



# Teaching on the run tips 2: educational guides for teaching in a clinical setting

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### Setting

You are a specialist in a teaching hospital. The unit is busy and you think there is a wealth of clinical material. You can't seem to get the junior medical officers motivated to learn on the unit. They don't seem interested in the discussions on the round. You've heard about building a good educational environment — but what does this mean?

IN THE CLINICAL SETTING we want to enhance the learning of students, junior doctors and trainees to help them be better doctors, but not increase the time we spend making that happen. Junior doctors are adults who want to learn. If we feel that learning is not progressing as it should, we need to consider whether the style in which we teach and the style in which junior doctors like to learn are matched and whether the clinical setting is conducive to learning.

### Adult learning

Adult learning principles are not “evidence based”, but rather, as suggested by Malcolm Knowles, should be regarded as “models of assumption about learning”.<sup>1,2</sup> If you ask yourself or the junior doctors to think back over what have been the best learning situations, and why, the following ideas are likely to surface:

- **Personal motivation.** Are junior doctors interested and eager to learn (internal motivation) or do they want to learn simply to pass an exam (external motivation)?
- **Meaningful topic.** Is the topic relevant to junior doctors' current work or future plans? Have you made it clear why it is important?
- **Experience-centred focus.** Is learning linked to the work junior doctors are doing and based on the care they are giving patients?
- **Appropriate level of knowledge.** Is learning pitched at the correct level for junior doctors' stage of training?
- **Clear goals.** Have you articulated the outcomes for the session/attachment/year so that everyone knows where you are heading?

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- **Active involvement.** Do junior doctors have the opportunity to be actively involved in the learning process, to influence the outcomes and process?
- **Regular feedback.** Do junior doctors know how they are going? Have you told them what they are doing well, as well as what areas could be improved (positive critique)?
- **Time for reflection.** Have you given junior doctors time and encouragement to reflect on the subject and their performance (self-assessment)?

Shifting from thinking about what you want to teach to what junior doctors want to learn (eg, asking what areas they are unclear about) shifts you from a teacher-centred to a learner-centred approach.

*Adults like to have an input into their learning*

### Knowing the learners

Learning is about creating knowledge based on integrating new information with old, an active process that challenges the learner's prior knowledge.<sup>3,4</sup> As the learner progresses, there is often a shift from being dependent (where the learner needs substantial input and direction) to being interested (where the learner needs some guidance) to being self-directed (where the learner takes personal responsibility for his or her own learning). Our teaching style needs to take into account junior doctors' prior knowledge and their stage of learning (Box).<sup>3,5</sup>

Expecting a struggling junior doctor to define his or her own needs, or presenting a mini-lecture to a mature and enquiring registrar, will demotivate both. Nevertheless, a degree of mismatch can challenge a learner and be a good thing. Shifting teaching styles from authoritarian (telling students what to learn) to delegating (getting them to tell us what they need to know) shifts the workload away from us and makes teaching and learning more fun. On the other hand, we all like to learn in different ways at different times — sometimes a didactic presentation is all we want.

*As teachers, we need to be flexible to suit the learners and the circumstances*

### Matching learner stages to teaching styles<sup>3\*</sup>

		Teacher styles		
		Authority	Motivator/ facilitator	Delegator
Learner stages	Dependent learner	Match		
	Interested learner		Match	
	Self-directed learner			Match

\* Adapted from Grow.<sup>4</sup>

**Take-home message**

In considering how to enhance learning in the clinical setting, ask yourself the following questions:

- Have I considered how junior doctors like to learn?
- What is my students' motivation? Is the topic meaningful, pitched at the correct level and with clear goals? Is there active involvement, regular feedback, and time for reflection?
- Does my teaching style match my students' learning stage?
- Is the environment supportive of learning?

**Educational environment**

Not all "moments" in the clinical setting are good teaching moments, and to enhance the moments requires you to consider the following:<sup>5</sup>

- Are the learners (or you) distracted by other duties, time constraints, tiredness, or hunger?
- Is the location busy, noisy, too public or uncomfortable?
- What is the atmosphere? Do the learners feel comfortable to demonstrate their lack of knowledge and ask questions or are they fearful of being humiliated?
- Do the learners feel as though they belong? Do they believe that their opinion is valued?

- Do the patients know what is expected? Have they agreed to be involved? Is their dignity respected?

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