

# Teaching and Learning in Clinical Settings

Richard Hays



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IN CLINICAL SETTINGS

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## Acknowledgements

This book may be my own words, but it is of course based on my experiences with many learners, colleagues and fine clinicians. Thanks to those who were involved in the research that allowed me to combine their experiences with the theory.

Also, the book could not have been written without the understanding of my family. Sharing life with someone driven to write books, mostly outside normal work time, is not easy. Thanks to Robin, Andrew, Daniel and Catherine for their tolerance.

# FOREWORD

It is widely agreed, the development of an expert clinician involves years of clinical exposure, years of seeing patients and listening to the stories, considering their problems, diagnoses and management, and observing the natural (and unnatural) history of their diseases as they progress over time. These lessons need to be learnt in the hospital, the community, rural and urban areas, on young and old, sick and well. The lessons are about the person as well as about diseases. It is about how a clinician communicates not only with patients and their families, but also with colleagues and fellow health care workers. All of this is happening in the health care environment and so this is where we should be teaching and where trainees should be learning. The clinical setting remains as relevant today as it did in the times of Hippocrates. However we now recognise the learning experience can be good or bad depending on many factors, each of which needs to be understood and if possible influenced by the teacher. Newly graduating doctors note they are expected to teach on day one and feel ill prepared to do so. Even more urgently than before, in light of a worldwide increase in medical, nursing and other health professional student numbers and an increasingly stressed health (and therefore learning) environment, we need to equip our academic coordinators and clinicians, junior and senior, with the knowledge and skills to ensure that future doctors and health care workers make the most of their learning.

Learning from patients, under the supervision of clinicians, either as an undergraduate student or specialist trainee is often termed the apprenticeship model. Although the learning in context and practical exposure offer relevance and interest, experience is often chaotic. While feedback hopefully occurs, the evidence suggests it is often minimal and not useful. Some clinical settings are overused and others under-utilised. Our ability to determine whether a trainee is competent is not robust. It is now recognised there are key ways in which this environment can be better used, by clearly articulating the outcomes expected and making sure trainees are able to meet those outcomes by organising adequate exposure, by providing learners with skills to make the most of their time, by



ensuring teachers recognise and use teachable moments, by ensuring feedback is provided in a constructive and timely fashion, and by encouraging self-appraisal and reflection and so forth. *Teaching and Learning in Clinical Settings*, aims to provide the knowledge and practical approach to enhancing the clinical learning environment.

Richard Hays is well placed to provide insights in this field, with years of experience as a practicing clinician, as a teacher involved at undergraduate and postgraduate settings and as an academic responsible for implementing curricula, both at the James Cook University in Australia and, currently, at Keele University in the United Kingdom. The book allows us to consider what clinicians require in their own teaching session, up to what Faculties and coordinators are responsible for the implementation of whole programmes. It also helps us to understand how different parts of curricula integrate and importantly, how assessment is a key driver. The practical approach, backed up by theory, will ensure it is a resource that will be used by teachers involved at many levels.

Fiona Lake

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# FOREWORD

Nothing drives adult learning like a practical demonstration of the 'need to know' in a real-life setting. Richard Hays well understands how much of the added value of the clinical setting for teaching is in helping learners visualise their future role as the practitioner, and develop that passionate 'need to know' which will drive their learning long after exams are a dim memory. His book on teaching and learning in clinical settings reflects his extensive experience of facilitating this process. He takes the same approach to educating the teachers and trainers. This book abounds in realistic recognisable scenarios that help the reader visualise the situation described, empathise with the participants, and reflect on the lessons contained within it. Having read three or four of these scenarios, the reader is well-primed with the 'need to know' and well-motivated to take in the excellent advice contained toward the end of each chapter and summarised in boxes of key points. All is written in a lucid prose devoid of educational jargon. This is a gem of a book that anyone engaged in clinical teaching will learn from and will enjoy reading.

Professor Elisabeth Paice

Director, London Deanery

November 2005

## About the author

Richard Hays went into full-time rural procedural and then general practice for a few years before being asked to help teach GP registrars and medical students. He soon realised how little he knew about medical education, and then embarked on a career in academic medicine. He has both a PhD in education and an MD in medical education, and he has worked for 20 years in both postgraduate and undergraduate medical education, including establishing a new medical school at James Cook University in Australia. He maintains part-time clinical practice as well as teaching in both community and hospital settings. He has written several book chapters and books on rural health and medical education, and has published about 100 research papers. From early 2006 he is also the Head of the new medical school at Keele University in the United Kingdom.

# PREFACE

This book was written because of the success, and failure, of a book I wrote to guide general practitioners to become better clinical supervisors. That book combined a practical approach to teaching and learning with some education theory to help busy clinicians gain a deeper understanding of their teaching roles and develop as teachers. The book has been surprisingly successful with primary care clinical teachers, but one of its probable strengths for that context - its connection to primary care - has not made the education messages as accessible to clinical teachers in other medical disciplines. Even though the educational messages are the same, hospital-based clinicians have to teach in a different context, with somewhat different pressures. My experience as Dean of a new medical school has shown me that that is the group - hospital-based clinicians - that most needs access to professional development resources in medical education, because medical education is expanding rapidly. More students are in the healthcare system, more hospitals are taking students, postgraduate education is becoming more formal (particularly at the junior hospital doctor level), and more clinicians are being asked to take on teaching and supervision roles.

Hence this book has been written for a more general audience, but with particular relevance to inpatient and other large clinical settings. The formula is similar, in that there is a combination of the practical and the theory that underpins practice, but there is greater emphasis on scenarios that provide glimpses of teaching and learning practices. The scenarios are all based on real situations I have experienced or observed as either a learner, a teacher or a manager of teaching. They are arranged before the more theoretical material, as perhaps they demonstrate the theory better than reading theory. There is more than enough theory for some, perhaps enough for those wanting to take on substantive teaching roles, and perhaps not enough for those wanting to become leaders of teaching programmes. However, each chapter includes a brief annotated bibliography of mostly recent reviews or primary research in medical education, so those who want to pursue greater knowledge have somewhere to start.

Richard Hays

March 2007