“Teaching on the run”

Fostering an effective and reflective learning environment

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St. Columcille’s Hospital
13/09/2016
Outline

• Barriers to teaching
• Barriers to learning
• Step 1: Setting expectations
• Step 2: Planning learning
• Step 3: Clinical teaching
• Struggling students
• Time management
• Students value...
Barriers to teaching?

- Lack of time
  - Competing demands
  - Staffing levels/Burn-out

- Lack of Training/Knowledge of teaching techniques
  - Challenging students
  - Criticism of teaching
  - Available support

- Lack of rewards
Barriers to learning?

- Lack of confidence
- Fear of failure
- Anxiety...new environment
- Overconfidence
- Competing demands
- Past experience
- Learning challenge
- Motivation
- Lack of basics
Role model:
Knowledgeable, Competent, Caring, Professional

Supervisor:
Guide, Provide feedback, Assess, Involve learners in clinical care

Provide support:
Mentor, Care Interested, Provide career advice

Dynamic Teacher:
Plan, Motivate, Enthusiastic, Understand & identify learner needs

Qualities Of A Good Teacher
Step 1: Setting Expectations

• Pre-placement e-mail:

• Standard e-mail

• Expectations & responsibilities

• Attachments: Timetable, 5min feedback, Tutorial list, Clinical Reasoning form, Pre-placement information, Student Diary, Peer learning/observation form

• Placement objectives
First day:

- Student, Practice Educator, +/- Tutor
- The 1st meeting questionnaire
- Realistic grade expectations
- What is important to you as an educator?
- Willingness, Professionalism & Personal Attributes

Chipchase et al, 2012
Step 2: Structure - Planning learning

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday 16th May</th>
<th>Tuesday 17th May</th>
<th>Wednesday 18th May</th>
<th>Thursday 19th May</th>
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<tbody>
<tr>
<td>08.30 - 09.00</td>
<td>Read Student 1</td>
<td>Read Student 2</td>
<td>Students with Effects of Ageing</td>
<td>Students with RP/New Patient at Professionalism</td>
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<td>09.00 - 09.30</td>
<td>Handbook/Infxn Con</td>
<td>Effects of Ageing &amp; Neuro/COE Ax &amp;</td>
<td>Students with Gym or ward level</td>
<td>Moving &amp; Handling</td>
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<td>09.30 - 10.00</td>
<td>Induction: St 1-3</td>
<td>Neuro/COE Ax &amp; Gait Cycle</td>
<td>Students with Students with</td>
<td>Moving &amp; Handling</td>
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<tr>
<td>10.00 - 10.30</td>
<td>Orientation to SCH</td>
<td>Gait Cycle</td>
<td>Students with Student 1 &amp; 2</td>
<td>Motivational Inter.</td>
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<tr>
<td>10.30 - 10.45</td>
<td>Expectations St/PE</td>
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<td>Seniors on ward</td>
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<tr>
<td>10.45 - 11.00</td>
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<td>Students with</td>
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<tr>
<td>11.00 - 11.30</td>
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<td>Students with</td>
<td>Students with</td>
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<td>Students with</td>
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<tr>
<td>12.30 - 12.45</td>
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<td>Students with</td>
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<tr>
<td>12.45 - 13.30</td>
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<td>Tutorial:</td>
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<td>13.30 - 14.00</td>
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<td>Students with</td>
<td>Student 2 WMS</td>
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<td>14.00 - 14.30</td>
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<td>Seniors on ward</td>
<td>Balance &amp; Falls</td>
<td>Exercise</td>
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<td>14.30 - 15.00</td>
<td>&amp; SOAP Notes</td>
<td>Students with</td>
<td>Outcome</td>
<td>Students with</td>
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<tr>
<td>15.00 - 15.30</td>
<td>Documentation &amp;</td>
<td>Seniors on ward</td>
<td>Measures</td>
<td>Students with</td>
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<tr>
<td>15.30 - 16.00</td>
<td>Abbreviations</td>
<td></td>
<td>Seniors on ward</td>
<td></td>
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</tbody>
</table>

- **Induction**
- **Peer learning**
- **Practice Tutor**
- **Feedback**
- **Departmental training**

**Student Contact No:** ______________________  **Note:** Please request alternate or extra tutorials where required.

**1st Week: Foundation Week. Please complete objective/task sheet as appropriate.**
"As we start a new school year, Mr. Smith, I just want you to know that I'm an Abstract-Sequential learner and trust that you'll conduct yourself accordingly!"
Knowing the learner: Learning Styles

- Change over time
- We use our natural learning preferences – gain useful features from our less dominant styles
- We can assist students to learn in new ways
New activities, challenges, role playing

Practice & experiment, tips & techniques, real life

Structured valid info/approaches, opportunities for questions

Time to think, shadow, longer time frames, planning

Activist: Do. I'm bored, what's next? Do.


Step 3: Teaching in clinical practice
Teaching on the Run:

Teaching on the run tips: doctors as teachers...Fiona R Lake & Gerard Ryan, Medical Journal of Australia, 2004-2006
The Learning Pyramid

- Lecture: 5%
- Reading: 10%
- Audio Visual: 20%
- Demonstration: 30%
- Discussion Group: 50%
- Practice by Doing: 75%
- Teach Others: 90%

Source: National Training Laboratories, Bethel Maine

Attention span of 15 mins
Planning a teaching episode

- **Setting:** You are in ICU & have just treated a ventilated patient. You have 5mins & decide to discuss ventilator settings with your student.

- **Set:** What do you need to think about?
- **Dialogue:** What happens during the event?
- **End:** How do you finish off?
- **Reflect:** How did it go?
Teaching with a patient...

“The best teaching is often that taught by the patient himself” W. Ossler

• Patients like to be included - integrated care
• Choose carefully: consent, explain format, emphasise importance of their feedback
• Set, Dialogue, End
# Teaching techniques

## ‘One minute teacher’
The educator...
- Asks the learner to outline his dx/mgt plan
- Questions for reasoning
- Teaches general rules
- Outlines positives
- Corrects errors & suggests improvements

## ‘SNAPPS’
The learner...
- Summarises the case
- Narrows the diff. dx
- Analyses the diff. dx
- Probes (asks the teacher)
- Plans management
- Selects self-directed learning
Acquiring a new skill: The learning cycle

**Previous approach** (limited):
“See one, do one, teach one”

**Demonstration:**
Educator demonstrates without commentary

**Deconstruction:**
Demonstrate – describe steps

**Comprehension:**
Educator demonstrates while learner describes steps

**Performance:**
Learner demonstrates while learner describes steps

Peyton, 1998
Effective questioning

• Stimulate & engage
• Identify learning needs & knowledge level
• “I don’t know” Dr. Pencheon, Public Health
• Promote higher-order thinking
• Monitor progress
• Encourage reflection
• Self vs educator directed, Notebook, Responsibility, Planned review
Bloom’s Taxonomy (Revised)

**Understanding/Comprehension:**
- Can you explain the ABG findings?
- Can you tell me why they had a DHS?
- Can you tell me why they have weakness on one side?

**Applying/Application:**
- How is their history related to your findings?
- Why is their confusion significant?
- Could they achieve this at home?
- Do you know of another example where these symptoms were present?

**Analysing/Analysis:**
- Compare Mr. X & Ms. Y’s knee pain.
- Outline the equipment needed for the Berg balance test.
- What evidence can you provide for your impression of neuropathic pain?

**Evaluating/Evaluation:**
- How can you prioritise his Rx goals?
- How would you justify your Rx selection?
- Based on what you know how can you explain the patient’s response?

**Creating/Synthesis:**
- Can you design a HEP for Mr. Z?
- Can you provide a DC timeline?
- Can you modify your treatment plan to actively include her parents?

**Remembering/Knowledge:**
- Name the bones in the wrist.
- List the symptoms of heart failure.
- What is body mass index?
- When should you check BP?
- Describe gas exchange.
<table>
<thead>
<tr>
<th>Remembering:</th>
<th>Evaluating:</th>
<th>Understanding:</th>
<th>Applying:</th>
<th>Analysing:</th>
<th>Creating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What happened after...?</td>
<td>Is there a better way of...?</td>
<td>Can you explain...?</td>
<td>Name an occasion when...?</td>
<td>What is the difficulty with...?</td>
<td>What would happen if...?</td>
</tr>
<tr>
<td>How many...?</td>
<td>How effective was...?</td>
<td>What do you think...?</td>
<td>What questions would you ask?</td>
<td>Can you compare this situation...?</td>
<td>Can you develop...?</td>
</tr>
<tr>
<td>What is...?</td>
<td>How would you have managed...?</td>
<td>Can you show...?</td>
<td>Why are those findings significant?</td>
<td>Can you distinguish between...?</td>
<td>Can you modify...?</td>
</tr>
<tr>
<td>Is this true or false?</td>
<td>What are the pros &amp; cons of...?</td>
<td>Do you think...?</td>
<td>How is X related to Y?</td>
<td>Can you outline...?</td>
<td>Can you design a...?</td>
</tr>
<tr>
<td>Describe...</td>
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</tr>
</tbody>
</table>

Higher order thinking

- Assemble, Construct, Create, Design, Develop, Formulate, Write
- Appraise, Argue, Defend, Judge, Select, Support, Value, Evaluate
- Compare, Contrast, Examine, Differentiate, Test, Explain
- Choose, Demonstrate, Interpret, Illustrate, Schedule, Solve
- Classify, Describe, Discuss, Explain, Locate, Identify, Select, Report
- Define, List, Recall, Repeat, State, Name, Record
Assessing practice – CAF Form

• Observing performance
• Clinical competence
• Find assessable moments/note
• Supervise specific aspects
• Assess multiple events
• Involve multiple people “360° Ax”
Giving Feedback

- Formal or informal (daily)
- Ask the learner what went well?
- List what you thought went well.
- What could be improved?
- Add any additional areas
- Plan the next step
Supporting students in difficulty

• We may feel: **ill-equipped**, wish not to **distress further**, feel it may make things **worse**, fear **resistance**, feel we have **insufficient time**

• **Is there a problem?:**
  – what are the underlying causes,
  – what is the best way to manage the problem,
  – what documentation is needed
Poor performance

**Contributing factors:**
- Stress (pass/fail, self-esteem, relationship or financial)
- Medical/Mental health
- Substance abuse
- Cultural differences
- Poor communication skills
- Lack of clinical knowledge

**Supervisor/System:**
- No feedback/support
- Interpersonal problems
- Overwork
- Exposure to serious illness & death (often the 1st time/patients of own age)
Stressed student

Identified through direct observation (82%) - poor presentations or critical incidents (59%), Yao 2000

Is there a problem?
Observe & gather confidential information

About 25% of interns are mildly depressed

Insufficient knowledge

Poor communication

Inefficient use of time

Unethical behaviour

Poor clinical judgement
Identifying stress

**Cognitive:**
- Forgetfulness
- Inability to concentrate
- Impaired judgement
- Seeing only the negative
- Anxious or racing thoughts

**Behavioural:**
- Changes in diet & sleep
- Social isolation/Misuse of meds/alcohol
- Procrastination
- Resistance
- Nervous habits/Crying
- Lack of empathy

**Emotional:**
- Discontent / Moodiness
- Irritability / Agitation / Aggression
- Feeling overwhelmed
- Dreading the future / Fearing failure
- Loneliness or isolation

**Physical:**
- Aches & pains
- Fatigue
- GI disturbance
- CP / Nausea / Dizziness
- Increased sickness
• Provide support
• Alter placement – timetable, expectations,
• Referral to student services
• Utilise the practice education team/college
• Incr. physical activity
• Regular meals & sleep: – Duration & hygiene
• Reduce alcohol intake
• Reflection time: – Mindfulness
• Social interaction – fun
• Talking
Can't you see we are too busy?

Gibbs Reflective Cycle
- Description
- Action Plan
- Feelings
- Evaluation
- Analysis
- Conclusion

Support

Weight Management & Cardiac Rehabilitation
Using a stethoscope listen to someone's heart sounds and describe them.
Perform an Ax of Blood Pressure.
Activity Box
# Peer learning

**Peer Observation – Scripting Form**

Agreed area of focus: ________________________________

<table>
<thead>
<tr>
<th>Pre:</th>
<th>Checklist:</th>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Med. Chart, Obs, Nurse Student Appearance Environment / Equipment Information / HEP</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Patient Welcome Establish a rapport</td>
<td>Introductions Banter Explanation of Ax, Rx, session plan</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subjective Assessment (Questions)</th>
<th>Appropriate Suitably phrased (Tone, Vocabulary, Empathy) Mandatory Open ended Closed Probing Clarity of speech</th>
<th></th>
</tr>
</thead>
</table>

| Patient Feedback & Interaction            | Check understanding Responding to cues Verbal Non-Verbal (Eye-contact, Body Language) | |
Students Value....

- **Relationships**: Belonging, Value their opinion, Feeling supported, Fair
- Being given **responsibility** for patient care
- Good **teamwork**
- Having a **supportive learning** environment
- Being **stimulated** to learn
- Having a supervisor who takes a **personal interest**
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01 2115092
References

• Teaching on the run: Tip 1 -13, MJA, 2004-2006
• Physiotherapy students and clinical educators perceive several ways in which incorporating peer-assisted learning could improve clinical placements: a qualitative study. 2015, Journal of Physiotherapy
• http://sonet.nottingham.ac.uk/rlos/placs/stress-management/index.html