‘REGISTRAR-AS-TEACHER’

Training Course

Presented by

Centre for Health Professions Education,
Faculty of Medicine and Health Sciences,
Stellenbosch University

Participant Manual
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This course is an adaptation of the ‘Short course in Undergraduate Clinical Supervision’; first developed in June 2008 by E Archer, J Bester, F Cilliers, D Ernstzen, P Hill & M Putter, and revised in January 2011 by E Archer. This Participant Manual was developed by L Smit and edited by E Archer and J Blitz in January 2014; with contributions from B van Heerden, S Kling, K Baadjes and B Viljoen.
I. INTRODUCTION

Registrars play a significant role as teachers for undergraduate medical students and junior doctors in the clinical setting (Busari & Scherpbier, 2004; Jack et al. 2010). They further contribute to students’ educational process by acting as role models and teachers of values and professionalism.

The skills required for effective teaching in the clinical setting are many and varied; ranging from creating a supportive learning environment, instruction, problem solving, giving and receiving constructive feedback, to managing a service (Fluit et al. 2010; Butani et al. 2013; Smith & Kohlwes, 2013). In order to teach effectively, registrars, in addition to being competent, analytical and up to date with the area of clinical expertise, therefore need to be familiar with the basic learning principles and teaching techniques (Dandavino et al. 2007).

Teaching benefits registrars by contributing to their professional development (Busari & Arnold, 2009). A better understanding of teaching and learning principles may also improve personal learning; as to teach is to learn twice. If clinical teachers understand the learning process, it reinforces and improves their own didactic, cognitive and clinical skills. Formal teaching responsibility improved registrars’ knowledge and acquisition more than self-study or attending lectures and studies confirmed that registrars perceive the teaching of medical students as beneficial for their own learning (Busari et al. 2002; First et al. 1992). Many may also wish to pursue academic careers, in which they will be expected to teach in diverse settings (Mann et al, 2007).

Registrars themselves have identified teaching as an important but undervalued part of their responsibilities and their own education (Bing-You & Tooker, 1993). They recognize the responsibility to teach and most report that they enjoy it. Teaching of medical students can however complicate their clinical responsibilities and many feel anxious and unprepared for their teaching role (Sheets et al. 1991). Many teach ineffectively due to lack of teaching skills, lack of confidence, time constraints involved in preparing and conducting teaching due to service demands, lack of role models and lack of support from consultants or departments (Yedidia et al. 1995; Thomas et al. 2002; Morrison et al. 2002; Goode et al. 2002).

At Tygerberg Hospital, education is a key performance area of registrar’s staff performance management agreement but no formal training program for registrars as teachers exists. The Centre for Health Professions Education at Stellenbosch University is thus offering this half-day clinical supervision workshop for newly appointed registrars. The aim of the course is to prepare registrars to be effective facilitators of learning in the clinical setting.

The ‘Registrar-as-Teacher’ course consists of an afternoon contact session and serves as an introduction to teaching in the clinical environment. The Participant Manual contains all the relevant course material as well as additional reading material.

We trust that you will find this course stimulating and relevant to your daily work.
II. PROGRAMME

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<th>TOPIC</th>
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<td>12:00 – 12:15</td>
<td>Lunch/Registration</td>
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<td>12:15 – 12:45</td>
<td>Welcome &amp; Overview</td>
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<td>12:45 – 13:05</td>
<td>The MBChB programme: An overview</td>
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<td>13:05 – 13:35</td>
<td>Role Modelling</td>
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<td>Clinical Supervision</td>
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<td>14:50 – 15:20</td>
<td>TEA</td>
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<td>15:20 – 16:05</td>
<td>Formative Feedback</td>
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<tr>
<td>16:05 – 16:30</td>
<td>Questions &amp; Closure</td>
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III. **SESSION 1**: The Role of the Clinical Teacher (Welcome & Overview)

**DURATION** 30 minutes

**LEARNING OBJECTIVES**

1.1. To understand the principles of clinical education and facilitation
1.2. To understand the roles of the teacher in the clinical setting

**KEY CONTENT**

Healthcare professionals are all engaged in teaching to a greater or lesser extent. In our daily interactions with patients and caregivers, staff and colleagues, we are challenging and developing each other’s knowledge, skills and values.

Clinical education is a teaching and learning process which is student-focused and occurs in the context of patient care. It involves the translation of theory into the development of clinical knowledge and practical skills and occurs in an environment supportive of the development of clinical reasoning skills, professional socialization and lifelong learning (McAllister et al. 2001).

Clinical educators are expected to play several roles when teaching students and junior staff in the clinical setting. Knowing which role to play depends upon an assessment of the situation, what the student needs to learn, how conductive the learning environment is to helping students to learn and what constraints are present.

Harden RM & Crosby J (2000) described 12 roles of the teacher:
In this course we will only focus on your teaching roles in the clinical setting; being a facilitator of learning, a role model and clinical/practical teacher. We will discuss different techniques and tips to facilitate learning in a busy clinical environment and highlight the importance of constructive feedback as part of the learning process. But as a first step we will identify the different learning needs of the Stellenbosch medical student.

Welcome to this course once again, and don’t hesitate to contact us should you need any further teaching support in future.

FURTHER READING

Harden RM & Crosby J. 2000. AMEE guide no 20. The good teacher is more than a lecturer-the twelve roles of the teacher. Medical Teacher, vol. 22(4):334-347

FOR YOU TO DO

1. Think about your role as a clinical teacher. Are you comfortable with this role?
2. Would you like to learn more about how to be an effective clinical teacher? (If the answer is yes, you are at the right place!)

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IV. **SESSION 2: Know your student- The MBChB programme**

**DURATION** 20 minutes

**LEARNING OBJECTIVES**

2.1. To understand the aims and exit outcomes of the MBChB programme

2.2. To achieve a basic knowledge of the structure of the programme in respect of the theoretical and clinical components

2.3. To gain insight into some of the special features of the programme

**KEY CONTENT**

The Stellenbosch University MBChB programme strives to train doctors that are well equipped for the internship and who will be able to adequately and optimally address the health needs of the South African population as a member of a well-functioning healthcare team.

To be an effective facilitator of learning, it is important to be familiar with the clinical curriculum that needs to be taught, understand the learning needs of your students, and to work towards the expected professional competencies to be gained in each programme year.

**FURTHER READING**

Stellenbosch University MBChB programme structure (see next page).

**FOR YOU TO DO**

1. Obtain the MBChB study guides for each clinical phase in your specific discipline and familiarise yourself with the learning objectives and clinical skills to be mastered by the students in each year.

2. Think about the different attributes or competencies of a good doctor.

3. Look at the graduate attributes for undergraduate students at the Faculty of Medicine and Health Sciences, Stellenbosch University. This framework describes the knowledge, skills and abilities that healthcare practitioners need for better patient
outcomes: Communicator, Collaborator, Leader & Manager, Health Advocate, Scholar, and Professional.
Do you agree that these are the needed competencies? Do you fulfil these roles in your daily practice? How would the students learn this in the clinical environment?

Graduate attributes* for undergraduate students in teaching and learning programmes at the Faculty of Medicine and Health Sciences, Stellenbosch University.

*Adapted from the CanMEDS Physician Competency Framework, with permission of the Royal College of Physicians and Surgeons of Canada. Copyright 2005.
V. **SESSION 3: Role Modelling**

**DURATION** 30 minutes

**LEARNING OBJECTIVES**

3.1. To understand the characteristics and importance of role models in medical education
3.2. To gain insight into strategies to improve personal role modelling

**KEY CONTENT**

‘We must acknowledge...that the most important, indeed the only, thing we have to offer our students is ourselves. Everything else they can read in a textbook.’

DC Tosteson

Professional education is described as a process of taking the values, attitudes, character, and identity of the chosen profession as one’s own. Both consciously and unconsciously we model our activities on role models.

Role models thus play an integral part in developing this professional character, and role modelling acts as a powerful teaching tool for passing on knowledge, skills and values of the medical profession.

Learning from role models occurs through observation and reflection, and is a complex mix of conscious and unconscious activities. Observed behaviours are unconsciously incorporated into the belief patterns and behaviours of students. The effect can be either heroic or horrific! (Kenny, Mann, MacLeod, 2003)

Characteristics of good role models have been described as:

- Clinical competence: knowledge and skills, sound clinical reasoning and decision making, effective communication with patients and staff.
- Teaching skills (the tools required to transmit clinical competence): student-centred approach, effective communication, feedback, using opportunities for reflection.
- Personal qualities: compassion, honesty, integrity, effective interpersonal relationships, enthusiasm for medical practice and teaching, uncompromising quest for excellence.

(Cruess, Cruess, Steinert, 2008)
Strategies to improve our role modelling start with awareness of being a role model and the desire to be a good one. This requires personal reflection on our own strengths and weaknesses (being aware of the positive or negative impact of what we are modelling), and to make a conscious effort to articulate what we are modelling (making the implicit explicit) as active reflection on the process can convert an unconscious feeling into conscious thought that can be translated into principles and action. Further, demonstrate clinical competence, protect time for teaching, be enthusiastic about the practice of medicine, commit to excellence, encourage dialogue and reflection on clinical experiences with students and colleagues, and remember to laugh often 😊 (Cruess, Cruess, Steinert, 2008; Kenny, Mann, MacLeod, 2003; Spencer, 2003).

FURTHER READING


Kenny NP, Mann KV, MacLeod H. 2003. Role modeling in physicians’ professional formation: reconsidering an essential but untapped educational strategy. Academic Medicine; vol. 78(12):1203-1210


FOR YOU TO DO

1. Who are your professional role model(s)? Why, and what have you learnt from them?
2. Are you a person worthy of emulation? Why?

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VI. **SESSION 4: Teaching in the busy Clinical Environment**

**DURATION** 45 minutes

**LEARNING OBJECTIVES**

4.1. To understand the role of the clinical teacher
4.2. To understand the unique aspects of teaching in the clinical environment
4.3. To be familiar with proven methods to enhance students’ clinical reasoning skills
4.4. To be able to recognise and use informal teaching/learning opportunities

**KEY CONTENT**

‘Tell me and I will forget. Show me, and I may remember. Involve me, and I will understand.’ Confucius, 450BC

Learning is an active process and the role of the teacher is to act as the facilitator.

Clinical teaching lies at the heart of medical education as it focuses on real problems in the context of professional practice. Learners are motivated by its relevance and through active participation. Professional thinking, behaviour, and attitudes are modelled by teachers. It is the only setting in which the skills of history taking, physical examination, clinical reasoning, decision making, empathy, and professionalism can be taught and learnt as an integral whole (Spencer, 2003).

Unfortunately clinical teaching moments are often undermined by time pressure, competing service demands, the unpredictability of the clinical environment and an unfriendly teaching environment. Learners may lack clear objectives and expectations, focus on factual recall rather than on developing problem solving skills and attitudes, observe rather than participate, and have no opportunity for reflection and feedback (Gallagher et al. 2012; Spencer, 2003).

Many principles of good teaching can however be incorporated to ensure effective clinical teaching. Being prepared for your clinical teaching session provides structure and context for both teacher and student, and a framework for reflection and feedback. The use of open ended, clarifying or probing questions can clarify understanding, promote curiosity and emphasise key points. Deconstructing your thoughts, or ‘thinking aloud’, gives the learner insight into the experts’ clinical reasoning and decision making. Spend less time on asking your students to
regurgitate facts, but rather concentrate on checking, probing and developing their understanding (Kimble & Behar, 2009; Ramani, 2003; Spencer, 2003).

Models for using time more effectively and efficiently, and for integrating teaching into day to day routines, have been described. Examples include the ‘one-minute preceptor’ and ‘SNAPPS’ techniques [Summarize history and findings; Narrow the differential; Analyse the differential; Probe about uncertainties; Plan management; and Select case-related issues for self-study] (Neher, Nancy, Stevens, 2003; Wolpaw et al. 2009)

FURTHER READING


Wolpaw T, Papp KK, Bordage G. 2009. Using SNAPPS to facilitate the expression of clinical reasoning and uncertainties: a randomized comparison group trial. Academic Medicine; vol. 84:517-524


FOR YOU TO DO

1. Which principles and methods of good teaching in the clinical setting are you going to add to your teaching toolkit?

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VII. SESSION 5: Teaching Clinical Skills

DURATION 15 minutes

LEARNING OBJECTIVES

5.1. To be familiar with the five-step method for teaching clinical skills

KEY CONTENT

Registrars teach clinical skills to students and junior doctors on a daily basis. A simple five step technique described by the American College of Surgeon’s Advanced Trauma Life Support course, optimizes the use of time, is based on fundamental learning principles and is effective. A must have tool for your teacher toolbox!

See the attached article for a description of the technique, as well as questions to ask if students experience problems with learning the skill being taught.

BIBLIOGRAPHY & FURTHER READING

VIII. SESSION 6: ‘Thinking out loud’- Deconstructing your thoughts

DURATION 15 minutes

LEARNING OBJECTIVES

6.1. To understand the value of deconstruction of thoughts as a teaching tool.

KEY CONTENT

Hoffman (2007) described clinical reasoning as a cycle of look, collect, process, decide, plan, act, evaluate and reflect. These phases often merge and is a dynamic process combining one or more phases or moving back and forth between phases before reaching a decision, taking action, and evaluating outcome (Levett-Jones et al. 2010).

It can also be seen as reasoning methods with clinicians mainly using two types; the analytic or non-analytic method. Analytical reasoning is deliberate and involves the generation and testing of multiple hypotheses. Non-analytical reasoning mainly relies on pattern recognition and is intuitive and automatic in nature (Eva, 2004).

Different from a ‘novice’ or ‘learner clinician’, experienced doctors tend to use non-analytic reasoning in routine situations; with the clinical reasoning process often unconscious. They have the ability to collect more cues from a range of information and can relate these cues better based on their experience or vast number of ‘illness scripts’. They can and do switch to analytical reasoning if needed, particularly in challenging, complex or unfamiliar situations (Atkinson, Ajjawi, Cooling, 2011).

Experienced clinical teachers should practice to ‘think aloud’ when using their clinical reasoning to make decisions, deconstructing their thinking into steps for the learner/novice. This serves a dual purpose of promoting the learners’ clinical reasoning skills by making the implicit explicit. It also helps the teacher to learn how to articulate their own reasoning, and be more aware of the factors that contribute to their decision making.

‘Thinking aloud’ allows you to ‘teach’ and ‘do’ at the same time and is another useful tool in your teaching toolbox.
BIBLIOGRAPHY & FURTHER READING


FOR YOU TO DO

1. ‘Spot the difference’ between the two role plays and decide if thinking aloud is useful for you as a learner.

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IX. **SESSION 7: Formative Feedback**

**DURATION** 45 minutes

**LEARNING OBJECTIVES**

7.1. To understand the principles of formative feedback
7.2. To be able to constructively give feedback to students

**KEY CONTENT**

‘Feedback is the life-blood of learning and it must be kept flowing.’ Rowntree

Feedback is a very important part of the teaching and learning process with many benefits:

- It assists learners in evaluating their progress in relation to their stated clinical learning goals
- It informs the learner how the clinical teacher perceives their interactions with patients and others
- It increases personal awareness of the effect of one person’s behaviour, verbal and non-verbal, on another person
- It provides information on effective and ineffective modes of behaviour
- It provides specific information on a specific technique and its effectiveness (McAllister et al, 2001)

But to be effective, feedback needs to be given:

- As soon as possible
- Within a respectful, friendly, open-minded and unthreatening environment
- Without making judgmental statements- be constructive
- Focus on modifiable behaviours or actions; do not make this personal
- Base feedback on specifics
- Suggest ideas for improvement; do not assume behaviour-change will occur without setting action plans and follow-up
- Do not assume understanding, let the student summarize the key points

(Hewson and Little, 1998; Brownstein, Rettie and George, 1998; Bienstock et al. 2007)
FOR YOU TO DO

1. Reflect back on when you were last given feedback by someone. How was this handled? How did you feel afterwards?
2. Take some time to put together ideas for yourself on how you are going to give feedback to your students in future.

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Would you please help us to assess the outcomes of this workshop by completing the following brief survey.

**Workshop:** The ‘Registrar-as-Teacher’

**Intended Outcomes**

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- ..................................................

**Please rate the change in your practice in terms of using the above:**

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<thead>
<tr>
<th>Not convinced that it is worth trying</th>
<th>Have not managed to try it yet, but intend to do so</th>
<th>Have put plans in place to try it soon</th>
<th>Have tried it in my teaching</th>
<th>Have also persuaded someone else to use it in their teaching</th>
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**Please tell us about any barriers or enablers that have had an impact on incorporating the techniques from this workshop into your teaching practice.**

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**Please feel free to list anything else that you need to bring to our attention.**

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