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# Impromptu Clinical Teaching



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# Learning objectives

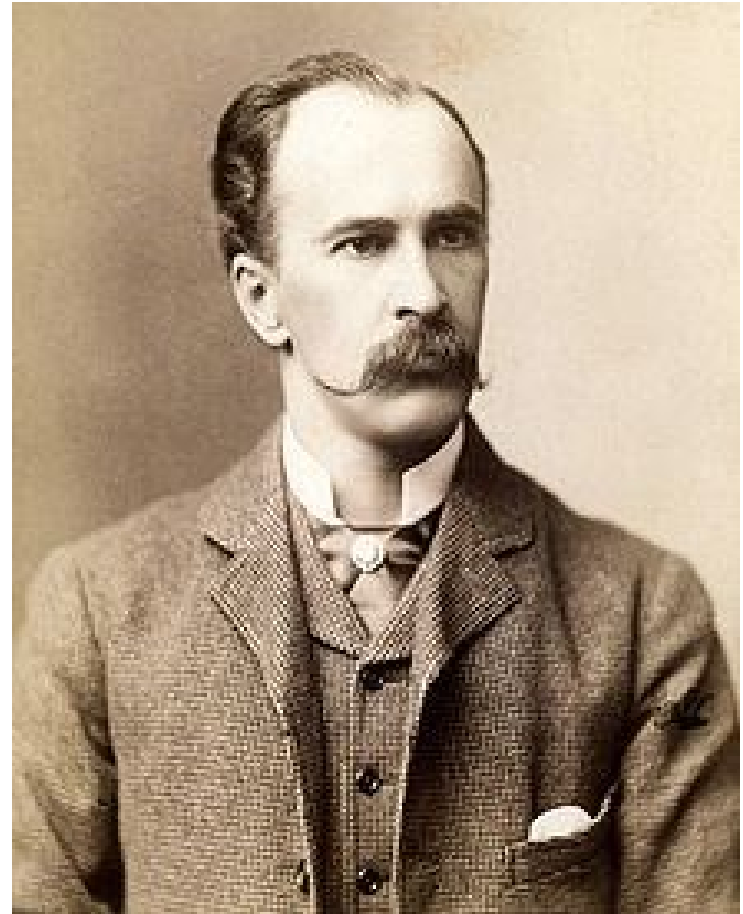
By the end of this session you should be able to:

- Recognise the value of patients as the ultimate learning opportunities and the workplace as an excellent educational environment
- Be aware of the skills and benefits of effective feedback
- Appreciate the value of generalisable key points from impromptu clinical teaching
- Understand the constructive use of tools that can aid clinical teaching

# Bedside teaching

*“There should be no teaching without the patient for a text and the best teaching is often that taught by the patient himself”*

*William Osler 1900*

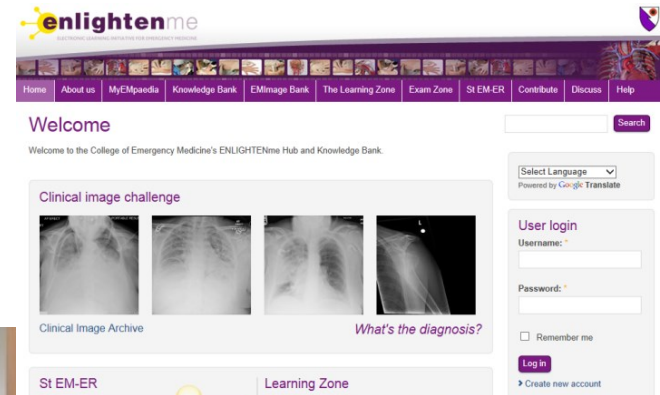


# Impromptu Clinical Teaching





# But.....



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# Over to you...

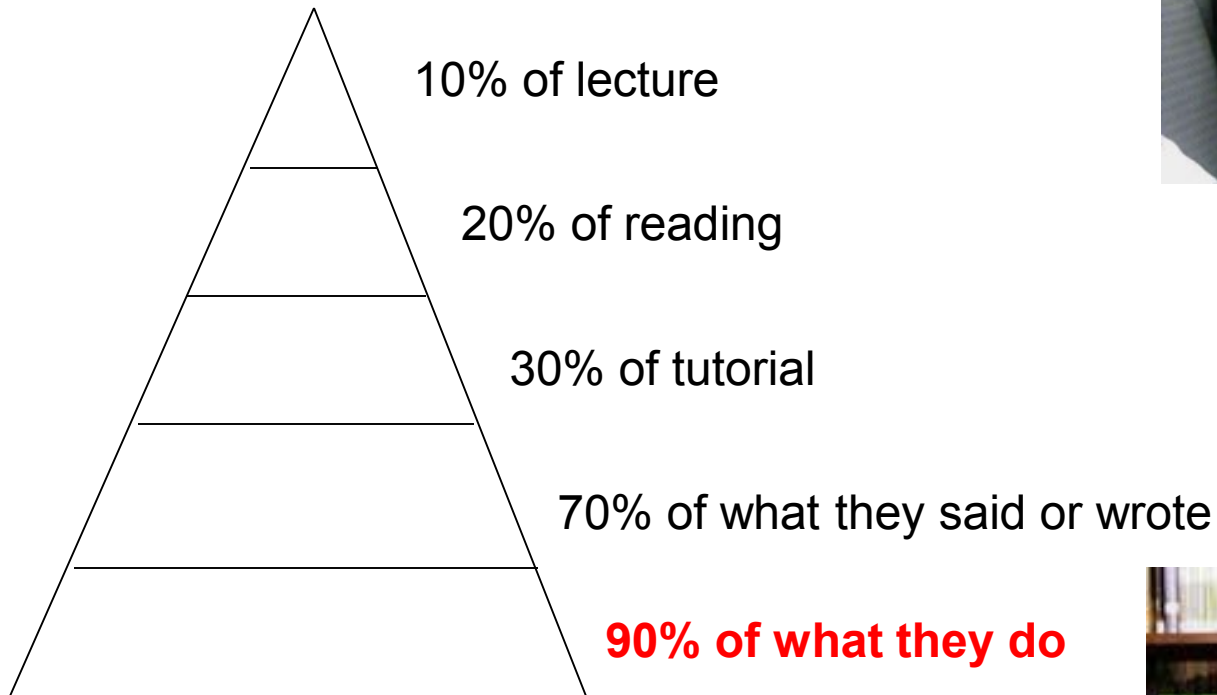
- In pairs, discuss the challenges and benefits of the workplace as an educational environment in terms of patient, teacher, student and service factors
- Select the 3 most important of each in ranked order
- You have 3 minutes to complete this task

# Patient Factors

- Now <15% clinical teaching occurs at the bedside
- ‘Corridor’
- Small moments of clinical teaching have more benefit than seeing lots of patients alone
- 90% of patients do not object and actually see as beneficial experience



# Student factors



‘Shadowing’ of limited benefit





# Over to you...

- What are the top 3 attributes of a good clinical teacher?
- You have 1 minute to complete this task

# Teacher factors

## **Eight attributes of an effective clinical teacher**

- 1 Encourages active rather than passive observation.
- 2 Concentrates on teaching of applied problem solving.
- 3 Integrates clinical medicine with basic science.
- 4 Observes students closely during interview/examination rather than during side room case presentation.
- 5 Provides adequate opportunity for students to practise skills.
- 6 Provides a good role model for interpersonal relationships with patients.
- 7 Teaches in a patient orientated rather than disease orientated fashion.
- 8 Demonstrates a positive attitude towards teaching.

# Positive student experiences

- Personal motivation
- Meaningful topic
- Experiential centred
- Appropriate level
- Clear goals
- Active involvement
- Regular feedback and summarising
- Time for reflection



# Reality

- Busyness
- Unpredictability
- Targets
- Job plans
- Attitudes
- Expertise
- Confidence



# Over to you...

## Watch this clip.....

- What could be done to make this teaching experience better without impacting on service delivery ?



# One minute preceptor model



## Enhancing clinical reasoning at the bedside

- 1 Commitment (ask the student to state what he thinks is going on).
- 2 Probe for supporting evidence (why do you think this?).
- 3 Teach general rules.
- 4 Reinforce correct assumptions of good ideas with positive feedback.
- 5 Correct mistakes.



# SNAPPS

- **S**ummarises case
- **N**arrows differential diagnosis
- **A**nalyses differential diagnosis
- **P**robes
- **P**lans management
- **S**elects an issue for self-directed learning.



# Top tips

- Making them part of the team
- Apprentices provide valuable service
- Move away from 'blood monkeys'
- Make commitments -your patient
- Teach principles – ABCDE
- Chunk skills
- Don't be afraid to say 'I don't know'
- Learn from each other
- Give feedback
- Summarise and give generalisable points
- Models – **5x5x5x5x5**



# Over to you...

## Watch this clip.....

- Why is it better?

# Hidden Curriculum



*“lessons which are learned but not openly intended...such as the transmission of values, attitudes and beliefs”*



# Enthusiasm: it's catching

The air of expectancy is unmistakable. Walk down any university hospital corridor and you will be confronted with this scene: a group of bright-eyed, bushy-tailed medical students clutching their shiny stethoscopes with a look of keen anticipation as they wait for their tutor. Until this stage in their medical education, they have mainly been confined to the theoretical aspects of scientific medicine, through a combination of traditional lectures, study and peer discussion, and consequently the first day in a clinical environment as a medical student is one that few forget: it is the watershed between the prepara-

to students and facilitate the learner's exposure to clinical procedures. However, to give the term 'teacher' such a narrow definition would be to overlook many of the clinical teacher's subtle but essential roles. Each teacher is a seasoned professional with an individual approach and proclivities – and their mode of delivery will convey a message just as important as the content. The effective clinical teacher not only delivers facts and skills, but also acts as a role model for future doctors. Observing a clinician allows a student to develop their own understanding of professionalism, and how this concept translates into day-to-day prac-

Observing the bedside manner of a variety of doctors allows students to reflect on their own approach to patient communication. Developing your own style and flare for interacting with patients can take time to mature, and being exposed to a variety of approaches can help students to clarify what they feel comfortable with. Here, reflection on the aspects of practice the student has observed is key: asking the question 'what did I think worked and why?' will focus the learner on what has been personally meaningful and effective to them, and allow them to develop their own micro-skills accordingly.

*'but because  
above all, the teacher is called to  
nurture the enthusiasm of the  
student: a teacher who simply  
looks reasonably happy at work  
can inspire the new student  
beyond measure!'*

**Lucie Wright-Edinburgh medical student**



# Role Modelling



- Less than 50% of students see their clinical teachers as good role models
- Opportunities to demonstrate caring and compassion
- Person centeredness and shared decisions
- Be aware of impact our behaviours are having on students and trainees

# Learning to think

- Clinical reasoning
- Systems-based curriculum
- Undifferentiated patients
- Teach uncertainty
- ‘Think out loud’
- Reflection in action
- NTS and team working



# Over to you...

- Teach your partner for 2-3 minutes each based on the clinical case you have been given

# Final messages

- Impromptu clinical teaching should not detract from delivering excellent patient care
- Involve patients...they like it
- Think out loud & voice uncertainty
- Be prepared to say 'I don't know'
- Summarise generalisable points
- Learn from it yourself
- Be enthusiastic
- Give and take





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