

**Trinity College Dublin** Coláiste na Tríonóide, Baile Átha Cliath The University of Dublin

# Supervision and Teaching in Clinical Practice settings - practical aspects

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Teaching Competencies Development course Thematic Workshop 4 Belgrade, May 2018

# Workshop topics



StudentsSupervisionLearningTeachingTypes of knowledgeTypes of knowledgeDevelopmentDevelopmentAssessmentAssessment

Our aim is to see if we can create a reasonable, rational alignment of the two.



# Terminology



In the clinical setting, those who teach can be given any one (or more) of a number of different titles.

Today, I will use the term 'supervisor' to include everyone – tutors, preceptors, clinical teachers, clinical assistants.....



# In April you said,



#### First year students are

- Confused about what the content of their course is
- Cannot tell what is relevant & what is irrelevant

As a result, they learn everything – because they can

- And they repeatedly ask their lecturers what they need to know

What is the most important thing about themselves that most students not know when they first enter clinical practice?



# Who is this?





#### Which quotation, that describes his philosophy, has become famous?



There are known unknowns; that is to say, there are things that we now know we don't know.

But there are also unknown unknowns – there are things we do not know we don't know.

-Donald Rumsfeld



"We do know of certain knowledge that he [Osama Bin Laden] is either in Afghanistan, or in some other country, or dead." - Ponald Rumsfeld







# Self awareness & meta-cognition

How does this relate to the first time a student practices in the clinical setting?

Not knowing what we do not know can be dangerous for others, and is a barrier to our learning.

Unconsciously incompetent

Howell and Fleischman (1982)

2 by 2 table

What are the implications of this for teaching and learning?





# Types of knowledge

What types of knowledge do supervisors need to be able to use in teaching in an experiential/clinical setting?







# How have the stages of development of students into practising professionals been described?



# Stage of Clinical/Professional Development



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Novice

**Advanced beginner** 

Competent

**Proficiency** 



# Stage of Clinical/Professional Development



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(Proficiency)





# Types of knowledge

# What types of knowledge do students need to be able to learn and use in an experiential/clinical setting?





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# Types of knowledge for learning in the clinical setting

- Factual:
- **Conceptual:**
- Procedural:
- Metacognitive:





### A taxonomy for learning, teaching and assessing: A revision of Bloom's taxonomy of educational objectives.

Anderson and Krathwohl (2001) revision of Bloom (1957)

Factual: basic elements a student needs to know within a discipline

**Conceptual:** seeing and making connections between and among the massive amount of factual knowledge one has acquired.

**Procedural:** knowledge needed to know how to do something, how to apply knowledge, use skills, and develop processes, systems and techniques.

**Metacognitive:** awareness of one's own thinking; that which is needed to make clinical decisions, to refine and improve and grow one's own body of knowledge and perhaps even generate Knowledge.







### Are we missing anything in that list?





# Student capability

# How does student capability change as they develop clinically?





# Implications for learning?

# What strategies for learning are students likely to use at each stage?

### What strategies can clinical teachers use to help them?





Supervision in the clinical setting

What is the aim of supervision in the clinical setting?

Are there different types/styles of supervision when teaching in the clinical setting?

List and describe them





## Supervision & its aim

Directing and Coaching: "standing beside"

Supportive and Encouraging: "over the shoulder"

Delegating: creating distance - "over there"

Supervised autonomy



Can we link the supervisor's teaching strategies to the style of supervision that they are using to meet the student's needs?



### And to the stage of development of the student?







### How should supervisors assess students?







Summative by grade Summative by competency Formative Both Neither





# Assessment as learning



# Put it all together



Create a schematic or framework linking the stage of development of the students, the style of supervision, the type of knowledge the student requires, the teaching strategies of the supervisor and the assessment method.



Special circumstances



# In which clinical settings/specialities is it most difficult to teach?

### What can be done to address this difficulty?



From your collective experience describe the students who are difficult to teach in the clinical setting?



As a group, select the most important one to present. Give up to five examples of how they pose a difficulty for you and for the course.



What are the most important barriers to overcome to enable learning to take place in a clinical setting?



What strategies could be used to overcome them?





**Thank You** 

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# Go Raibh Maith Agaibh. Havla Vam



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## Self Assessment

#### Summary of GLF Appraisal

**For Practitioner to complete with respect to their confidence:** Please indicate how you feel you are performing in the following areas by marking the appropriate circle:

Delivery of Patient										
Care	0	0	0	0						
Competencies	Not confident	Satisfactory but	Confident in some	Fully confident						
		not confident	cases but would like	in most cases						
			more experience							
Personal										
Competencies	0	0	0	0						
	Not confident	Satisfactory but	Confident in some	Fully confident						
		not confident	cases but would like in most ca							
			more experience							
Problem Solving										
Competencies	0	0	0	0						
	Not confident	Satisfactory but	Confident in some	Fully confident						
		not confident	,							
			more experience							
Management and										
Organisation	0	0 0		0						
Competencies	Not confident	Satisfactory but	Confident in some	Fully confident						
		not confident	cases but would like in most cas							
			more experience							

# Tutor, Mentor, Coach



Tutor Learning Correction Tailored but generic

### Mentor

Development

Encouragement

Personal, guide

Coach

Performance

Consistency

Individual but driven



# Stage of Clinical/Professional Development



**Novice -** Initial Skills and Knowledge

Advanced beginner - Developing Skills and Knowledge

**Competent -** Demonstrating Proficient Skills and Knowledge

**Proficiency -** Mastery of Clinical Skills and Knowledge







### Feedback and action are linked:

'Action without feedback is completely unproductive for the learner' Price et al. (2011).

'Feedback is often not implemented at all....feedback information needs to influence the learner to act..... commonly, 'feedback' is really a surrogate for 'hopefully useful information'.

Boud and Molloy (2013)

A distinction between 'Being' (readiness to engage) and 'Doing' (an action in response to an event; e.g. receiving feedback)

Handley et al (2011)





Feedback

# *"information presented that allows comparison between an actual outcome and a desired outcome"*

Poulos and Mahony (2008)

"All dialogue to support learning in both formal and informal situations"

Askew and lodge (2001)

"... feedback needs to be provided to you so you can actually make a change ... if you can't make a change from what's provided then it's useless." Student quote

Poulos and Mahony (2008)







Student must be motivated to engage with feedback, reflect on it, apply it in the short term (to that particular task) and be able to generalise it to future tasks

Students develop a meaningful relationship to their work :

The assessment needs to be authentic / 'real world' / relevant / meaningful to the student

The student needs to have a sense of ownership of, and therefore value, their completed assignments and the feedback they receive

Students develop 'self-efficacy'/'self-regulation': being able to reflect on, assimilate/embody and productively apply the feedback they receive and enjoy the process



# Feedback and Self-Regulation

CAPSL, TCD

"[S]elf-regulation of learning involves more than detailed knowledge of a skill; it involves the self-awareness, selfmotivation, and behavioral skill to implement that knowledge appropriately."

#### Zimmerman (2002)

Self-efficacy: belief in one's ability to succeed in specific situations or accomplish a task

https://en.wikipedia.org/wiki/Self-efficacy



From: Nicol, D. J., & MacFarlane-Dick, D. (2006). Formative assessment and self-regulated learning: A model and seven principles of good feedback practice. *Studies in Higher Education*, 31(2), 199-218.

## **Preceptor guidance**

Furney SL, Orsini AN, Orsetti KE, Stern DT, Gruppen LD, Irby DM. Teaching the One-minute Preceptor: A Randomized Controlled Trial. Journal of General Internal Medicine. 2001;16(9):620-624.

#### McMaster University Handout

https://fhs.mcmaster.ca/facdev/documents/one minutepreceptor.pd

#### The One-Minute Preceptor Five Microskills Method

1. Get a commitment

Examples:

- > What do you think is going on with this patient?
- > What investigations do you feel are indicated?
- What do you think needs to be accomplished on this visit?
- 2. Probe for supporting evidence

Examples:

- What are the major findings that lead to your conclusion?
- > What else did you consider?
- > What made you choose that particular treatment
- 3. Teach general rules
  - Keep it brief and focused on identified issues
  - Avoid anecdotes and idiosyncratic preferences
- Reinforce what was done right
  > Be specific
- 5. Correct errors
  - Consider appropriate time and place
  - > Start with learner self-evaluation
  - Be specific
  - > Consider language "not best" rather than "bad"

# **Blooms Taxonomy Teacher Planning kit**

Variation	LOW LEVEL T				mullect			n a b in	te.		100		12 C		100	- الجميدا م	
Knowledge    Comprehension      Recall /regurgitate facts without understanding. Exhibits previously learned material by recalling facts, terms, basic concepts and answers.    To show understanding finding in- formation from the text. Demonstrating basic understanding of facts and ideas.      Key words:    Key words:		To show understand formation from the	derstanding finding in- To use in a new situation. Solving problems by applying acquired kno		on. Solving cquired knowl-	Analysis To examine in detail. Examining and breaking information into parts by identifying motives or causes; making inferences and finding evidence to sup- port generalisations.			Synthesis To change or create into some- thing new. Compiling information to- gether in a different way by combining elements in a new pattern or proposing alternative solutions.			ning	Evaluation To justify. Presenting and defend- ing opinions by making judgements about information, validity of ideas or quality of work based on a set of crite- ria.				
		Key w	Key words:		Key words:			Key words:				Key words:					
abel Reco ist Rela isten Rem ocate Repo	it Spell tee State d Tell all Trace te What ord When ord Where te Which nember Who eat Why roduce Write ell	Cite Ger Classify Giv Compare ple: Contrast Illus Demon- illus strate Ind Discuss Infe Estimate Inte Estimate Ma	strate Rephra strate Report licate Restate er Review erpret Show	Calculate Categoris Choose Classify ise Connect	with Group Identify Illustrate Interpret Interview Link Maike use Manipulai n Model ate Organise Perform	Represent Select Show Simulate Solve Summarise Teach of Transfer	Analyse Appraise Arrange Assumption Breakdown Categorise Cause and effect Choose Classify Differences Discover Discriminate Dissect Distinguish Distinguish Divide Establish	Examine Find Focus Function Group Highlight In-depth discussid Inference Inspect Investiga Isolate List Motive Omit Order Organise Point ou	Qui Rar Rei t ship n Res t ship n Res Sec Sec Sec Sim Sur Tak Tes t The	ason lation- ps organise search e	Adapt Add to Build Change Combine Compile Compose Construct Convert Create Delete Delete Design Develop Devise Discover Discover Elaborate	Estimate Experime Extend Formulat Happen Hypothes Imgine Improve Innovate Invent Make up Maximise Model Modify Original Original	Produce Propos Refram	e e e ate ute ie te se orm	Agree Appraise Argue Assess Award Bad Choose Compare Conclude Consider Consider Consider Consider Consider Consider Consider Debate Decide Decide Deduct Defend Determine	Disprove Dispute Effective Estimate Explain Give reason Good Grade How do we know? Importance Infer Influence Infer Influence Infer Influence Judge Justify Mark	Recomment Rule on Select Support
Actions: Describing Finding dentifying Locating Locating Asson Recognising Recognising Retrieving	Outcomes: Definition Fact Label List Quiz Reproduction Test Workbook Worksheet	Actions: Classifying Comparing Exemplifying Explaining Inferring Interpreting Paraphrasing Summarising	Outcome Collection Examples Explanation Label List Outline Quiz Show and tell Summary	S: Action Carrying Executing Implemen Using	ut C ting I F F S	Dutcomes: Demonstration Diary Ilustrations Interview ournal verformance versentation iculpture imulation	Actions: Attributing Deconstructui Integrating Organising Outlining Structuring	ng	Outco Abstract Chart Checklist Database Graph Mobile Report Spread sho Survey		Actions: Constructing Designing Devising Inventing Making Planning Producing		Outcom Advertisemen ilm Media produc Vew game Painting Plan Project Song Story	t	Actions: Attributing Checking Deconstructin Integrating Organising Outlining Structuring	Ab Ch Da Gr Mi Re Sp	utcomes: stract art ecklist tabase aph bbile port read sheet rvey
Questions:	Hondineer	Questions:		Quest			Questio				Questio				Questio		,
Can you ust three? Can you recall? Can you recall? How didhappen? How would you classify the type of? How would you sphraze the meaning? What is? What is? When didhappen? Where is? Who were the main? Who were the main? Who were the main? Who were the main? Who was? Who were the main? Who was? Who was the main idea of? Which is the best answer? Which is the best answer? Which is the best answer? Which was the or interpret in your own words? Bloom's Taxonomy: Teacher Planning Kit		What exa How wou ? you have ? How wou of? What app How wou develop . What oth What wo Can you r What ele change What que what que	What examples can you find to?      How would you solve using what      you have learned?      How would you organise to      show?      How would you show your understanding		What are the parts or features of? How is related to? Why do you think? What is the theme? What motive is there? Can you list the parts? What tinference can you make? What oricuisons can you draw? How would you classify? How would you classify? How would you classify? Mout evidence can you find? What is the relationship between? Can you make a distinction between? What is the function of? What ideas justify?		What changes would you make to solve? How would you improve? Can you propose an alternative? Can you propose an alternative? Can you propose an alternative? Can you invent? How would you dapt to create a different? How could you change (modify) the plot (plan)? What could be done to minimise (maximise)? What could be done to minimise (maximise)? What could be done to minimise (maximise)? What would you design? Suppose you could what would you do? How would you test? Can you formulate a theory for? Can you predict the outcome fi? How would you estimate the results for? What facts can you compile? Can you think of an original way for the?			eate a ot ild or?	Do you agree with the actions/outcomes? What is your opinion of? How would you prove/disprove? Can you assess the value/importance of? Would it be better if? Why did they (the character) choose? What would you recommend? How would you rete the? What would you cite to defend the ac- tions? How would you evaluate? How would you evaluate? How would you evaluate? How would you prioritise? What two prioritise? What would you prioritise? Based on what you know, how would you explain? What information would you use to sup- port the view? How would you justify? What data was used to make the conclu- sion?						

### NATIONAL FORUM FOR THE ENHANCEMENT OF TEACHING AND LEARNING IN HIGHER EDUCATION

### SUMMATIVE



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# Standards – an example



### Intern – degree completed $\rightarrow$ intern, registration year



Comhairle na nDochtúirí Leighis Medical Council

#### STANDARDS FOR TRAINING AND EXPERIENCE REQUIRED FOR THE GRANTING OF A CERTIFICATE OF EXPERIENCE TO AN INTERN

These standards have been drawn up in fulfilment of the Medical Council's responsibilities under Part 10 of the Medical Practitioners Act 2007 to specify and publish in the prescribed manner the standards for training and experience for interns which is required for the granting of a certificate of experience (section 88 (3) (d)).

#### Standard 1: Rotations

Training and experience must comply with the Medical Council's policy on length of internship and approved rotations; that is, a minimum of a total of twelve months, which should normally be consecutive, of which at least three months must be spent in Medicine in general and at least three months in Surgery in general. As part of this twelve-month period, an intern may also be employed for not less than two months and not more than four months in the following specialties:

- Emergency Medicine
- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Anaesthesia (to include perioperative medicine)
- Radiology



# Standard 3: Content of training



The intern year must comprise a combination of formal and informal training in an integrated manner, including theoretical learning, and practical training during service delivery.

There must be:

Practice based training involving the intern's personal participation, at an appropriate level, in the services and responsibilities of patient care activity, in the training institution

Personal participation by the intern at a level appropriate to their growing competence in all medical activities relevant to their training, including on call duties

Regular opportunities for the intern to exercise responsibility and clinical decisionmaking appropriate to their growing competency, skills, knowledge and experience

Regular opportunities for the intern to work as an integral part of a team composed of a variety of disciplinary backgrounds

Regular, pre-arranged/scheduled formal education and training sessions\*

Evidence that the content of training and syllabus / curriculum is consistent with the eight domains of good professional practice as adopted by the Medical Council.



# Regular, pre-arranged/scheduled formal education and training sessions\*



### (c) Formal education and training

Interns must have regular, pre-arranged/scheduled formal education and training sessions, with learning opportunities that may include lectures, small group teaching, tutorials, case presentations and case-based discussions, participation in clinical audit, and attendance at relevant external courses.

Formal training for interns must include instruction in:

The development of clinical judgement

Elements of safe practice, including but not limited to, infection control, prescribing, awareness of pregnancy when prescribing and informed consent.

A programme for personal professional development must be part of the intern's training year.



# Standard 5: Assessment



There must be evidence of regular and constructive feedback and assessment by the supervisor/trainer who has knowledge of the intern's development and performance and can verify their satisfactory progress.

The supervisor/trainer must meet any requirements set by the Medical Council regarding the policy and process of final assessment and sign-off.

The intern must achieve a satisfactory performance in any assessment required by or administered by Council. This includes any assessment of communication skills required by or administered by Council.

If, in a jurisdiction outside Ireland, there is an exit examination or other summative assessment at the end of the intern year, the intern must pass it.



# Standard 6: Professionalism



The training environment must emphasise professionalism and the development and maintenance of the relevant knowledge, skills, attitude and behaviour, including communication skills, integrity, compassion, honesty, adherence to professional codes, respect for patients and their families, colleagues and self-care.

The intern must be aware of, and comply with, the Medical Council's "Guide to Professional Conduct and Ethics for Registered Medical Practitioners", and the training should support these ethical standards.



# **Standard 7: Resources**



The training site must have:

Access to a sufficient number of patients and case mix so as to provide exposure to a broad range of clinical cases appropriate to the rotation.

Space and opportunity for private study and access to a library with adequate and up to date books and journals, including on-line access to standard library databases for journal access and literature searches.

The number of interns on a site should be appropriate to the resources of that site, including its staffing at all levels while at the same time having due regard for patient care and comfort.

The training site must emphasise the primacy of patient safety, and interns must be encouraged to raise concerns about ethical issues, should they arise, with their mentor, clinical supervisor and/or the hospital authorities.

The intern must have access to appropriate advice and counselling should it be required



What are the most crucial elements for effective learning in the clinical setting?

You will pick a card and consider one of the following;

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- Student
- Tutor/Preceptor
- Topic, activity
- Curriculum



# **Role reversal**



Imagine you are a first year student about to start your first clinical placement. You have been assigned to the team of Prof PB of the Faculty of Medicine in the University of B. He is said to have high standards and little patience for fools. His clinical rounds are busy and are conducted at a fast pace.

You have done your reading and you are to begin by taking a patient history while he watches.

How can you ensure that you learn in this situation?







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