the retention of new concepts, clinical reasoning, capacity to transfer knowledge to new context etc.
-to anticipate further learning and evaluation of next steps to reach	The physician anticipates with the patient the next steps and the way to evaluate the application of new concepts	The clinical teacher anticipates the further learning goals and their evaluation

centeredness in clinical teaching sessions (free adaptation according to Gagnayre et d'Ivernois³⁷) Learner's skills	<u>Patient-centered education</u> The patient as learner	<u>Learner-centered teaching</u> The resident as learner
-to express needs	To express needs in care, investigations, knowledge, values, roles,etc	To express learning needs, needs of support, etc
-to understand, to be able to explain	To understand the body, the illness. To be able to explain the psychosocial repercussions and the principles of treatment,etc	To understand the illness, the physiopathology. To be able to explain the psychosocial repercussions and the principles of treatment, etc
-to detect, to analyse, to measure	To detect symptoms of gravity. To measure values (blood glycaemia, blood pressure, etc).	To detect symptoms of gravity. To measure values (blood glycaemia, blood pressure, etc). To analyse clinical signs
-to face, to decide	To know and apply strategies in case of a crisis (asthma attack, hyperglycaemia, etc,	To know and apply treatment strategies for a patient's crises (asthma attack, hyperglycaemia etc)
-to solve a problem of daily care	Adjust the treatment to specific context	Adjust the treatment to specific context and environment
-to practice, to do	To practice technical skills (insulin injections, glycaemic control, peak flow measure, inhalers, etc)	To practice technical skills, (insulin injections, glycaemic control, peak flow measure, inhalers, etc)
-to adapt, to adjust	Adapt the treatment to new life conditions (journey, pregnancy, sport, etc.)	Adapt the patient's treatment' to new life conditions (journey, pregnancy, sport, etc)
-to use available resources	To know when a consultation is needed and whom to contact ; to find useful information, to make use of local resources (groups, etc)	To know whom to call in case of difficulty, find useful information in literature or in practical guidelines

Fig. 1. Parallel between patient-centeredness in patient education and learner-centeredness in clinical teaching sessions.

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