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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



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Students

Supervision

Learning

Teaching

Types of knowledge

Types of knowledge

Development

Development

Assessment

Assessment

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



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Terminology



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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.....



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In April you said,



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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?

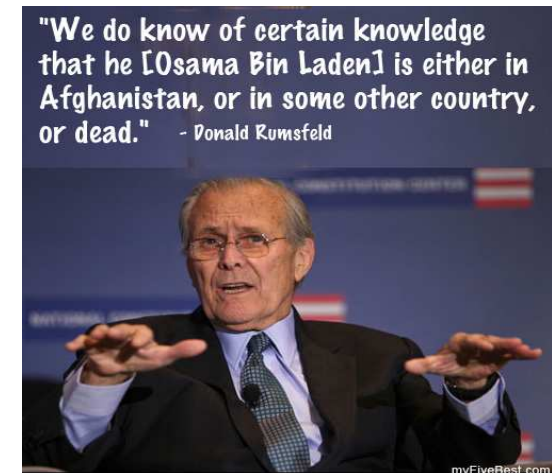
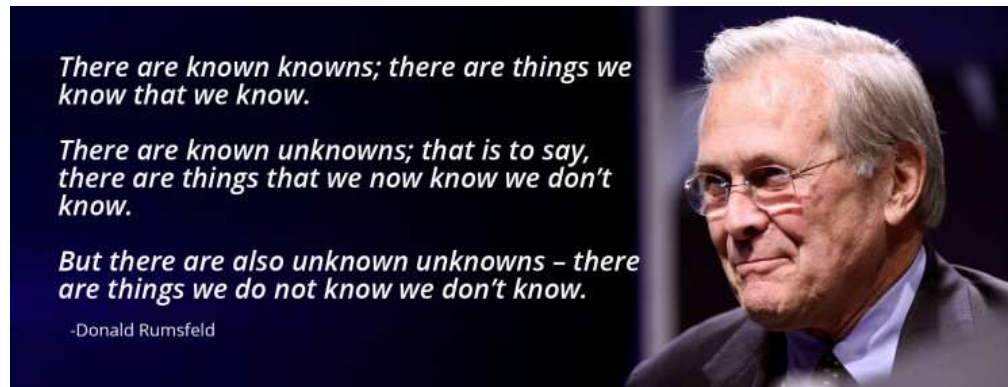


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Who is this?



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



Self awareness & meta-cognition



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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?



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Types of knowledge

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



Development

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



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Stage of Clinical/Professional Development



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Novice

Advanced beginner

Competent

(Proficiency)



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Types of knowledge

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



Types of knowledge for learning in the clinical setting



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Factual:

Conceptual:

Procedural:

Metacognitive:



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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.



Imperfection



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Are we missing anything in that list?



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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?



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And to the stage of development of the student?



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Assessment

How should supervisors assess students?



Assessment



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Summative by grade

Summative by competency

Formative

Both

Neither



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Assessment

Assessment as learning



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Put it all together



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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.



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Special circumstances



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

What can be done to address this difficulty?



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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.



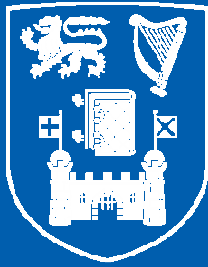
What are the most important barriers to overcome to enable learning to take place in a clinical setting?



What strategies could be used to overcome them?



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Thank You



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 Competencies	<input type="radio"/> Not confident	<input type="radio"/> Satisfactory but not confident	<input type="radio"/> Confident in some cases but would like more experience	<input type="radio"/> Fully confident in most cases
Personal Competencies	<input type="radio"/> Not confident	<input type="radio"/> Satisfactory but not confident	<input type="radio"/> Confident in some cases but would like more experience	<input type="radio"/> Fully confident in most cases
Problem Solving Competencies	<input type="radio"/> Not confident	<input type="radio"/> Satisfactory but not confident	<input type="radio"/> Confident in some cases but would like more experience	<input type="radio"/> Fully confident in most cases
Management and Organisation Competencies	<input type="radio"/> Not confident	<input type="radio"/> Satisfactory but not confident	<input type="radio"/> Confident in some cases but would like more experience	<input type="radio"/> Fully confident in most cases

Tutor, Mentor, Coach



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Tutor

Learning

Correction

Tailored but
generic

Mentor

Development

Encouragement

Personal, guide

Coach

Performance

Consistency

Individual but
driven



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Stage of Clinical/Professional Development



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Novice - Initial Skills and Knowledge

Advanced beginner - Developing Skills and Knowledge

Competent - Demonstrating Proficient Skills and Knowledge

Proficiency - Mastery of Clinical Skills and Knowledge



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Feedback

Mike Wride, CAPSL, TCD



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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)



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Feedback

Dr Mike Wride, CAPSL, TCD



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“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)



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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



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Feedback and Self-Regulation

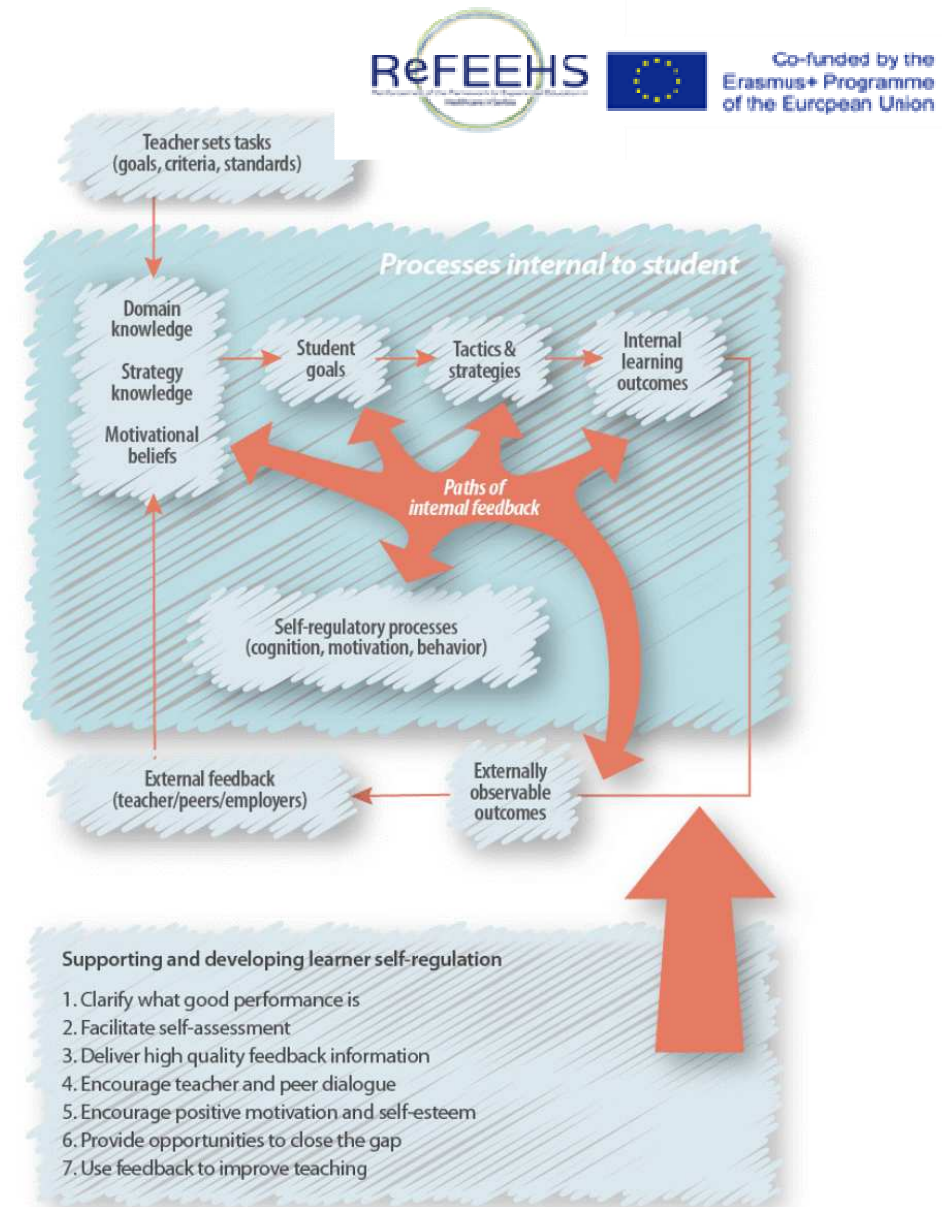
CAPSL, TCD

“[S]elf-regulation of learning involves more than detailed knowledge of a skill; it involves the self-awareness, self-motivation, 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.pdf>

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

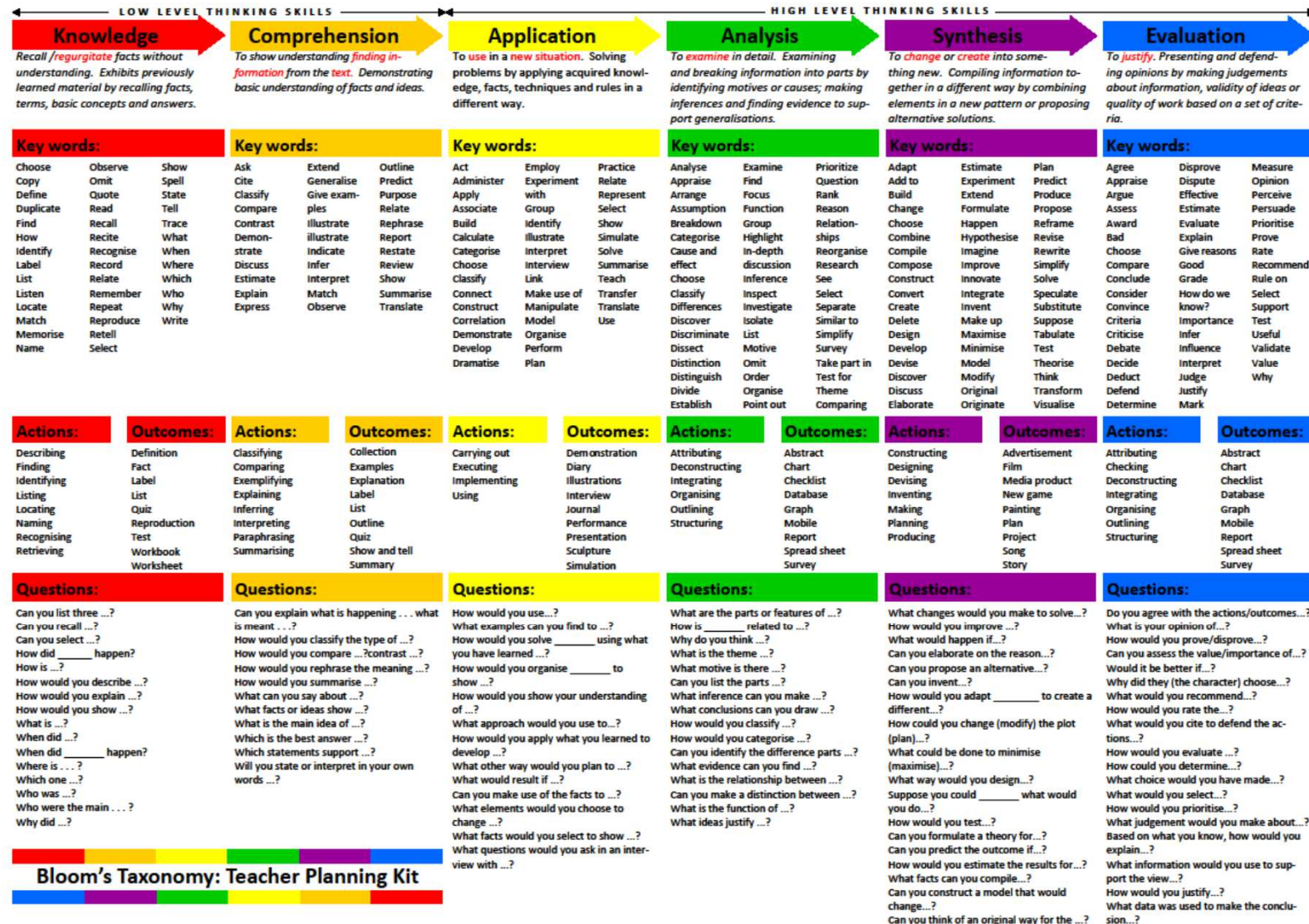
4. Reinforce what was done right

- Be specific

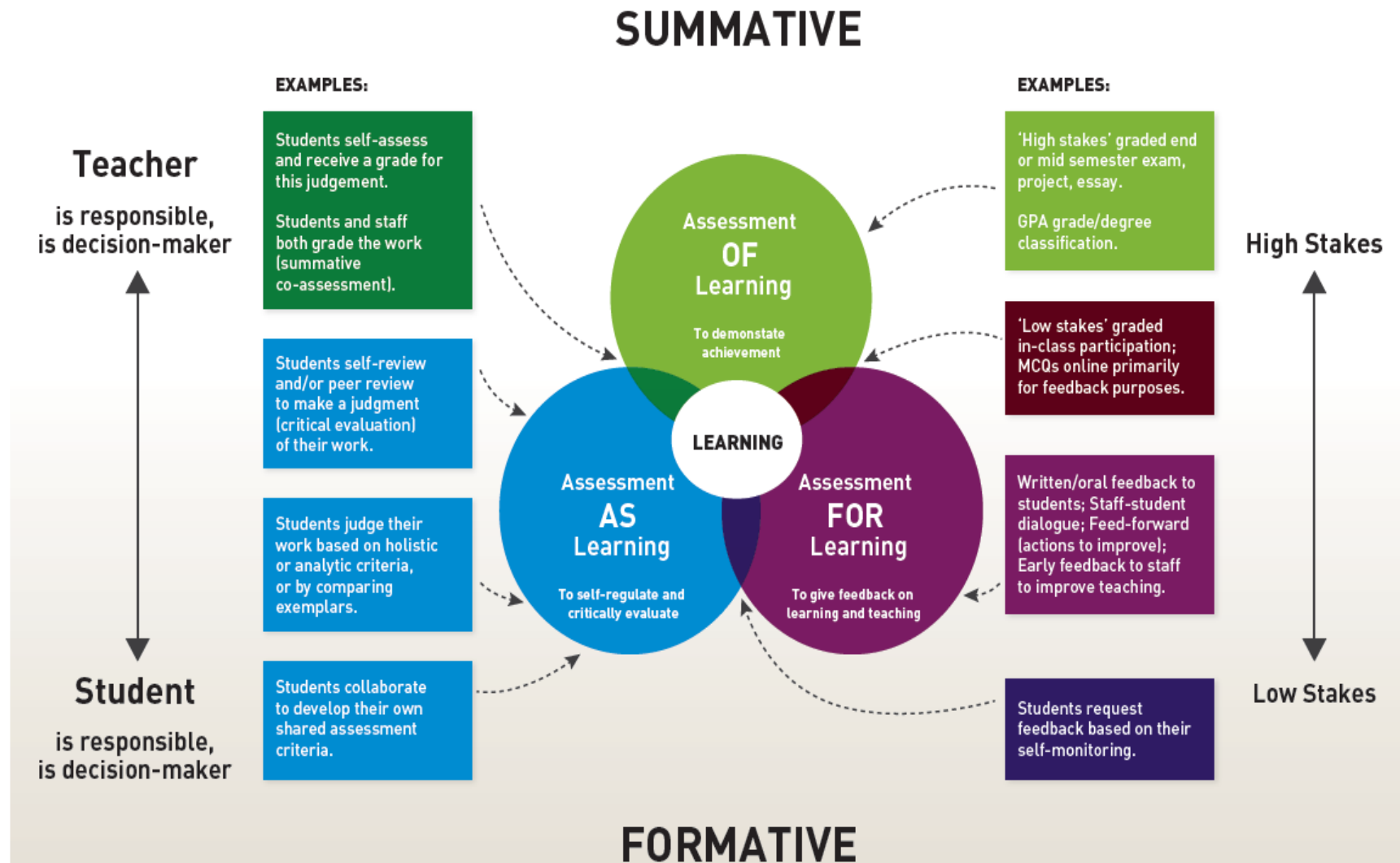
5. Correct errors

- Consider appropriate time and place
- Start with learner self-evaluation
- Be specific
- Consider language – “not best” rather than “bad”

Blooms Taxonomy Teacher Planning kit



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



The 21st century doctor

Understanding the doctors of tomorrow. 2010

Ros Levenson, Stephen Atkinson, Susan Shepherd

ISBN: 978 1 857 17601 8

www.kingsfund.org.uk/publications

Standards – an example

Intern – degree completed → intern, registration year



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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



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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 decision-making 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.



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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.



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Standard 5: Assessment



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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.



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Standard 6: Professionalism



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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.



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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?



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

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



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Role reversal



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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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