School of Medicine

**Year 5 – 2012/2013**Teaching Skills Course

Course Guide & Teaching Log book



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**TEACHING SKILLS COURSE**

**Course Guide &Teaching Log book**

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Sole Feedback **– Teaching Skills Course**

The following pages provide you with templates on which you can record your thoughts as the course proceeds. At the end of the course you can enter your views onto SOLE.

Because this is a new course, we are particularly interested in your feedback.

**Please answer all questions by selecting the response which best reflects your view.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The content of this module is useful. |  |  |  |  |  |
| The support materials available for this module (e.g. handouts, web pages, problem sheets) are helpful. |  |  |  |  |  |
| I receive sufficient feedback and guidance. |  |  |  |  |  |
| Overall, I am satisfied with this module. |  |  |  |  |  |

Please use this box for constructive feedback and suggestions for improvement.

**Sole Feedback – Individual Lecturers**

Please note that for SOLE, a Lecturer’s name will only appear once. This template gives you the opportunity to record your comments about each lecture in the order of delivery.

**On the following section, you have an opportunity to record any comments and constructive feedback you have for each lecturer.**

|  | **The lecture(s) are well structured** | | | | | **The lecturer explains concepts clearly** | | | | | **The lecturer engages well with the students** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lecturer and Lecture Title** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Assessment (delivered in pathology course) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Course overview |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Teaching practical skills |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| History and clinical reasoning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Advanced Feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Large group teaching |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Small group teaching, learning styles, & evaluating your teaching |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| **Lecturer and Lecture Title** | **Please use this box for additional constructive feedback.** |
| --- | --- |
| Assessment  (Dr Booton delivered in Pathology month) |  |
| Course overview |  |
| Teaching practical skills |  |
| History taking and clinical reasoning |  |
| Advanced feedback skills |  |
| Planning your teaching |  |
| Teaching large groups |  |
| Small group teaching, learning styles & evaluating your teaching |  |

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**Teaching Skills Course**

## Introduction

**Course Aim: *“****Students will learn to reflect, learn and teach others”*

When students qualify from medical school they are expected to have attained core clinical knowledge and skills appropriate to the requirements for a foundation year doctor. In addition to clinical assessment and management of patients, a junior doctor also has teaching commitments. The GMC therefore expects medical schools to equip their students with some knowledge of education theory and some core teaching skills. This course will assist participants to fulfill the educational duties of becoming a doctor.

**Course overview:**

This course consists of lectures, small group teaching and teaching practice. It will provide you with some basic education theory to assist you in carrying out two teaching tasks.

**Task 1: Bedside teaching**

You will be conducting a bedside teaching session with one of the following groups

1. each other
2. year 2 students
3. year 3 students

**Task 2: Teaching a large group**

You will be put into groups of six students. In this group you will produce and deliver a large group teaching session lasting 25 minutes. You will evaluate your teaching by providing an assessment question which everyone will have to sit in the format of an exam paper. You will also explore additional methods of evaluating your teaching, which may be self-evaluation, peer evaluation, or participant evaluation.

**Using the course/log book**

This is primarily for your own benefit but completion will also form part of the course assessment (see below). There is space in the book for you to make your own notes and to fill out structured reflections. Some handouts are included but additional ones will be given during the week.

**Assessment**

**Formative Assessment**

You will receive feedback at various points in the week:

* from peers during clinical teaching sessions
* from peers and tutors during small group teaching

You will also be asked to reflect at various points which will help you to assess your own development

**Summative Assessment**

***Passing the assessment of this course is a pre-requisite to sit the Year 5 Summative Exams at the end of the fifth year.***

Students will be required to:

1. **Attend** the course

2. **Complete and hand in a reflective log** embedded within this course book during the

teaching week

3. **Prepare and present** a teaching session with a group of peers

The book must be **handed in at the end of the Friday afternoon** of the teaching week and evidence of completion of reflective sessions will subsequently be reviewed. Unsatisfactory completion will need to be rectified with in a time frame that will be specified. Books will be available within the month from the FEO at Charing Cross Hospital

**Venues**

Teaching sessions will be based at Charing Cross and the Hammersmith Hospitals. Bedside teaching sessions on Tuesday will be split between Charing Cross Hospital,   
Hammersmith and Chelsea & Westminster Hospitals.

**Attendance**

**If you cannot attend a session then you will need to rearrange to attend with another group. Please email** [**jitender.yadav@imperial.ac.uk**](mailto:jitender.yadav@imperial.ac.uk)

## Course Timetable 2012/2013

Details are correct at the time of going to press; timetable for guidance only. Amendments will be sent via email.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 0900-1030  Teaching history-taking and clinical reasoning including feedback  1030-1045  Overview of course & bedside teaching task  1045-1055  Evaluation  **1055-1115**  **BREAK**  1115-1200  Teaching a clinical skill  1200-1210  Reflection  1210-1220  Demonstration  1220-1230  Admin for Tues  **1230-1330**  **LUNCH**  1330-1435  PACES &  feedback  workshop  1435-1445  Assessment  1445-1500  Admin for Tues  1500-1515  Quiz  1515-1530  **Please complete Exercise 1** | AM or PM  Bedside Teaching  Exercise  AM or PM  Microteach session  **Please complete Exercise 2** | 0900-0930  Intro to teaching in different settings  0930-0950  Objectives  0950-1030  Large group teaching  **1030-1100**  **BREAK**  1100-1145  Small group teaching  1145-1200  Preparing for Friday's teaching  1200-1230  Learning styles task  **Please complete Exercise 3** | WHITE SPACE…  to plan and prepare:  1. Friday teaching  2. Exam question  3. The evaluation  Please email exam questions to facilitator as instructed | 0900-0955  Presentation 1  0955-1035  Presentation 2  **1035-1100**  **BREAK**  1100-1140  Presentation 3  1140-1220  Presentation 4  1220-1300  Presentation 5  1300-1330  Exam & marking  **1330-1400**  **LUNCH** & small group discussion  1400-1430  End-of-course review & close |

## Learning Objectives

At the end of the teaching skills course you should be able to:

* Apply education theory to teaching in different contexts
* Develop a teaching plan
* Deliver learner-centred teaching
* Use bedside teaching to develop clinical reasoning skills and to teach practical skills
* Evaluate your teaching
* Identify your own difficulties in delivering effective feedback and appraise the value and limitations of feedback models
* Use reflection as a tool to develop your teaching
* Compare and contrast different methods of assessment and their influence on learning

**Key Features of effective teaching**

There are many features of effective teaching. However the ones on which we have based this course are as follows:

* Clear aims and objectives
* Activate prior knowledge
* Motivate / link to need to know
* Learners actively engaged
* Real world activity
* Feedback that aids learning
* Reflect on experience … and improve

## Supplementary Reading

**Books**

Peter Cantillon, Linda Hutchinson, Diana Wood (2003) *ABC of learning and teaching in medicine*. BMA publishing group. ISBN 07279 16785

Tim Swanwick (2010) *Understanding Medical Education: Evidence, Theory and Practice*.   
Wiley-Garland publishing ISBN 978-1-4051-9680-2

Both of these books contain articles written by leaders in their fields and provide an additional useful resource if required.

**References**

Brown G, Manogue M (2001). AMEE guide no.22: Refreshing lecturing: a guide for lecutrers. *Medical Teacher* 23: 231 - 244

Furney SL et al. (2001). Teaching the One- minute Preceptor: a randomized controlled trial. *J Gen Intern Med* 16:620-4.

Hesketh and Laidlaw(2002). Developing the Teaching Instinct series.   
*Medical Teacher* 24 (3)

Kaufmann (2003) ABC of learning and teaching in medicine: Applying educational theory in practice. *BMJ* **326**: 213-21

Neher JO et al. (1992). A five step ‘microskills’ model of clinical teaching.   
*J Am Board Fam Pract* 5 :419-24.

Ramani S and Leinster S (2008). AMEE Guide no. 34: Teaching in the clinical environment *Medical Teacher* 30: 347–364

Rungapadiachy DM (1999). Listening, attending and responding in *Interpersonal Communication and Psychology for Health Care Professionals: theory and practice* Eds Butterworth Heinemann (Oxford).

Sachdeva AK (1996). Use of Effective Feedback to Facilitate Adult Learning.   
*Journal of Cancer Education* 11: 107-18.

**Online resources**

[www.faculty.londondeanery.ac.uk/e-learning](http://www.faculty.londondeanery.ac.uk/e-learning)

This website will take you to a series of open access modules covering core topics in clinical teaching and learning. The modules are extremely well designed and encourage reflection. You can go back and review your reflection at a later date. At the end of the module you can print out a certificate for your portfolio.

To use this site choose the option of ‘register’ and then give a username and password that you can remember. This enables you to recall the site and view your previous reflections or print certificates.

## Contact Details

**Course organisers**

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## Course Overview- Why, What and How

* Why? To be a better teacher!
  + GMC requirement…*“If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher”*
  + Medical students need to learn to fulfill the educational duties of a doctor
* Why? To be a better learner!
  + “To teach is to learn twice” (Joseph Joubert, *Pensées, 1842)*
  + Lifelong learning fundamental to your professional careers
  + *‘The teacher learns twice’*
  + Teacher explains material to themselves
  + Generates mental models
  + Reflects on their own knowledge, skills and attitudes
* Why? To be a good doctor
  + Improved communication with patients
  + Patient satisfaction Concordance with treatment
  + Talking to patients and teaching are similar
  + Elicit prior knowledge of the subject
  + Assess desire/expectation of information
  + Summarising
  + Manage the interview/teaching
  + Probe for understanding
  + Encourage interaction
* You will be teaching from the moment you start work, and probably much sooner!
* To be a successful doctor!
  + Workplace assessments of teaching
  + Application for foundation and specialty training posts
* What? Course learning outcomes:
  + Apply education theory to teaching in different contexts
  + Develop a teaching plan
  + Deliver learner-centred teaching
  + Use bedside teaching to develop clinical reasoning skills and to teach practical skills
  + Evaluate your teaching
  + Identify your own difficulties in delivering effective feedback and appraise the value and limitations of feedback models
  + Use reflection as a tool to develop your teaching
  + Compare and contrast different methods of assessment and their influence on learning

There are many features of effective teaching. However the ones on which we have based this course are as follows:

* Clear aims and objectives
* Activate prior knowledge
* Motivate / link to need to know
* Learners actively engaged
* Real world activity
* Feedback that aids learning
* Reflect on experience … and improve

How? We will…

* Practice what we preach!
* Transparency
* Demonstrate concepts/models in real-time

You will plan and deliver…

* Bedside teaching (Tues)
  + Teaching other students at the bedside
  + History (and/or examination) and clinical reasoning
  + Feedback
* Small group teaching (Tues)
  + Microteach session
* Classroom-based teaching (Fri)
  + Groups of 5-7 teach the rest of the group
  + Pathology topics
  + Set your own exam question

**We sincerely hope you enjoy the week. All of you will learn something from this course- regardless whether you have any teaching experience or not!**

## Developing History Taking & Clinical Reasoning Skills (& giving feedback)

|  |  |
| --- | --- |
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**CASE 1**

A 20-year-old girl has noticed easy bruising on her legs but otherwise feels well. It came on 2 days earlier and upper and lower legs are affected with some bruising on her abdomen. She is usually well except for migraine and she takes ibuprofen several times a day for this. In her past medical history she had glandular fever a few months earlier and her mother has thyroid disease. She binge drinks alcohol at weekends but doesn’t smoke. She has no known allergies.

Information for the **teacher** of case 1 is on page 24

**CASE 2**

A 45-year-old Afro-Carribean lady is referred with a low neutrophil count. She has schizophrenia and is on anti-psychotic medication but otherwise she is well. In her past medical history she has diabetes and high blood pressure. Both of her parents had hypertension and her father had diabetes. She doesn’t smoke cigarettes or drink alcohol. She has no known allergies. To direct questioning she has not had any recent infections – nor indeed any infections over the preceding 5 years. Nor has she had any mouth ulcers. Her full blood count shows that her neutrophil count is 1.6 x 109/l (normal range   
2 – 7.5 x 109/l).

Information for the **teacher** of case 2 is on page **25**

**Additional materials for teachers of case 1**

BE PREPARED BE PREPARED BE PREPARED BE PREPARED

1. **You do need to be prepared with some facts**
2. Most likely diagnosis
3. The differential diagnosis
4. What are the two commonest causes
5. What features in the history or examination are important in distinguishing

The most likely diagnosis is autoimmune low platelet count because

1. sudden onset
2. family history of autoimmune disease implied by mother’s thyroid disease
3. recent probable EBV
4. it is common

Other possible diagnoses

1. Drug related decrease in platelet function with normal platelet count due to the ibuprofen. Possible but sudden onset and has been taking ibuprofen for ages
2. Alcohol related fall in platelet count. Not usually severe enough to be associated with sudden onset of bruising
3. Leukemia. But otherwise well
4. Neurotic. But unusual to get bruises on abdomen
5. **Consider a general principle that you could teach**
6. Causes of a low platelet count
   * 1. Decreased production e.g. aplastic anaemia, drugs
     2. Increased destruction e.g. autoimmune disease,
7. Investigation of easy bruising
   * 1. Full blood count- what is the platelet count and what is the Hb and WBC
     2. Coagulation screen – PT, APTT, TT, fibrinogen
     3. VWF antigen and activity levels
     4. EBV serology in this case? Recent infection

**Additional materials for teachers of case 2**

BE PREPARED BE PREPARED BE PREPARED BE PREPARED

1. **You do need to be prepared with some facts**
2. Most likely diagnosis
3. The differential diagnosis
4. What are the two commonest causes
5. What features in the history or examination are important in distinguishing

The most likely thing is that this is a racial neutropenia. The normal range for the neutrophil count is usually quoted for a predominantly Caucasian population and Afro Carribean neutrophil counts can go down to 1.4 x 109/l for women and 1.1 x 109/l for men. The fact that she has had no recent infections suggests that this is not clinically significant and it is also relevant that she has not had any mouth ulcers.

The differential diagnosis includes

1. Anti-psychotic medication- a very common cause of neutropenia. You cant exclude it in this case but it would be more likely if the neutrophil count was lower than acceptable for her ethnic group
2. Auto-immune neutropenia in which you get fluctuating neutrophil counts

The high blood pressure and diabetes are not relevant here

1. **Consider a general principle that you could teach**
2. You could teach about situations where the so called’ normal ranges’ don’t apply…e.g. neonates, paediatrics, male/female, ethnic groups
3. You could teach the causes of neutropenia. E.g.
   1. Decreased production e.g. aplastic anaemia, drugs such as chemotherapy or idiosyncratic reaction to certain drugs
   2. Increased destruction e.g. autoimmune disease

## Evaluation Snapshot

*Why?*

* To measure the effectiveness of your teaching
* Generate ideas for improvement
* An opportunity to gain insight into your own performance and progress
* To ensure the students needs are met
* For quality assurance/accountability measures
* Your personal job satisfaction
* Others- funding/publication/fashionable

*How?*

* Verbal
  + - Ask the group openly at the end of the session
    - What did you learn?
    - Was the content delivered effectively? If not, why not?
    - Was the session engaging or boring? Why?
    - How could I improve the session for your colleagues in the future?
* Written
  + - Questionnaires distributed at the end of the session
      * Open vs. specific questions
      * For example ‘’how was the interaction’ vs.’ did you find the interaction useful’?
* Electronic
  + - * Sole
      * Often delayed
* More adventurous?
  + - * Ask the audience to write comments on post-it notes on white board/write comments directly onto white board whilst you leave the room

Evaluation methods should be considered in terms of:

1. Validity
   1. Are you measuring what you want to measure?
   2. If your feedback is good, is that because your students actually learnt new knowledge or because they were simply entertained?
   3. Validity can be improved by using multiple sources i.e. self, students, peers, 360°
2. Reliability
   1. Examines the consistency of the method. If repeated would it give the same result? If in one person’s opinion the session was good, does that mean it is good?
3. Acceptability
4. Cost

**Please remember you need to evaluate your own teaching sessions on the final day of the course**

## Teaching A Practical Skill

Why?

* As a doctor you will be expected to be competent in a range of practical procedures
* Once competent, you will be expected to be able to teach others these procedures and be accountable for that teaching (e.g. DOPS)
* Some procedures have potential to do harm- by ensuring these procedures are taught effectively is one way to reduce this and thus improve patient safety

The **Peyton**\* model of teaching a practical skill:

1. Trainer demonstrates skill in real-time
2. Trainer explains skill whilst performing the procedure
3. Student explains whilst the trainer performs the procedure
4. Student explains and performs the procedure

What are the strengths of this model?

What are the weaknesses of using this model?

\*Taken from Walker M, Peyton JWR. Teaching in theatre. In: Peyton JWR, editor. Teaching and learning in medical practice. Rickmansworth, UK: Manticore Europe Limited, 1998: 171-180

## Assessment Snapshot

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## Reflection in the Teaching Skills Course

Reflection is a term many of you will be familiar with from other courses. There are many different definitions of what it is. This is one possible definition:

“Reflection is a metacognitive process that creates greater understanding of self and situations to inform future action” (Sandars, 2009)

We don’t wish to prescribe how you think; rather we want to provide you with opportunities to reflect on your experiences, and support you in learning from them and gaining new insights that you can put into action. Reflection is a *tool* to help develop your teaching; not an assessment of your learning.

There are many ways of carrying out reflection. In this course we mainly use a *structured template* to guide you; however there is no right or wrong answer. There will also be an opportunity to try a different method during the week. The important thing is that you go beyond describing experiences to consider the impact they have had on you, and on your future teaching practice.

We will provide written *feedback* on your portfolio via the in-course assessment form. We will not follow a specific marking scheme, but will be looking for evidence of reflective practice and will provide feedback relevant to this.

We are keen that everyone improves their skills in reflection, as this is fundamental to the professional practice of being a doctor (GMC). However, we believe this to be a self-driven process and not forced by us. Therefore the **minimum standard for passing the course assessment** requires only that you *complete* the logbook and hand it in at the end of the course.

**Reference**

Sandars J (2009) The use of reflection in medical education: AMEE Guide No 44. *Medical Teacher* 31 (8): 685-695

**Reflection Snapshot**

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## The Microteach

**Introduction**

In response to student feedback, we have introduced a microteach session. This is where you deliver teaching to a group of 5 to 7 of your colleagues, on any topic you like, for 5 to 10 minutes (the exact length of time will be confirmed during the course).

*Content*

We suggest you teach something non-clinical that you find interesting, so that you can focus on your teaching skills, but you can teach on anything you would like.

*Planning*

What is your learning objective for the micro-teach? Once you have decided this you can plan your session.

*Set, body and closure*

Make sure you introduce the topic (‘set’), teach the topic (‘body’) and summarise (‘closure’).

*Aid learning*

Consider how you can aid your students’ learning. How can you engage and motivate your learners? How will you pitch it at the right level, and check that your teaching was effective?

Make it interactive and vary the methods you use – this is possible even within 5 minutes!

*Evaluation*

Think about what you would most like to receive feedback on, and ask your colleagues to pay close attention to that.

**Video recording**

If you would like to video your microteach we will try to arrange this. This is very useful if you want to improve your teaching skills – and not as scary as it seems!

**Format of session**

Each group of 5 to 7 students will be allocated a 90 minute slot for their microteach session. Each student will have 5 - 10 minutes to deliver their microteach, and then around 3 - 5 minutes for feedback from the group (exact times will be confirmed during the week).

Each group will be allocated a group leader, who needs to chair the session, ensure that everyone keeps to time, and take the lead with feedback and discussion. This would be ideal for someone who already has considerable teaching experience and would like to develop their small group leadership skills.

There will be a tutor present who will provide feedback as part of the group, and will help facilitate as required. They will also help you summarise the overall learning from the session and generate improvements to put into practice for your large group teaching later in the week.

## Organising Tuesday Bedside Teaching

**Description:**

*Approach the task of a patient-centred student teaching exercise*

**Aims:**

1. To assist learning of the student in relation to history and examination skills
2. To consider the role of the patient in a teaching exercise
3. To gain experience in managing a teaching session involving student, teacher and patient

**Method:**

Year 5 students will work in pairs or threes. Some groups of year 5 students will teach each other with one acting as teacher and the other as student. Other groups may have year 2 or year 3 students to teach in which case one will be the teacher and the other will be the facilitator.

**Learner-centred teaching**

The student to be taught will select a teaching session from a limited list and the student-teacher will align themselves to one of these.

**TUESDAY – Bedside Teaching Exercise**

**ROLE OF TEACHER**

1. Devise a learner-centered teaching session
2. Teach history taking if necessary or else develop clinical reasoning skills
3. Teach examination selected by the student – use clinical skills teaching model
4. Feedback with student

**ROLE OF FACILITATOR**

*PATIENT ORIENTATED FACTORS*

1. Ensure well-being (psychological and physical) of the patient
2. Ask patient the most important factors to them in relation to their expectations of being assessed (history and examination) by the student. Devise written feedback with patient to be completed after the session
3. Arrange and collect written feedback from the patient
4. Introduce teacher and student to the patient and ensure that roles are clarified
5. Review patient feedback of the teaching session with the student (see below)

*TEACHER ORIENTATED FACTORS*

1. Facilitator will be reviewing the teachers skills in
   1. Listening to the student
   2. Analyzing what the student says and does
   3. Giving feedback to the student
2. To this end the facilitator will devise a feedback form incorporating a checklist of what they think are important
3. The Teacher can also give the facilitator a feedback form to include items that they are interested in relation to the teaching exercise

## Teaching Large Groups

**Dr Nina Salooja**

**Learning objectives**

At the end of this session you will be able to

1. write a learning objective
2. structure a lecture
3. vary the learning activity

## Writing Learning Objectives

A teaching objective is a statement of what you are setting out to teach

**Compare this to:**

AIMS: broad statements of intended learning

**Example**

AIM: To understand how images are seen

OBJECTIVES:

1. By the end of this session the student will be able **to label** the main structures of the eye on a diagram
2. By the end of this session the student will be able **to explain** how light entering the eye leads to neurological impulses in the optic nerve
3. By the end of this session the student will be able **to list** the areas of the brain involved with visualizing an image

Note

1. Specific
2. Measurable
3. Achievable
4. Relevant
5. Timeline..by the end of this session

Objectives should be **SMART**

Specific, Measurable, Achievable, Relevant, Timescaled

Objectives should **RUMBA**

Relevant, Understandable, Measurable, Behaviour change (i.e.useful), Achievable

Also note that the verbs used involve an action…list, label, explain

They do **NOT** use vague terms like: understand, know, appreciate, realise

**A good objective makes it clear how you could assess it**

**VOCABULARY FOR WRITING OBJECTIVES**

This can be considered under the hierarchical headings of what you are trying to do when you teach…

Simplest level: Knowledge recall and understanding

Intermediate level: application of facts/ skills/ attitudes

Problem solving: use the facts/ skill/ attitudes

**Bloom’s Taxonomy**

With verbs useful for objectives

1. **Knowledge**

Define, List, Name, Classify

1. **Understanding**

Describe, explain, discuss

1. **Apply information**

Illustrate, demonstrate, apply, adopt

1. **Analyse information**

Analyse, calculate, distinguish,

1. **Synthesize**

Design, organise, propose

1. **Evaluate/judge**

Judge, appraise, compare, evaluate

**Task**

By the end of this one-hour teaching session you will……

|  |  |  |
| --- | --- | --- |
| **Objective** | **Good point** | **Bad point** |
| …understand the differences between psychoses and neuroses |  |  |
| ….be able to list five features of a useful teaching objective |  |  |
| ….draw a detailed illustration of the muscles of the foot |  |  |
| …..appreciate the difficuties in breaking bad news to patients with terminal illnesses |  |  |
| …be able to diagnose malignant melanoma in a histopathology specimen and distinguish it from all other possiblities in the differential diagnosis. |  |  |
| …be able to recognize 3 clinical features in the presentation of a typical myocardial infarction |  |  |
| ….realise the importance of the respiratory rate in the assessment of asthma |  |  |

## Small Group Teaching

Objectives:

* Recognise the impact of group dynamics on small group teaching
* Practice skills for facilitating small groups

Outline:

* Introduction
* Task 1
* Small group teaching theory
* Task 2
* Practical problem solving & tips
* Summary

Introduction:

* What is a small group?
* Purpose / contexts of small group teaching
* Role of the teacher
* What’s special about small group teaching

Task 1:

In groups of 7-9:

* Nominate a group facilitator
* Nominate an observer
* Everyone else is a group member

Group dynamics:

* Impact of number of students on behaviour
* How group dynamics benefits learning ...and how it can impair it

Group process:

* Norming, storming, forming

Structures to aid small group learning:

* Introductions
* Creating a safe, open environment

Seating and room arrangements:





Task 2:

* Dealing with challenges
* [Watch this video...](http://www.youtube.com/watch?v=i3-KKAjyTkU&feature=relmfu)
* In groups of 3/4, consider how you could deal with the problem(s) that arise:

Practical problem solving:

* Quiet students
* Difficult students
* Conflict within the group
* Role conflict

Summary:

* Good teaching is universal
* Tutor’s skill also includes facilitating
* Understanding group dynamics helps your teaching
* Small groups have special challenges

**Mini focus-group discussion**

**Prompt for group members**

You are going to discuss the mini-CEX assessments in year 5.

**Prompt for group leader / facilitator**

Your research question is:

* How do students think mini-CEX will impact on their learning?

Your role is to get the group discussing the question.

You have five minutes to get the group discussing the problem, and generating ideas.

You will need to record the discussion in some way – this can be either by yourself or by nominating someone else to do it.

Try to make sure everyone contributes to the discussion.

**Prompt for observer of group process**

Focus on the group dynamics that you observe, and the behavior of the facilitator.

Did everyone speak? Did everyone engage with the process? How did the facilitator aid this?

How was the group arranged? Where did the facilitator sit?

Was the facilitator a chairperson / teacher / leader / scribe / facilitator? What was their role?

Was it a safe / open learning environment? How was this achieved?

Was there anything the facilitator did that was particularly useful / helpful?

Do you have any suggestions to help the facilitator with the group process?

**Mini-PBL case**

**Prompt for group members**

Catherine, 27/40, Para 0+1, presents to Labour ward with a headache, abdominal pain and some PV bleeding. She hasn’t felt the baby move for 12 hours. Her BP is 160/100 and she has 3+ proteinuria.

**Prompt for group leader / facilitator**

Remind the group about the key steps in PBL:

* Are there any terms you don’t understand? Make a list. Can anyone in the group answer them?
* What other information would you want?
* What are the differential diagnoses?
* Are there any other issues to consider?
* What are the main learning issues this case provokes?
* What information would you need to look up?

You have five minutes to get the group discussing the case, and generating ideas and learning issues.

Try to make sure everyone contributes to the discussion.

Feel free to nominate a scribe, or run it however you see fit.

**Prompt for observer of group process**

Focus on the group dynamics that you observe, and the behaviour of the facilitator.

Did everyone speak? Did everyone engage with the process? How did the facilitator aid this?

How was the group arranged? Where did the facilitator sit?

Was the facilitator a chairperson / teacher / leader / scribe / facilitator? What was their role?

Was it a safe / open learning environment? How was this achieved?

Was there anything the facilitator did that was particularly useful / helpful?

Do you have any suggestions to help the facilitator with the group process?

**Ethics & law mini-case**

**Prompt for group members**

You are a fifth year medical student doing your O&G attachment. Mr Gray, your consultant, whispers that the next patient on the pre-op ward round might consent to you doing a vaginal examination under anaesthetic. He introduces you to her, saying ‘This is Dr Ray, she will be helping me in theatre, is it okay if she examines you whilst you’re asleep? It will help her look after other patients in future.’

**Prompt for group leader / facilitator**

Your role is to get the group discussing the vignette. You are particularly keen that they discuss the following issues:

* Appropriate ways of introducing medical students
* Issues surrounding consent for medical student examinations under anaesthetic
* Practical ways of dealing with ethical problems as a medical student
* Greater good versus patient rights

You have five minutes to get the group discussing the case, and generating ideas.

Try to make sure everyone contributes to the discussion.

**Prompt for observer of group process**

Focus on the group dynamics that you observe, and the behaviour of the facilitator.

Did everyone speak? Did everyone engage with the process? How did the facilitator aid this?

How was the group arranged? Where did the facilitator sit?

Was the facilitator a chairperson / teacher / leader / scribe / facilitator? What was their role?

Was it a safe / open learning environment? How was this achieved?

Was there anything the facilitator did that was particularly useful / helpful?

Do you have any suggestions to help the facilitator with the group process?

**Mini journal club**

**Prompt for group members**

Read the article and discuss the issues it raises:

Buckwell CM, Ornstein M, Cushing A, Lothian D (2011). Feel the anxiety about examining patients and do it anyway. *BMJ* 343:d4552

<http://www.bmj.com/content/343/bmj.d4552.full.pdf>

**Prompt for group leader / facilitator**

Your role is to get the group discussing the letter.

You are particularly keen that they discuss how it would affect their teaching in the future.

You have five minutes to get the group discussing the case, and generating ideas.

Try to make sure everyone contributes to the discussion.

**Prompt for observer of group process**

Focus on the group dynamics that you observe, and the behaviour of the facilitator.

Did everyone speak? Did everyone engage with the process? How did the facilitator aid this?

How was the group arranged? Where did the facilitator sit?

Was the facilitator a chairperson / teacher / leader / scribe / facilitator? What was their role?

Was it a safe / open learning environment? How was this achieved?

Was there anything the facilitator did that was particularly useful / helpful?

Do you have any suggestions to help the facilitator with the group process?

## Honey and Mumford Learning Styles Questionnaire

This questionnaire is designed to find out your preferred learning style(s). Over the years you have probably developed learning "habits" that help you benefit more from some experiences than from others. Since you are probably unaware of this, this questionnaire will help you pinpoint your learning preferences so that you are in a better position to select learning experiences that suit your style and having a greater understanding of those that suit the style of others.

There is no time limit to this questionnaire. It will probably take you 10-15 minutes. The accuracy of the results depends on how honest you can be. There are no right or wrong answers.

**If you agree more than you disagree with a statement put a tick by it.**

**If you disagree more than you agree put a cross by it.**

**Be sure to mark each item with either a tick or cross.**

|  |  |
| --- | --- |
| 🞏 | 1. I have strong beliefs about what is right and wrong, good and bad. |
| 🞏 | 1. I often act without considering the possible consequences |
| 🞏 | 1. I tend to solve problems using a step-by-step approach |
| 🞏 | 1. I believe that formal procedures and policies restrict people |
| 🞏 | 1. I have a reputation for saying what I think, simply and directly |
| 🞏 | 1. I often find that actions based on feelings are as sound as those based on careful thought and analysis |
| 🞏 | 1. I like the sort of work where I have time for thorough preparation and implementation |
| 🞏 | 1. I regularly question people about their basic assumptions |
| 🞏 | 1. What matters most is whether something works in practice |
| 🞏 | 1. I actively seek out new experiences |
| 🞏 | 1. When I hear about a new idea or approach I immediately start working out how to apply it in practice |
| 🞏 | 1. I am keen on self discipline such as watching my diet, taking regular exercise, sticking to a fixed routine, etc. |
| 🞏 | 1. I take pride in doing a thorough job |
| 🞏 | 1. I get on best with logical, analytical people and less well with spontaneous, "irrational" |
| 🞏 | 1. I take care over the interpretation of data available to me and avoid jumping to conclusions |
| 🞏 | 1. I like to reach a decision carefully after weighing up many alternatives |
| 🞏 | 1. I'm attracted more to novel, unusual ideas than to practical ones |
| 🞏 | 1. I don't like disorganised things and prefer to fit things into a coherent pattern |
| 🞏 | 1. I accept and stick to laid down procedures and policies so long as I regard them as an efficient way of getting the job done |
| 🞏 | 1. I like to relate my actions to a general principle |
| 🞏 | 1. In discussions I like to get straight to the point |
| 🞏 | 1. 1 tend to have distant, rather formal relationships with people at work |
| 🞏 | 1. I thrive on the challenge of tackling something new and different |
| 🞏 | 1. I enjoy fun-loving, spontaneous people |
| 🞏 | 1. I pay meticulous attention to detail before coming to a conclusion |
| 🞏 | 1. I find it difficult to produce ideas on impulse |
| 🞏 | 1. I believe in coming to the point immediately |
| 🞏 | 1. I am careful not to jump to conclusions too quickly |
| 🞏 | 1. I prefer to have as many resources of information as possible - the more data to think over the better |
| 🞏 | 1. Flippant people who don't take things seriously enough usually irritate me |
| 🞏 | 1. I listen to other people's points of view before putting my own forward |
| 🞏 | 1. I tend to be open about how I'm feeling |
| 🞏 | 1. In discussions I enjoy watching the manoeuvrings of the other participants |
| 🞏 | 1. I prefer to respond to events on a spontaneous, flexible basis rather than plan things out in advance |
| 🞏 | 1. I tend to be attracted to techniques such as network analysis, flow charts, branching programs, contingency planning, etc. |
| 🞏 | 1. It worries me if I have to rush out a piece of work to meet a tight deadline |
| 🞏 | 1. I tend to judge people's ideas on their practical merits |
| 🞏 | 1. Quiet, thoughtful people tend to make me feel uneasy |
| 🞏 | 1. I often get irritated by people who want to rush things |
| 🞏 | 1. It is more important to enjoy the present moment than to think about the past or future |
| 🞏 | 1. I think that decisions based on a thorough analysis of all the information are sounder than those based on intuition |
| 🞏 | 1. I tend to be a perfectionist |
| 🞏 | 1. In discussions I usually produce lots of spontaneous ideas |
| 🞏 | 1. In meetings I put forward practical realistic ideas |
| 🞏 | 1. More often than not, rules are there to be broken |
| 🞏 | 1. I prefer to stand back from a situation |
| 🞏 | 1. I can often see inconsistencies and weaknesses in other people's arguments |
| 🞏 | 1. On balance I talk more than I listen |
| 🞏 | 1. I can often see better, more practical ways to get things done |
| 🞏 | 1. I think written reports should be short and to the point |
| 🞏 | 1. I believe that rational, logical thinking should win the day |
| 🞏 | 1. I tend to discuss specific things with people rather than engaging in social discussion |
| 🞏 | 1. I like people who approach things realistically rather than theoretically |
| 🞏 | 1. In discussions I get impatient with irrelevancies and digressions |
| 🞏 | 1. If I have a report to write I tend to produce lots of drafts before settling on the final version |
| 🞏 | 1. 1 am keen to try things out to see if they work in practice |
| 🞏 | 1. I am keen to reach answers via a logical approach |
| 🞏 | 1. I enjoy being the one that talks a lot |
| 🞏 | 1. In discussions I often find I am the realist, keeping people to the point and avoiding wild speculations |
| 🞏 | 1. I like to ponder many alternatives before making up my mind |
| 🞏 | 1. In discussions with people I often find I am the most dispassionate and objective |
| 🞏 | 1. In discussions I'm more likely to adopt a "low profile" than to take the lead and do most of the talking |
| 🞏 | 1. I like to be able to relate current actions to a longer term bigger picture |
| 🞏 | 1. When things go wrong I am happy to shrug it off and "put it down to experience" |
| 🞏 | 1. I tend to reject wild, spontaneous ideas as being impractical |
| 🞏 | 1. It's best to think carefully before taking action |
| 🞏 | 1. On balance I do the listening rather than the talking |
| 🞏 | 1. I tend to be tough on people who find it difficult to adopt a logical approach |
| 🞏 | 1. Most times I believe the end justifies the means |
| 🞏 | 70. I don't mind hurting people's feelings so long as the job gets done |
| 🞏 | 71. I find the formality of having specific objectives and plans stifling |
| 🞏 | 72. I'm usually one of the people who puts life into a party |
| 🞏 | 73. I do whatever is expedient to get the job done |
| 🞏 | 74. I quickly get bored with methodical, detailed work |
| 🞏 | 75. I am keen on exploring the basic assumptions, principles and theories underpinning things and events |
| 🞏 | 76. I'm always interested to find out what people think |
| 🞏 | 77. I like meetings to be run on methodical lines, sticking to laid down agenda, etc. |
| 🞏 | 78. I steer clear of subjective or ambiguous topics |
| 🞏 | 79. I enjoy the drama and excitement of a crisis situation |
| 🞏 | 80. People often find me insensitive to their feelings |

#### Scoring and Interpreting the Learning Styles Questionnaire

The Questionnaire is scored by awarding one point for each ticked item. There are no points for crossed items. Simply indicate on the lists below which items were ticked by circling the appropriate question number.

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | 7 | 1 | 5 |
| 4 | 13 | 3 | 9 |
| 6 | 15 | 8 | 11 |
| 10 | 16 | 12 | 19 |
| 17 | 25 | 14 | 21 |
| 23 | 28 | 18 | 27 |
| 24 | 29 | 20 | 35 |
| 32 | 31 | 22 | 37 |
| 34 | 33 | 26 | 44 |
| 38 | 36 | 30 | 49 |
| 40 | 39 | 42 | 50 |
| 43 | 41 | 47 | 53 |
| 45 | 46 | 51 | 54 |
| 48 | 52 | 57 | 56 |
| 58 | 55 | 61 | 59 |
| 64 | 60 | 63 | 65 |
| 71 | 62 | 68 | 69 |
| 72 | 66 | 75 | 70 |
| 74 | 67 | 77 | 73 |
| 79 | 76 | 78 | 80 |
|  |  |  |  |

TOTALS

**Activist Reflector Theorist**  **Pragmatist**

On the next page indicate your scores for each in the appropriate columns and clarify your preferred learning style.

In descending order of likelihood, the most common combinations are:

1st Reflector/Theorist

2nd Theorist/ Pragmatist

3rd Reflector/Pragmatist

4th Activist/Pragmatist

Learning Styles Questionnaire Profile Based on General Norms for 1302 People

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activist** | **Reflector** | **Theorist** | **Pragmatist** |  |
| 20 | 20 | 20 | 20 | Very strong  preference |
| 19 |  |  |  |
| 18 |  | 19 | 19 |
| 17 | 19 |  |  |
| 16 |  | 18 |  |
| 15 |  | 17 | 18 |
| 14 |  |  |  |
| 13 | 18 | 16 | 17 |
|  |  |  |  |  |
| 12 | 17 | 15 | 16 | Strong preference |
|  | 16 |  |  |
| 11 | 15 | 14 | 15 |
|  |  |  |  |  |
| 10 | 14 | 13 | 14 | Moderate |
| 9 | 13 | 12 | 13 |
| 8 |  |  |  |
| 7 | 12 | 11 | 12 |
|  |  |  |  |  |
| 6 | 11 | 10 | 11 | Low preference |
| 5 | 10 | 9 | 10 |
| 4 | 9 | 8 | 9 |
|  |  |  |  |  |
| 3 | 8 | 7 | 8 | Very low preference |
|  | 7 | 6 | 7 |
|  | 6 | 5 | 6 |
| 2 | 5 | 4 | 4 |
|  | 4 | 3 | 3 |
|  | 3 |  |  |
| 1 | 2 | 2 | 2 |
|  | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 |

### Learning Styles - General Descriptions

**Activists**

Activists involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open-minded, not sceptical, and this tends to make them enthusiastic about anything new. Their philosophy is: "I'll try anything once". They tend to act first and consider the consequences afterwards. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement from one activity has died down they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer-term consolidation. They are gregarious people constantly involving themselves with others but in doing so; they seek to centre all activities on themselves.

**Reflectors**

Reflectors like to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first hand and from others, and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about experiences and events is what counts so they tend to postpone reaching definitive conclusions for as long as possible. Their philosophy is to be cautious. They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and discussions. They enjoy observing other people in action. They listen to others and get the drift of the discussion before making their own points. They tend to adopt a low profile and have a slightly distant, tolerant unruffled air about them. When they act it is part of a wide picture which includes the past as well as the present and others' observations as well as their own.

**Theorists**

Theorists adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who won't rest easy until things are tidy and fit into a rational scheme. They like to analyse and synthesise. They are keen on basic assumptions, principles, theories models and systems thinking. Their philosophy prizes rationality and logic. "If it's logical it's good". Questions they frequently ask are: "Does it make sense?" "How does this fit with that?" "What are the basic assumptions?" They tend to be detached, analytical and dedicated to rational objectivity rather than anything subjective or ambiguous. Their approach to problems is consistently logical. This is their "mental set" and they rigidly reject anything that doesn't fit with it. They prefer to maximise certainty and feel uncomfortable with subjective judgments, lateral thinking and anything flippant.

**Pragmatists**

Pragmatists are keen on trying out ideas, theories and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They are the sorts of people who return from management courses brimming with new ideas that they want to try out in practice. They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with ruminating and open-ended discussions. They are essentially practical, down to earth pile who like making practical decisions and solving problems. They respond to problems and opportunities "as a challenge". Their philosophy is: "There is always a better way" and "if it works it's good".

**Learning styles - a further perspective**

**ACTIVISTS:**

**Activists** *learn best from activities where:*

* There are new experiences/problems/opportunities from which to learn.
* They can engross themselves in short "here and now" activities such as business games, competitive teamwork tasks, role-playing exercises.
* There is excitement/drama/crisis and things chop and change with a range of diverse activities to tackle
* They have a lot of the limelight/high visibility, i.e. they can "chair" meetings, lead discussions, and give presentations.
* They are allowed to generate ideas without constraints of policy or structure or feasibility.
* They are thrown in at the deep end with a task they think is difficult, i.e. when set a challenge with inadequate resources and adverse conditions.
* They are involved with other people, i.e. bouncing ideas off them, solving problems as part of a team.
* It is appropriate to "have a go".

**Activists** *learn least from, and may react against, activities where:*

* Learning involves a passive role, i.e. listening to lectures, monologues, explanations, statements of how things should be done, reading, watching.
* They are asked to stand back and not be involved.
* They are required to assimilate, analyse and interpret lots of "messy" data.
* They are required to engage in solitary work, i.e. reading, writing, thinking on their own.
* They are asked to assess beforehand what they will learn, and to appraise afterwards what they have learned.
* They are offered statements they see as "theoretical", i.e. explanation of cause or background
* They are asked to repeat essentially the same activity over and over again, i.e. when practicing.
* They have precise instructions to follow with little room for manoeuvre.
* They are asked to do a thorough job, i.e. attend to detail, tie up loose ends, dot the i's,   
  cross t's.

**Summary of strengths:**

* Flexible and open minded.
* Happy to have a go.
* Happy to be exposed to new situations.
* Optimistic about anything new and therefore unlikely to resist change.

**Summary of weaknesses:**

* Tendency to take the immediately obvious action without thinking.
* Often take unnecessary risks.
* Tendency to do too much themselves and hog the limelight.
* Rush into action without sufficient preparation.
* Get bored with implementation/consolidation.

**Key questions for activists:**

* Shall I learn something new, i.e. that I didn't know/couldn't do before?
* Will there be a wide variety of different activities? (I don't want to sit and listen for more than an hour at a stretch!)
* Will it be OK to have a go/let my hair down/make mistakes/have fun?
* Shall 1 encounter some tough problems and challenges?
* Will there be other like-minded people to mix with?

**REFLECTORS:**

**Reflectors** learn best from activities where:

* They are allowed or encouraged to watch/think/chew over activities.
* They are able to stand back From events and listen/observe, i.e. observing a group at work, taking a back seat in a meeting, watching a film or video.
* They are allowed to think before acting, to assimilate before commencing, i.e. time to prepare, a chance to read in advance a brief giving background data.
* They can carry out some painstaking research, i.e. investigate, assemble information, and probe to get to the bottom of things.
* They have the opportunity to review what has happened, what they have learned.
* They are asked to produce carefully considered analyses and reports.
* They are helped to exchange views with other people without danger, i.e. by prior agreement, within a structured learning experience.
* They can reach a decision in their own time without pressure and tight deadlines.

**Reflectors** learn least from, and may react against, activities where:

* They are "forced" into the limelight, i.e. to act as leader/chairman, to role-play in front of on-lookers.
* They are involved in situations which require action without planning.
* They are pitched into doing something without warning, i.e. to produce an instant reaction, to produce an off-the-top-of-the-head idea.
* They are given insufficient data on which to base a conclusion.
* They are given cut and dried instructions of how things should be done.
* They are worried by time pressures or rushed from one activity to another.
* In the interests of expediency they have to make short cuts or do a superficial job.

**Summary of strengths:**

* Careful.
* Thorough and methodical
* Thoughtful
* Good at listening to others and assimilating information.
* Rarely jump to conclusions.

**Summary of weaknesses:**

* Tendency to hold back from direct participation.
* Slow to make up their minds and reach a decision.
* Tendency to be too cautious and not take enough risks.
* Not assertive - they aren't particularly forthcoming and have no "small talk".

**Key questions for reflectors:**

* Shall I be given adequate time to consider, assimilate and prepare?
* Will there be opportunities/facilities to assemble relevant information?
* Will there be opportunities to listen to other people's points of view - preferably a wide cross section of people with a variety of views?
* Shall I be under pressure to be slapdash or to extemporise?

**THEORISTS:**

**Theorists learn best from activities where:**

* What is being offered is part of a system, model, concept, theory
* They have time to explore methodically the associations and inter-relationships between ideas, events andsituations.
* They have the chance to question and probe the basic methodology, assumptions or logic behind something, i.e. by taking part in a question and answer session, by checking a paper for inconsistencies.
* They are intellectually stretched, i.e. by analysing a complex situation, being tested in a tutorial session, by teaching high calibre people who ask searching questions.
* They are in structured situations with a clear purpose.
* They can listen to or read about ideas and concepts that emphasise rationality or logic and are well argued/elegant/watertight.
* They can analyse and then generalise the reasons for success or failure.
* They are offered interesting ideas and concepts even though they are not immediately relevant.
* They are required to understand and participate in complex situations.

**Theorists learn least from, *and* may react against, activities where:**

* They are pitch-forked into doing something without a context or apparent purpose.
* They have to participate in situations emphasising emotions and feelings.
* They are involved in unstructured activities where ambiguity and uncertainty are high, i.e. with open-ended problems, on sensitivity training.
* They are asked to act or decide without a basis in policy, principle or concept.
* They are faced with a hotchpotch of alternative/contradictory techniques/methods without exploring any in depth, i.e. as on a "once over lightly" course.
* They find the subject matter platitudinous, shallow or gimmicky.
* They feel themselves out of tune with other participants, i.e. when with lots of Activists or people of lower intellectual calibre.

**Summary of strengths:**

* Logical "vertical" thinkers.
* Rational and objective.
* Good at asking probing questions.
* Disciplined approach.

**Summary of weaknesses:**

* Restricted in lateral thinking.
* low tolerance for uncertainty, disorder and ambiguity
* Intolerant of anything subjective or intuitive.
* Full of "shoulds, oughts and musts".

**Key questions for theorists:**

* Will there be lots of opportunities to question?
* Do the objectives and program of events indicate a clear structure and purpose?
* Shall I encounter complex ideas and concepts that are likely to stretch me?
* Are the approaches to be used and concepts to be explored "respectable", i.e. sound and valid?
* Shall I be with people of similar calibre to myself?

**PRAGMATIST:**

**Pragmatists learn best from activities where:­**

* There is an obvious link between the subject matter and a problem or opportunity on the job.
* They are shown techniques for doing things with obvious practical advantages, i.e. how to save time, how to make a good first impression, how to deal with awkward people.
* They have the chance to try out and practice techniques with coaching/feedback from a credible expert, i.e. someone who is successful and can do the techniques themselves.
* They are exposed to a model they can emulate, i.e. a respected boss, a demonstration from someone with a proven track record, lots of examples/anecdotes, and a film showing how it’s done.
* They are given techniques currently applicable to their own job.
* They are given immediate opportunities to implement what they have learned.
* There is a high face validity in the learning activity, i.e. a good simulation, 'real" problems.
* They can concentrate on practical issues, i.e. drawing up action plans with an obvious end product, suggesting short cuts, giving tips.

**Pragmatists learn least from, and may react against, activities where: ­**

* The learning is not related to an immediate need they recognise/they cannot see, an immediate relevance/practical benefit.
* Organisers of the learning, or the event itself, seems distant from reality, i.e. "ivory towered", all theory and general principles, pure "chalk and talk".
* There is no practice or clear guidelines on how to do it.
* They feel that people are going round in circles and not getting anywhere fast enough.
* There are political, managerialor personal obstacles to implementation.
* There is no apparent reward from the learning activity, i.e. more sales, shorter meetings, higher bonus, promotion.

**Summary of strengths:**

* Keen to test things out in practice.
* Practical, down to earth, realistic.
* Businesslike - gets straight to the point.
* Technique oriented.

**Summary of weaknesses:**

* Tendency to reject anything without an obvious application.
* Not very interested in theory or basic principles.
* Tendency to seize on the first expedient solution to a problem.
* Impatient with waffle.
* On balance, task oriented not people oriented.

**Key questions for pragmatists:**

* Will there be ample opportunities to practice and experiment?
* Will there be lots of practical tips and techniques?
* Shall we be addressing real problems and will it result in action plans to tackle some of my current problems?
* Shall we be exposed to experts who know how to/can do it themselves?

## Friday Group Teaching Task

|  |  |
| --- | --- |
| **5 teaching sessions**  5 minutes to hand out /explain/ collect evaluations  25 minutes of teaching  10 minutes for feedback |  |
| **In the afternoon**  Sit a 20 minute exam  - 5 questions - combination of EMQ / SBA  Mark the exam |  |
| **Teaching sessions**  Prepare it in groups  Choose how you want to deliver it  INTRODUCTION – MIDDLE – END |  |
| **Introduction**   * Maximum of 3 objectives * Grab interest * Motivate * Set the mood * ? Ascertain prior knowledge |  |
| **Middle**   * Concentrate on what you want them to learn * Break the activity twice * Some interaction * Task(s) * ? Check for learning as you go along * Think about assisting learning   + Teacher orientated   + Student orientated |  |
| **End**   * Summary * ? Give a sense of achievement * ? Encourage reflection on what they have learnt |  |

**Template to assist production of Friday teaching**

**TEACHING**

You will be teaching for 25 minutes

1. **Objectives** - consider using two or three
2. **Introduction** – maximum of 3 objectives; grab interest; motivate; set the mood; ascertain prior knowledge; tell them what you will tell them
3. **Body of the lecture** – concentrate on what you want them to learn, break the activity twice, some interaction, at least one task, consider checking for earning as you go along; think about assisting learning in a teacher orientated or student orientated way
4. **Summary** – summarise your talk, give a sense of achievement if possible

**Evaluation** – you can choose how to do this. Use at least one method but consider using more. Think what you actually want to know about your teaching.

**Assessment questions**

**Details of Friday’s exam**

Some groups will be asked to write four Single Best answer question (SBA) and some will be asked to write four EMQs, each related to the group’s learning objectives and the material taught.

YOU MUST PROVIDE ANSWERS FOR YOUR QUESTION(S) – as well as explanations.

There will be five sets of questions in total, giving a maximum mark of 20.

**Writing exam questions**

Consider two main points

1. Are you testing something useful (ideally linked to teaching objectives or learning outcomes)
2. Are they unambiguous?

Specific instructions

**The Single Best Answer (SBA) questions**

A stem is followed by one correct answer and four distractors. The stem can be long and a clinical scenario is often used. It is useful to focus on problems that can be encountered in real life.

*Potential pitfalls*

Distractor questions should nonetheless be plausible

Avoid questions which say: each of the following is correct except…

Make sure that the distractor questions and correct questions are indistinguishable in relation to length, grammar, specificity

**Extended Matching Questions (EMQ)**

A stem or vignette sets the clinical scene and asks a question. A list of options, or possible answers, should be provided. These should all be plausible options, both grammatically and clinically. Again, the stem can be long and a clinical case is often used, and it should reflect real life practice.

**EXAMPLE OF A POSSIBLE TEACHING PLAN**

**Name**:

**Date**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies** | **Timing**  **? mins** | **Content** | **What do you need? Any equipment?** |
| **Before the session** |  |  |  |
| **During the session**  ***Introduction***  ***Middle***  *Use at least two activities to break up the ‘body’ of the lecture.*  ***End*** |  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **AFTER THE SESSION** |
| **Strengths**  Self evaluation:  Peer evaluation:  Learner evaluation: |
| **Areas for improvement**  Self evaluation:  Peer evaluation:  Learner evaluation: |
| **Action points for next time** |

**THURSDAY**

The following blank page is for you to plan

1. Your teaching
2. Your assessment question
3. Your evaluation

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## Initial Thoughts - to be completed on the first day

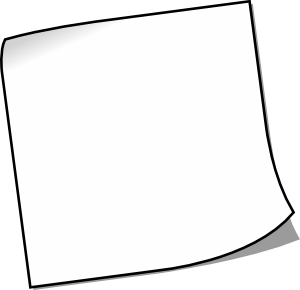
**1 How do you rate yourself as a teacher?**

Please mark on the line how you rate yourself as a teacher now, from the worst teacher you can imagine to the best:

WORST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BEST

**2 What is your biggest anxiety regarding teaching?**

Please complete the post-it note we gave you with the book, and keep a copy of it here:

[](javascript:edit(23166))

## Exercise 1 – Bedside Teaching Plan

You should complete this following the teaching on the first day of the course, prior to the bedside teaching.

|  |  |  |  |
| --- | --- | --- | --- |
| **Before the session** | *State your learning objectives (and see question 1 on page 72)* | | |
|  | **Timings** | **What I will do** | **What I will need** |
| **During the session**  *Introduction*  *Middle*  *End* |  |  |  |
|  |  |  |
|  |  |  |
| **After the session** | **How do you intend to evaluate your teaching session?** | | |

The following questions are based on our principles of good teaching (page 4).

1. **Comment on *how* you and *why* you produced these learning objectives. (For example, was it after discussion with your student? Or perhaps based on your own experience of clinical teaching as a student?)**
2. **Explain how you plan to assess and activate the student’s prior knowledge.**
3. **What do you envisage as the main barriers that will prevent you delivering your teaching? Discuss how you plan to overcome these in order to achieve your learning objectives**
4. **How do you plan to deliver feedback to your student(s)? Which models, if any, will you use? Justify your reasoning.**
5. **Explain why you have chosen the evaluation method that you intend to use. How will you know if your learning objectives have been achieved at the end of the session?**

## Exercise 2 –Evaluation of your Bedside Teaching

1. **What you did:**
2. **Briefly describe your teaching session (who, what and where).**
3. **Did this differ from your teaching plan? If so why?**
4. **Evaluating your teaching:**

**Taking into account your evaluation, the feedback from your facilitator (your year 5 colleague), and your own reflections on the teaching:**

1. **What went well with your teaching? Why?**
2. **What did not go well with your teaching? Why? How might you change your teaching plan next time?**
3. **Feedback to the learner (your student):**
   1. **What feedback did you give? How did you give it? How did the student react?**
   2. **How could you improve your feedback? (for example, how could you have been more challenging? more supportive? more specific?)**
   3. **Patient feedback**
      1. **What factors were important to the patient?**
      2. **How useful was the patient feedback? Explain your answer**

## Exercise 3 – Non-Structured Reflection

We would like you to reflect on something that you have learnt from the course so far. It can be a positive or negative experience. It could be something that we intended you to learn or something that you have learnt incidentally. There are several methods that you can choose from the list below. If you would like to consider an alternative then please discuss with the course lead.

**1. Prose**

Written reflection on something that you have learnt so far during the course and its relevance/importance to your future teaching practice. This could be in either informal diary format or else in a more formal style. e.g. a letter to a journal.

**2.Poetry**

Consider: Think of some words that encapsulate something that has captivated you during the course and how it might transform you as a teacher in the future

**3. Art, photography or video**

With these forms of reflection some text would be expected to explain the choice of material.

It is up to you what material you focus on. Some people choose abstract pictures/events while others will prefer visual material of each other as they carry out the exercises of the day. In case of the latter please get consent for use.

ART – Consider a picture or diagram that demonstrates where you were at the start of the day and where you have got to by the end of the teaching

PHOTOGRAPHY – Consider 1-3 photographs that encapsulate a learning experience

You can present your work either as a Word or Powerpoint document and submit electronically to the course leaders.

VIDEO – Consider a 1 minute video summarizing an aspect of today’s learning; this could be to reflect and remind you of your personal experience or else with a view to teaching someone else something that you feel is important.You can submit this electronically to the course leaders.

**Tips for useful reflections with any of the above**: sometimes a strong emotional reaction can be used to trigger useful reflections; noticing these emotions can help us recognise where a new experience conflicts with our previous understanding and highlights learning needs. For example, surprise, anger, boredom, or elation can all occur in teaching situations; asking yourself why you reacted in that way can lead to new understanding.

**Please write here what method you have chosen, and ensure you submit it with your book, or electronically, on Friday:**

**Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Final Thoughts – to be completed at the end of the week

**1 How do you rate yourself as a teacher?**

Please mark on the line how you rate yourself as a teacher now, from the worst teacher you can imagine to the best:

WORST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BEST

(If you wish to compare it with your initial rating, mark it on the line on that page and write ‘end’ next to it.)

How does this compare with your self-rating at the beginning of the week? Why?

**2 Now you have completed the course, what is your biggest anxiety regarding teaching?**

Look back at what you wrote on the first day.

Is this still the same?

If it has changed – why?

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**Generic Mark Scheme for Mock PACES**

Grade descriptors:

* Excellent = 6
* Good = 5
* Pass = 4
* Narrow Fail = 2
* Outright Fail = 0

**Clinical Skills Grade …**

* History Taking
  + Focussed, systematic exploration of problems
  + Elicits ideas, concerns and expectations

*Comments*

* Examination and Procedural Skills
  + Competent and fluent
  + Minimises risk to patient (Including hand hygiene)

*Comments*

**Formulation of Clinical Issues Grade…**

* Accurate summary and interpretation of the clinical findings (including relevant negatives)
* Considers psychosocial factors
* Differential diagnosis covers common and important conditions

*Comments*

**Discussion of Management Grade…**

* Management plan, evidence based, applies basic science and population science
* Builds patients concerns into plan
* Justifies choice of investigations
* Demonstrates multidisciplinary approach to management

*Comments*

**Professionalism and Patient Centred Approach Grade…**

* + Communicates professionally to examiner (or colleague)
    - * Considers patient safety, comfort and dignity
      * Considers legal and ethical aspects
  + Communicates professionally to patient
    - * Uses empathic behaviours and language
      * Explains accurately, uses appropriate language and check for understanding

*Comments*