

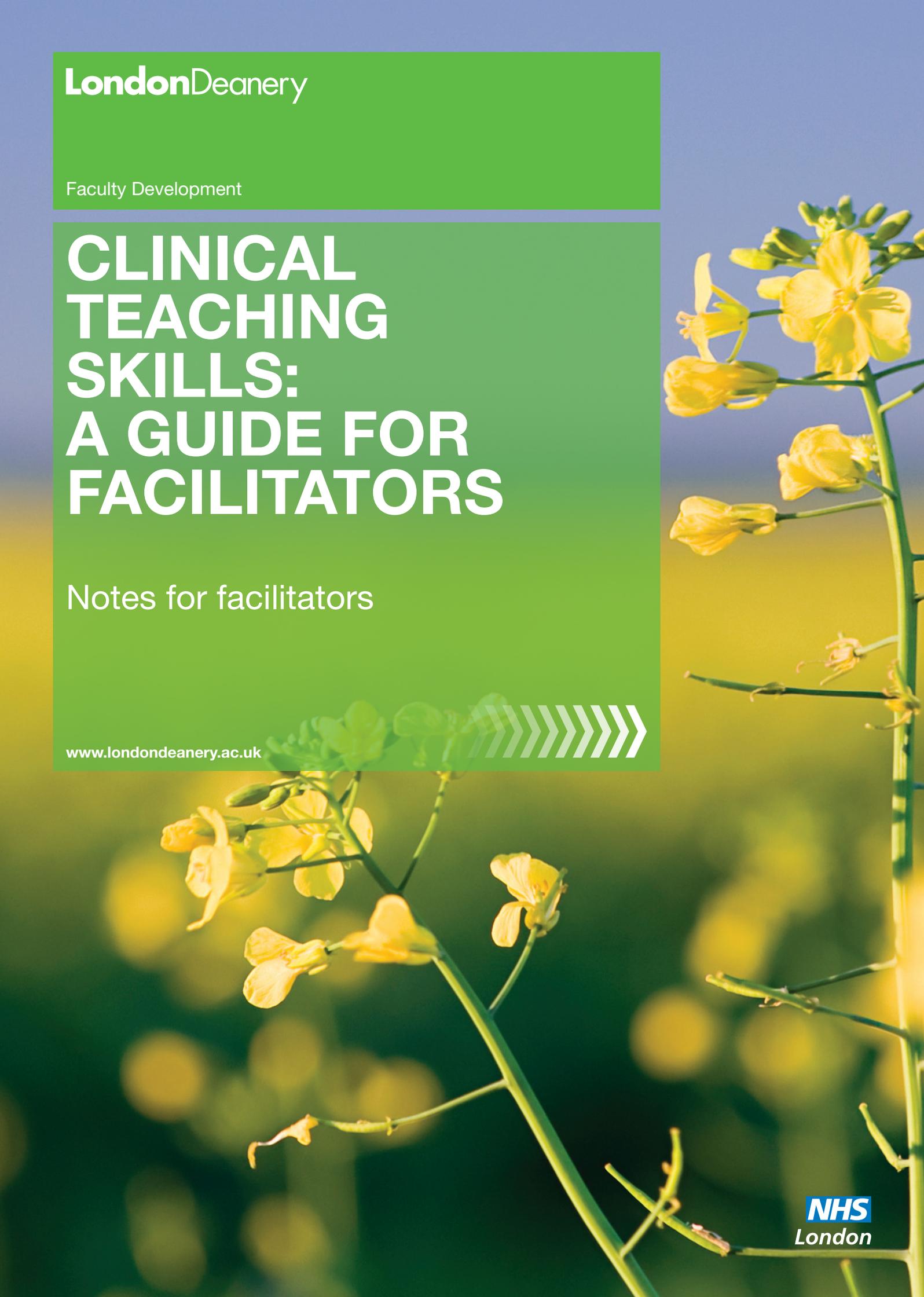
**London**Deanery

Faculty Development

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS

Notes for facilitators

[www.londondeanery.ac.uk](http://www.londondeanery.ac.uk)



# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

### INTRODUCTION TO THE NOTES FOR FACILITATORS

This course has been designed to enable clinicians to learn how to apply education theory to their own clinical and teaching practice. The course uses participatory approaches which encourage collaboration and reflection among participants, enabling key challenges for clinical teaching to be explored and strategies to address challenges to be identified.

### ABOUT THIS GUIDE

The purpose of this brief guide is to help you facilitate the clinical teaching skills workshops. Contained within it should be all the information that you need to run the workshop on the day. The notes contain copies of the slides that are provided with the course. The slides and notes suggest approaches to sessions. However, you may decide not to use some of the slides and may use instead slides or activities that you develop for individual sessions.

### PREPARATION

Prior to running their own course it is recommended that facilitators attend a workshop as an observer, and during that day annotate a copy of this guide. Ideally, this course is delivered by two facilitators working together throughout the day, although it is possible for the day to be delivered by one facilitator.

This guide should also be seen as a 'starter for 10' – a way of getting going. But it is not intended to be narrowly prescriptive. Workshop facilitators will probably have their own examples from practice that will be useful to the groups they work with.

The NHS Institute for Innovation and Improvement has developed two guides that can be used in conjunction with the facilitators' notes to help you think about how you would like to deliver this course and how you may adapt your delivery after you have run the course several times. 'A Handy Guide to Facilitation' provides guidance on facilitating groups and workshop. 'The Facilitators' Tool Kit' which contains 'tools, techniques and tips' for those who are new to facilitation. (NHS Institute for Innovation and Improvement 2009a,b).

Both guides can be accessed via the following link:

[www.institute.nhs.uk/fundamentals](http://www.institute.nhs.uk/fundamentals)

### THE FACILITATOR ROLE

It is essential that this role is one of facilitation and not that of a lecturer. It is not essential to have expert knowledge of the topic.

**What is essential in a facilitator of this workshop are the following.**

- A robust understanding of clinical teaching practices.
- Knowledge of clinical teaching theory.
- The ability to draw effectively on the experience within the group, in order to make full use of the knowledge and understanding that different participants bring to the workshop.
- The ability to present clearly the different activities contained with the workshop and manage the time effectively so that the necessary material is covered.
- The confidence, if necessary, to challenge participants if they are unduly cynical about educational supervision or about wider changes in medical education.

### THE COURSE

#### Purpose

This course has been designed to enable participants to develop their teaching skills irrespective of their level of experience or proficiency.

#### Format

The course uses a variety of learning modes. Participants will take part in workshops and discussion groups, there will be short lectures, and individuals will be asked to present short teaching sessions in small groups and to give feedback to one another on teaching methods. Facilitators can decide the priority they wish to give to activities, depending on the learning needs of the group. The microteaching session, for example, can be very useful to enable participants to practise their skills and receive feedback, especially on performing a learning needs analysis. If needed, facilitators may decide to extend this session, giving less time to other topics, such as setting direction or facilitating groups.

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## NOTES FOR FACILITATORS

### Participants are asked to bring the following to the course.

A five-minute teaching session they can provide for their colleagues on a simple topic. The topic can be medical or non-work-related, e.g. about a hobby. As this will be done in small groups, it is not appropriate to bring PowerPoint presentations. Instead, any visual aids will have to be suitable for a small group and the presenter will have to provide the aids for the session.

Remember that in five-minutes there is very little that can be covered. Ask participants to give some thought to how to distil maybe two or three key points from the time allocated. Also ask them to think about how they are going to structure the time available.

### If possible, ask participants to read the following article:

**Hutchinson, L. (2003) ABC of learning and teaching: educational environment. *BMJ* 326: 810–812.**

The article can be freely accessed at:

<http://www.bmj.com/content/326/7393/810.short>

## COURSE OBJECTIVES

### By the end of this course participants will have:

- discussed principles of effective learning
- identified the role of feedback in developing learners
- understood the role of questioning in stimulating learning
- planned and delivered a five-minute teaching session
- provided constructive feedback for colleagues
- discussed ways to plan and structure workplace learning

## ATTENDANCE

A minimum of 80% attendance at short courses is compulsory.

## WHAT TO DO ON THE DAY

If the workshop is being run locally (at a trust) as opposed to centrally (at the Deanery), it is a good idea to have researched local information about who the educational supervisors can contact if they have particular problems with trainees. For example, you might want to know the names of the Directors of Medical Education; Foundation Programme Training Director, etc. It is useful to arrange for packs to be made available to each participant on the day with copies of relevant materials (e.g. timetable for the day, relevant, handouts, copy of slides and evaluation form). It may also be useful to have name tags for each participant.

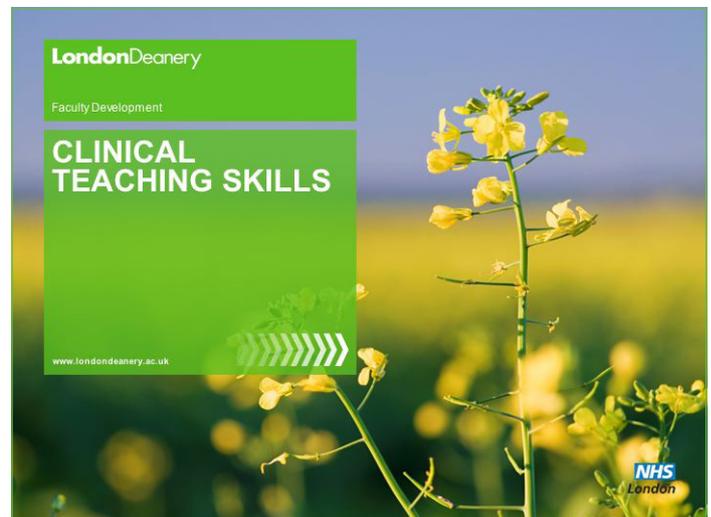
The workshop can be run with between 8 and 24 participants, depending on the size of the room. There needs to be space for quiet, paired conversations, and this needs to be kept in mind when working out how many people can be accommodated in a particular venue).

Facilitators should get there at least 30 minutes before the first session is due to begin. You need to check that the room has been arranged appropriately (i.e. in a way that allows for small group discussion) and that the audiovisual aids are working. Make sure there is plenty of paper on the flipchart and marker pens that work.

Also draw out on a piece of plain paper the arrangement of tables/chairs, so that you can quickly do a seating plan to help you recall participants' names.

**Put up your slides with the first slide showing the title of the day.**

**SLIDE 1: Clinical teaching skills.**



# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

### SESSION 1: 09.30–09.45 COURSE INTRODUCTIONS

The function of this initial session is to set the scene for the day so that participants are clear about the objectives.

#### Start by welcoming everybody.

Introduce yourself briefly, giving your name, your role and any other immediately relevant background information. Provide a brief overview of the day. It is always good at the beginning of the course to ask people to introduce themselves and to provide one outcome they would like to achieve by the end of the day or course. This focuses their minds and enables the facilitators to ensure that expectations are met. If someone expresses a desire to cover something that is not included in the course, then it is best to say so upfront and to direct them to a more suitable resource or course. It may be that the facilitator can speak to the individual during a break if they have relevant experience or knowledge.

#### SLIDE 2: Learning objectives.

### LEARNING OBJECTIVES

#### By the end of the course participants will have:

- Discussed principles of effective learning
- Identified the role of feedback in developing learners
- Understood the role of questioning in stimulating learning
- Planned and delivered a 5-minute teaching session
- Provided constructive feedback for colleagues
- Discussed ways to plan and structure workplace learning

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With all courses it is imperative that participants are afforded the opportunity to experiment with their practice, to experience the views and perspectives of other colleagues, and also to share the expertise of the course writers and tutors. Pre-course materials should have outlined the interactive nature of the course and all participants should have brought along their pre course preparation of the five-minute teaching session they will do. Explain that participants will be encouraged to work with different colleagues throughout the day.

#### SLIDE 3: Approaches used.

### APPROACHES USED

- DISCURSIVE – information sharing
- EXPERIMENTAL – exploring new teaching strategies
- EXPERIENTIAL – peer group learning

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The learning objectives listed above are an important way to start the course, as participants will be able to see what they will be involved in doing during the sessions and what skills they will have demonstrated by the completion of the courses.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## ONE-DAY COURSE PROGRAMME

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<b>09.00–09.30</b>	Registration and coffee
<b>09.30–09.45</b>	Session 1: Course introductions and learning objectives
<b>09.45–10.30</b>	Session 2: Teaching and learning in clinical practice
<b>10.30–10.45</b>	Feedback
<b>10.40–11.00</b>	Coffee
<b>11.15–12.00</b>	Session 3: Microteaching
<b>12.00–12.15</b>	Session 4: Plenary for microteaching
<b>12.15–13.00</b>	Session 5: Setting direction
<b>13.00–13.45</b>	Lunch
<b>13.30–14.30</b>	Session 6: Facilitating groups
<b>14.15–15.15</b>	Session 7: Teaching through questioning
<b>15.15–15.30</b>	Tea
<b>15.30–16.00</b>	Session 8: Structuring learning
<b>16.00–16.30</b>	Session 9: Learning cycles
<b>16.30–16.45</b>	Session 10: Summary evaluation and close

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

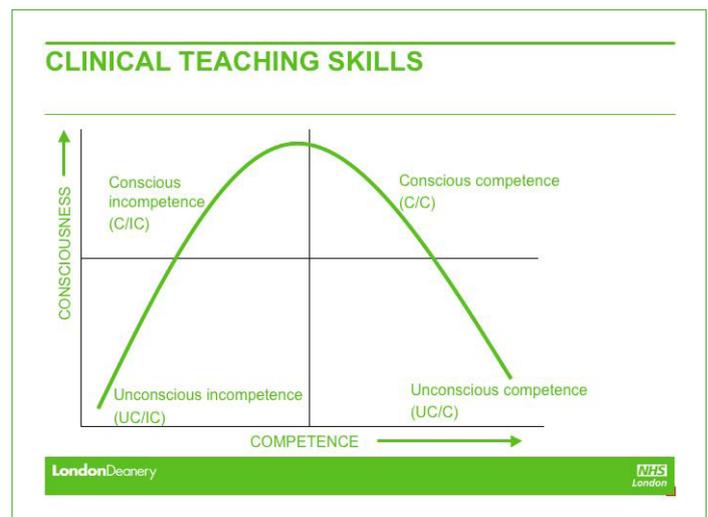
### SESSION 2: 09.45–10.30 TEACHING AND LEARNING IN CLINICAL PRACTICE

The purpose of this session is to include all participants in the process of reflecting on teaching and learning and what it means to them. Several theoretical frameworks are introduced to enable reflection on teaching practice, and for participants to look at their own learning experiences in order to review the roles and responsibilities of both teachers and learners.

The session looks at the overview of teaching and learning. It is important that facilitators remember that most course participants will have been teaching in some way for some time, but will usually feel that they have had little formal preparation for this. While this session will introduce some new theoretical knowledge, it is usually more positively received if that new information arises out of the views and experiences of the group. So, where possible, use activities to encourage the participants to reflect on their experiences as learners and teachers. You can invite the group to participate and comment all through this session. This is an opportunity for participants to share their experiences with one another.

Introduce this session by explaining that, as educators, sometimes we may fall into the trap of thinking that just because we have taught something, it has been learned. We often describe teaching and learning in terms of 'delivery', which makes it commodity-based. Knowledge and skills may be, to a degree, commodities that can be transferred from one person to another, but much of postgraduate medical education is about process rather than product. In terms of clinical skills, judgements, decision making and professional behaviours, such attributes cannot be 'delivered' to trainees; they must be developed through a social, collaborative process of working together.

### SLIDE 4: Clinical teaching skills.



Dreyfus and Dreyfus (1986) developed a model for understanding skills development. Slide 4 can be used to discuss how trainees learn as they progress from novice to expert. This diagram can be drawn up on a flipchart and talked through if you prefer. It lends itself well to the analogy of learning to drive.

**Bottom left quadrant:** feeling excited about the start of driving lessons; not knowing that it isn't as easy as it looks. It may be useful to draw a smiley face in this box to show the 'ignorance is bliss', nature of this stage of learning.

**Top left quadrant:** realising after a mile or so behind the wheel that driving a car is not as easy as it looks – that one is not able to do it as well as one initially thought. It may be useful to draw a sad face here as the learner realises what a task is ahead of them and feels demotivated and incompetent.

**Top right quadrant:** beginning to be competent and ultimately passing the driving test. But being aware that the level of competence needed to pass the test is not the same as that of an experienced driver. Still being nervous when driving alone. It may be useful to draw a dubious face – with a flat line mouth to show a learner who has the basic skills but is still not a confident driver.

**Bottom right quadrant:** being an experienced driver who does not need to be consciously aware of every action while driving a car. Being able to have the radio on and hold a conversation. Not always remembering once you reach your destination which route you took to get there. You could draw a smiley face here.

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## NOTES FOR FACILITATORS

### The points to pull out of this are.

Below the awareness line we are happy, but above it we are less so. Learning, therefore, is not necessarily a happy process. It can make us feel insecure and uncomfortable.

A really good doctor will naturally venture back up the curve out of the unconsciously competent box into the consciously competent and maybe even further back. This is a way of staying fresh, of pushing oneself to develop and of avoiding the 'fifth quadrant' of confident incompetence, where people end up if they never challenge themselves to do anything new.

A really good teacher is also able to climb back up the curve to meet their trainees in the different quadrants. Feedback to trainees inhabiting different quadrants would be slightly different depending upon the level of insight displayed. So a trainee who is consciously competent needs only to practise and develop confidence, whereas a trainee who is in the consciously incompetent quadrant needs to be handled sensitively. A trainee in the unconsciously incompetent quadrant may well need to be made aware of their incompetence before they can progress any further.

This activity is a great ice breaker early on in the course and really starts to root the discussion in participants' own practice. Ask them to form into groups of between three and six people. It may be that they are on tables already, so that is fine. Ask them to discuss with one another a good learning experience they have had. Ask them to share the elements of the learning that made it good. And also ask them to share a bad learning experience and to share the elements of that learning that made it bad. Make sure that in explaining the brief to them, you repeat the word 'learning' several times, without overt stress.

### SLIDE 5: The learning environment.

### THE LEARNING ENVIRONMENT

**Cast your mind back to a time when you were a learner:**

- Think of a good learning experience and identify the factors that made it good
- Think of a bad learning experience and identify the factors that made it bad

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Give them five-minutes to discuss and draw up a list of features of good learning and features of bad learning.

### On the flip chart draw this box:

	+	-
TEACHER		
LEARNER		

When the group feed back to you the two lists of good and bad learning features, allocate them under the correct symbol, but put any comments relating to the teacher or teaching into the top boxes and any comments relating to the learner into the bottom boxes.

What you will find is that most of the comments relate to the teacher or teaching and not to the learner. So people say things like, 'positive feedback', 'organised', 'supportive' and very rarely say things about the learner.

Once the groups have fed back two or three comments each, and you have filled up the top boxes, you can ask them why you have squeezed all their comments into the top boxes and left the bottom ones blank. They will realise that they have commented on teaching and not, as you requested, on learning.

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## NOTES FOR FACILITATORS

Then say to the group that this happens frequently when you do the activity. That it reflects our culture, whereby we see the responsibility for good learning as being that of the teacher and not of the learners. We rarely say, *'That was a great course, because I did all of the pre-course reading and activities, and I had an early night the night before. I got there half an hour early as I wanted to make sure I was in the right place, and I made sure I sat at the front and asked any questions I had...'* If the learning was good we say it was because the teacher was good and if it was bad we blame the teacher too.

Ask the group if this is right? We know it happens but is it right?

Or is there a need to share some of the responsibility with our learners? Do we need to ask them to prepare before a session? Should we give them some of the role of booking rooms, or organising AV equipment? What about giving them part of the session to teach?

How many of them complain about trainees wanting to be spoon-fed these days? How far is this our fault? If we don't give them responsibility how can we expect them to take it? By investing all of the power into the teacher we are disempowering the learners from the learning process.

**The good and bad learning activity illustrates the principles of adult learning.**

**SLIDE 6 : Principles of adult learning.**

### PRINCIPLES OF ADULT LEARNING

- Learning depends on motivation
- Capacity to learn
- Experiences must be meaningful
- Active involvement
- Outcome driven
- Feedback
- Regular review

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**SLIDE 7: Implications for Teachers.**

### IMPLICATIONS FOR TEACHERS

- Always start with a learning needs analysis so that you can assess the level of your learners
- Consider the relevance to them of the subject
- This can save time so that you tailor what you say to their needs
- It also establishes a dialogue – the first step in engagement

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Point out that our learning preferences have repercussions for how we teach. Similarly, where we view the power, control and responsibility for learning will impact on our view of learning and how we facilitate it. Summarise by saying that it is important to always start with a learning needs analysis so that you can assess the level of your learners and consider the relevance to them of the subject or issue under discussion. This can save time so that you tailor sessions or activities to their needs. It also establishes a dialogue – the first step in engagement.

You may wish to pick up on comments made about the learning environment or about the degree of threat/humiliation/peril that may have been raised by the group. Some doctors feel that without a threat there is no motivation to learn, and it is worth discussing the difference between challenging learning and humiliating learning.

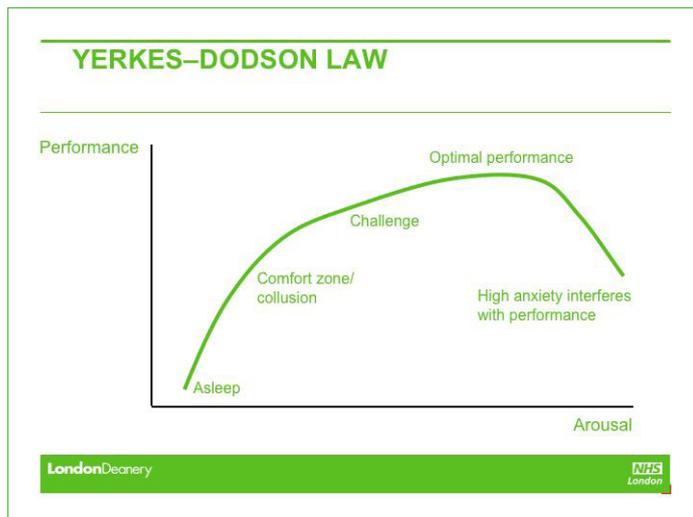
Point out to the group that they have identified these principles themselves. They know what worked for them as learners and so it is likely to work for their own trainees. Run through these principles with them and perhaps ask how far they practise them with trainees on the job.

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## NOTES FOR FACILITATORS

### SLIDE 8: Yerkes–Dodson law.

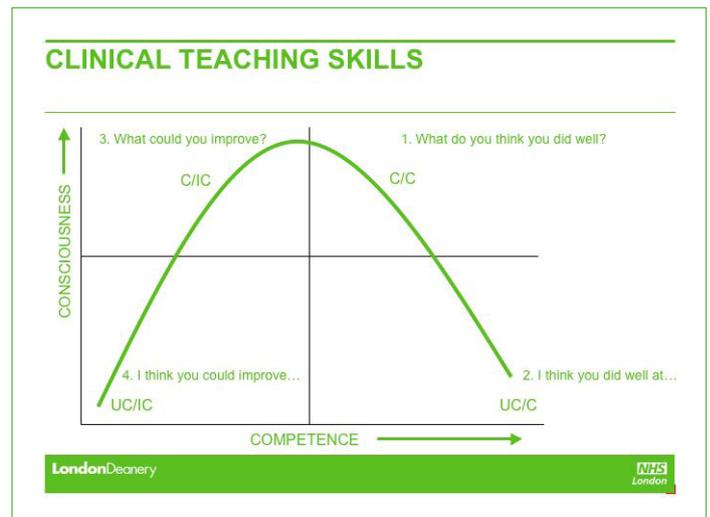


The Yerkes–Dodson law (Broadhurst 1957) shows how a learner can benefit from a degree of stimulation but that if the challenge exceeds a certain level the learning stops almost instantly.

This can lead on to talk about relationships and how positive relationships are a key feature of positive learning experiences. They will already have discussed this in their groups about good and bad learning. But the nature of the relationship depends on trust. And trust can be developed through effective feedback.

### 10.30–10.45 FEEDBACK

### SLIDE 9: Clinical teaching skills.



Some of the group may have heard of Pendleton's rules for giving feedback. David Pendleton was a psychologist working with GPs in the 1990s and he devised this four-step system for providing feedback. First ask the learner to identify what they think they did well; secondly, share what you thought they did well; thirdly, ask the learner what they think they need to change; and finally, share your thoughts on how they can improve. Many people now feel it is twee and formulaic, but if we look at it superimposed on the learning curve, we can see that Pendleton reaches all areas of learning and involves the individual in developing insight as well as receiving sound advice from a more expert trainer.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

### SLIDE 10: Feedback.

### FEEDBACK

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**'Giving feedback is not just to provide a judgement or evaluation. It is to provide [develop] insight. Without insight into their own limitations, trainees cannot process or resolve difficulties'**

King (1999)

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Feedback can be seen as the initial, external phase of the process that develops insight and which ends with a self-reflective practitioner who can monitor their own practice through internal feedback. Remind them that there is a huge difference between commenting on a person and on their actions. If feedback is to be evidence based it needs to be about behavior, not personality.

This ought to bring you up to the coffee break at 10.45. Ask if there are any outstanding questions or comments at this stage.

**And then finish with a summary slide reminding them what you have looked at in this session.**

### SLIDE 11: Summary.

### SUMMARY

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- Principles of learning – always start with learning needs
- Learning is about developing competence and awareness
- Degree of challenge and security
- Developing people requires good relationships and mutual trust
- Feedback is essential and needs to focus on behaviour not personality traits

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### 10.45–11.00 COFFEE

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## NOTES FOR FACILITATORS

### SESSION 3: 11.00–12.00 MICROTEACHING

This session gives everyone an opportunity to practise some teaching, experience being a learner, and to give and receive feedback on teaching.

For this session it is important to check that everyone has their prepared five-minute session with them and understands the structure of the session. There are 10 minutes at the start for this checking and briefing of the groups. If some participants have not prepared a five-minute teaching session give suggestions on topics they could use, e.g. an update on a new medicine in their specialty.

#### SLIDE 12: Microteaching.

### MICROTEACHING

In groups of 3, adopt the following roles in turn:

- teacher
- learner
- feedback giver

For each 15-minute slot, the teacher takes 5 minutes to teach a small topic, then receives feedback for 10 minutes from the learner and feedback person

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Explain that the group will split into smaller groups of three, and in each 15-minute slot that ensues, the individuals will play the roles of teacher, learner and observer. The teacher will teach the learner for the five-minute session and then the remaining 10 minutes will be devoted to feedback from the observer, who will also ask the learner for their perspectives on the session. Pendleton's rules should be used to frame the feedback, but the four areas of Pendleton's rules should allow for a developed 'learning conversation', which explores the intentions and aims of the teacher as well as the observations of the learner and observer. It may be helpful to give specific guidance on the role of the observer, which could include suggesting that they:

- watch carefully and make notes on what seems to go well
- invite the teacher and then the learner to say 'how it went for them'
- give constructive feedback based on specific observations that you described.

Once the microteaching is taking place observe to make sure the schedule is followed, reminding participants when it is time to change roles.

#### You may wish to keep time for the groups.

**11.15–11.20** Person A teaches person B and person C observes.

**11.20–11.30** Person C provides feedback using Pendleton's rules to question both teacher and learner in turn.

**11.30–11.35** Person B teaches person C and person A observes.

**11.35–11.45** Person A provides feedback using Pendleton's rules to question both teacher and learner in turn.

**11.45–11.50** Person C teaches person A and person B observes.

**11.50–12.00** Person B provides feedback using Pendleton's rules to question both teacher and learner in turn.

### SESSION 4: 12.00–12.15 PLENARY FOR MICROTEACHING

This short session is important in preparing for the afternoon by using the reflections of the group on their experiences in the microteaching. It will allow for you to consider the need for learning objectives, to look at types of teaching methodology, the importance of questioning in teaching and learning, and how to structure a session. Questions that you can ask to facilitate the discussion include the following.

- What did you notice worked well?
- What did the teacher do to involve the learner?
- What kind of questions were asked?
- How did the learner respond to the different questions?
- What do you notice that could be done differently or improved?
- Were there any barriers to learning? If so, what and why?

It is important during the plenary session to pull out as many key points from the participants as you can. While there is some power to the feedback being provided by their colleagues, they are also looking for the 'expert' view on how to teach! Although there is not necessarily one right way to teach, they will want to hear from the facilitators how they have found what worked in their experiences. Specific topics such as structuring teaching or setting learning objectives can be referred to the relevant sessions coming up during the day.

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## NOTES FOR FACILITATORS

### SESSION 5: 12.15–13.00 SETTING DIRECTION

This session picks up on the need to set direction in any learning episode and looks at setting objectives for even a short five-minute session.

Many clinical educators have difficulty with the concept of 'Aims, objectives and learning outcomes'. It is possible to clearly explain the difference between the three but perhaps advisable to focus on practicalities rather than technicalities. A brief discussion at the start as to what they understand them to be and why we use them should highlight some of the levels of understanding in the room.

You could start the discussion by asking the participants some of the following questions.

- What do you think the aims, objectives and outcomes in terms of learning are?
- Why do we need them?
- Why are they useful?
- How do we write them?

The question following 'Why use objectives or outcomes?' relates to definition. This next slide can be used if you feel clarity is required, or left out if you think it may cause more confusion.

#### SLIDE 13: Definitions.

### DEFINITIONS

AIM: general idea of where you want to go

OBJECTIVE: what trainer wants learner to do/think/know  
= TEACHING OBJECTIVE

OUTCOME: statement of what learner will achieve in terms of observable behaviour  
= LEARNING OUTCOME

#### You may have a better definition you would prefer to use.

The main part of this session focuses on asking participants to specify the learning outcomes they had for the teaching sessions they have just participated in. While they may not have consciously thought about their learning outcomes this is an opportunity to consider them. First it is helpful to provide a simple framework for designing learning outcomes.

#### SLIDE 14: Smart outcomes.

### SMART OUTCOMES

- Specific
- Measurable
- Achievable
- Relevant
- Time bound

#### SLIDE 15: Learning outcome.

### LEARNING OUTCOMES

By the end of today you will be able to write at least one learning outcome for your session:

- S – 'at least one'
- M – has it been written?
- A – only 'one'
- R – related to day and task ahead
- T – 'by the end of today'

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## NOTES FOR FACILITATORS

**Introduce them to the framework of SMART and then show them how it relates to a learning episode.**

Showing them this list of verbs may help them to realise that learning outcomes need to be easily observable – so words like ‘understand’ or ‘appreciate’ are not terribly useful.

**SLIDE 16: Learning outcomes.**

**LEARNING OUTCOMES**

Write List Show Revise Describe Specify Identify Analyse  
Assess Demonstrate Use Critique Explain Perform Apply  
Create Discuss Predict Make Design Compute Rate Utilise  
Plan Select Label Prepare Compare

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Once this has been discussed there should be 20 minutes left for the activity.

In their same groups of three, ask them to come up with one learning outcome for the session they just taught. They can help each other with this. Give them 10 minutes.

Then in the final 10 minutes, sample a few of the outcomes on the flip-chart and point out how they drive the session forward, motivate the learner and express levels of expectation.

### Summary

**SLIDE 17: Developing learning outcomes**

**DEVELOPING LEARNING OUTCOMES**

- **Why do we need them?**
  - to motivate
  - expectations
  - plan learning
- **What are they?**
  - observable statements of action
- **How do we write them?**
  - SMART

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### 13.00–13.45 LUNCH

Lunch is a short break – this is to enable the course to finish at a reasonable time. Usually, locally held courses do not require longer for lunch, and if you do give longer you run the risk of clinicians ‘popping back’ to check on patients, etc.

### SESSION 6: 13.45–14.30 FACILITATING GROUPS

This is a good session for the post-lunch slot as it should be fairly lively if you choose your topics well for the group discussions. The purpose of this session is to show two different types of group learning.

Introduce the idea first by asking them where in the workplace they participate in or run group discussions. This could be informal teaching with two or three trainees or it could be running multi-disciplinary team meetings, departmental meetings or management meetings. Stress to the group they conduct much of their work in small groups and that therefore managing a group so that people get the best from it is a great skill to have.

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At this point the facilitator could run a short (10-minute) closed or convergent discussion about the advantages and disadvantages of teaching through groups, using named individuals to elicit answers and recording the answers on a flipchart. If the group is struggling to provide answers, close down your questions, and give hints... 'What about managing group dynamics?' Briefly discuss the advantages and disadvantages of group discussions.

### Points to make in relation to advantages could include:

- Team development
- Flexibility
- Changes attitudes
- Individual strengths discovered
- Beliefs explored
- Analysis

### Points to include in relation to disadvantages could include:

- Takes time
- Needs skilled facilitation
- Needs good listening skills
- Group dynamics
- Attitudes and opinions

Then it is time to move on to an open or divergent discussion demonstration. If you have more than 10 participants it is strongly recommended that you select no more than eight or nine people to be in this group discussion. With this size of group it is possible to demonstrate how to include everyone in a discussion. This should not take more than 10 minutes.

Choose a topic that does not have a right or a wrong answer, something not too contentious or they will not join in, but something that most people can have an opinion about. Some examples include the following.

**'What is the role of the Royal Colleges in training today?'**

**'Whose responsibility is specialty training?'**

**'Specialist nurses versus trainee doctors?'**

**'Commissioning in healthcare'**

Run a divergent discussion using the entire group if you can, with you saying as little as possible, so that the participants are given the opportunity to talk and direct the proceedings. Remember that there is not necessarily a right answer and that your objective is to enable as many people to discuss and analyse and evaluate as possible. Do not let certain people dominate but try to keep the conversation flowing freely.

**After the second demonstration, draw two diagrams on the flipchart.**

Diagram 1:

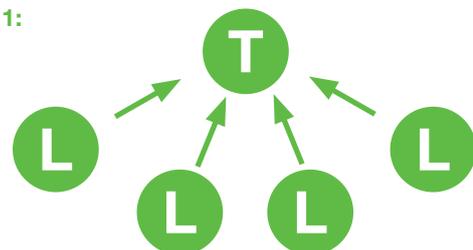
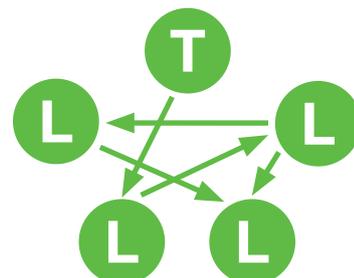


Diagram 2:



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## NOTES FOR FACILITATORS

**Diagram 1:** Convergent (closed) discussion

**Diagram 2:** Divergent (open) discussion

As you talk through the process of a convergent discussion, (diagram 1) show how the teacher asks questions of the group and the answers go back to the teacher. So the teacher is directing and guiding the information, eliciting knowledge from the group and collating it. Diagram 2 shows that the teacher sets up a group and specifies the topic and any rules briefly, but then allows the group to talk to one another and to discuss things in a more exploratory way. You can use arrows to show the unidirectional or multi-directional flow of talk.

**You can summarise the uses of each type of group discussion thus.**

**SLIDE 18: Discussions.**

DISCUSSIONS	
Convergent	Divergent
Knowledge	Process
Learning ideas	Exploring feelings
Revision	Reflection
Accepting views	Clarifying views
Apply knowledge	Develop coherence

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**If there is time you may want to look at some of the difficulties in running group discussions.**

**SLIDE 19: Discussion – problems.**

DISCUSSION – PROBLEMS
<ul style="list-style-type: none"><li>• Conflict</li><li>• Apathy</li><li>• Group think</li><li>• Unwillingness to speak</li><li>• Dialogues</li><li>• Monologues</li><li>• Group dynamics</li></ul>

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Ask for comments and questions about managing difficult group dynamics. This will usually raise the issues relating to 'difficult' group members:

- the know-it-all who dominates
- the refusal to speak
- the mini dialogues
- lethargy
- off-task talk
- the provocateur.

Discuss people's experiences and techniques to manage different types of group participant.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

To summarise, remind them of the uses of group discussions as a learning and a collaborative tool.

**SLIDE 20: Teaching small groups.**

### TEACHING SMALL GROUPS

- Bridges theory–practice gap
- Great for judgement and professionalism
- 10 times more likely to change

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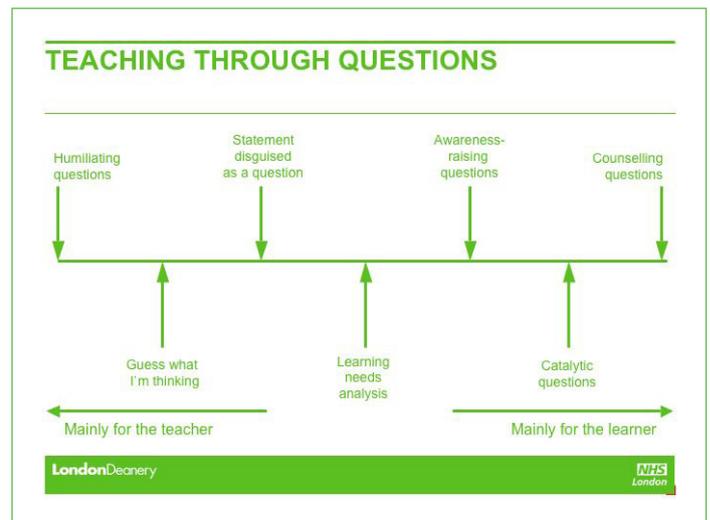
### SESSION 7: 14.30–15.15 TEACHING THROUGH QUESTIONING

This session looks at the use of questions in teaching and learning and how it can stimulate critical thinking, not just recall of factual information. Start the session by asking participants what kind of questions they ask trainees.

Most of the good teaching in medicine is done through questioning. A trainee may ask a senior colleague a question and be met with a reply along the lines of ‘What do you know about that?’ or ‘What is your view?’ before the senior colleague pursues a line of questioning designed to elicit prior knowledge and build on that with new information and understanding. Questioning in learning is a very effective way to ‘scaffold’ levels of knowledge, and this activity should demonstrate that.

The following slide shows the range of types of question that may be used. Ask participants for examples of the types of question on the slide and explore why some types, such as those that may humiliate, should be avoided and why. Also explore the nature of effective learner-centred questions, again asking participants for examples.

**SLIDE 21: Teaching through questions.**



**Time for an activity.**

Give 10 minutes for this activity. Divide participants into small groups. Provide them with a simple case, e.g. Mrs B is 80 years old and has just been seen in A&E with an acute coronary syndrome. Ask them to discuss what type of questions they would ask – firstly, a 4th or 5th year medical student, and then a ST5/6 specialty registrar. Ask them to come up with different questions for different levels of trainee. They do NOT need to use the ACS topic if they wish to use another – as long as the topic is the same for both levels of trainee.

After 10 minutes collate the questions for the medical student on one sheet. Then collate the questions for the registrar.

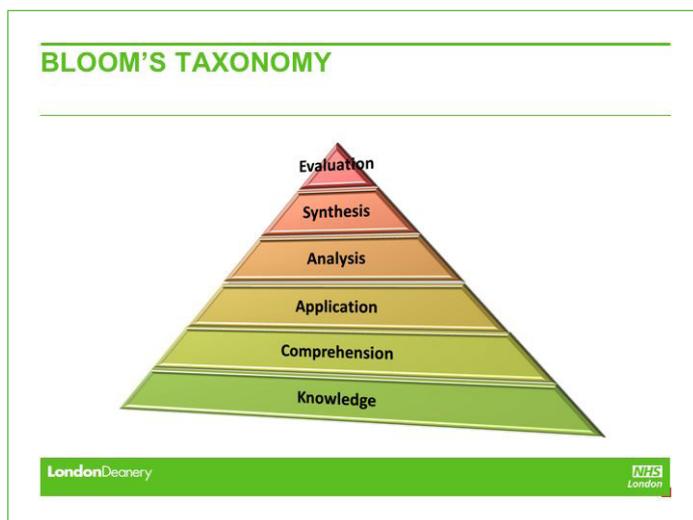
Ask the groups to identify any differences in the types of question used.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

### SLIDE 22: Bloom's Taxonomy.



What we usually find is that the questions used for medical students will be at the lower end of Bloom's 'cognitive' taxonomy (Bloom 1956), whereas the questions used for registrars will be at the higher end.

This table shows the types of questions.

### SLIDE 23: Questions based on Bloom's Taxonomy.

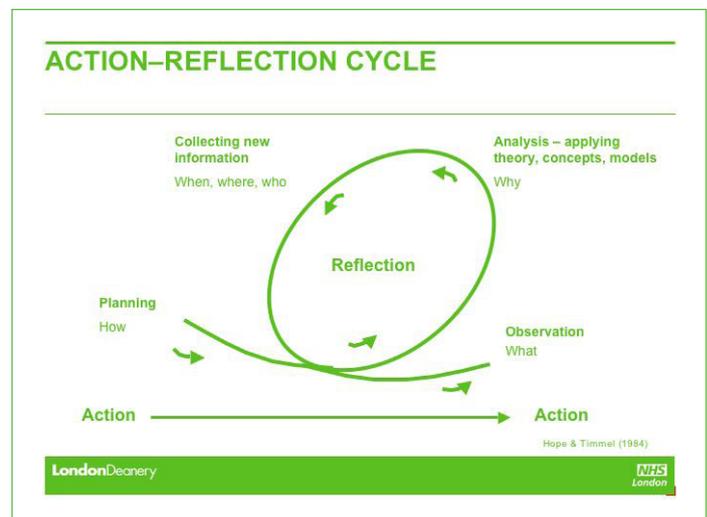
**QUESTIONS BASED ON BLOOM'S TAXONOMY**

Category	Description	Question words
Evaluation	Judgement, making value decisions	Judge, appraise, assess, evaluate
Synthesis	Combining ideas, forming a whole	Compose, construct, predict
Analysis	Subdividing into component parts	Compare, contrast, examine, analyse
Application	Use in a new situation	Demonstrate, interpret, use
Comprehension	Establishing meaning, interpreting	Describe, discuss, explain
Knowledge	Recalling information	Who, what, when, define, list

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Discuss the difference between knowledge as fact and recall and knowledge in action. You can use the following slide to show how knowledge in action can lead to increased professional expertise and autonomy.

### SLIDE 24: Action-reflection cycle.



### 15.15-15.30 TEA

### SESSION 8: 15.30-16.00 STRUCTURING LEARNING

This can be a really dry session so it is imperative that the group members are as involved as possible. People often ask how they should structure their sessions, especially if giving more formal lectures. There is a plethora of mnemonics out there to help people remember what 'should' go into their talks, but these often result in somewhat lecture-based, stilted presentations. As this course is about clinical teaching rather than how to give a lecture at a conference, it should focus on the practicalities of starting a learning episode, stimulating learning, and giving good take-away messages.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

### SLIDE 25: Structuring learning.

### STRUCTURING LEARNING

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In your groups of 3, compile a list of the elements of teaching you found to be useful from the microteaching

- What helped get the sessions started?
- What helped the learning?
- What enabled the sessions to close effectively?

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From this activity people should come up with suggestions that illustrate that good learning episodes are often divided into a beginning, a middle and an end. You may wish to divide the flip chart into three such sections and collect comments in each section.

Whatever the product of their discussions, you should be able to facilitate a discussion on how to prepare for and structure a teaching and learning episode. It is also useful to discuss approaches to time management of sessions here.

### SESSION 9: 16.00–16.30 LEARNING CYCLES

This is a useful way to finish the day and leads on from the session on structuring learning. It enables the group to reflect on the work they have done today and to put it into their own framework of learning.

### SLIDE 26: Learning framework.

### LEARNING FRAMEWORK

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In light of the work you have done today, consider what your view of a learning framework or a learning cycle would be

What would you say were the important steps or ingredients to ensure you had in any effective learning episode?

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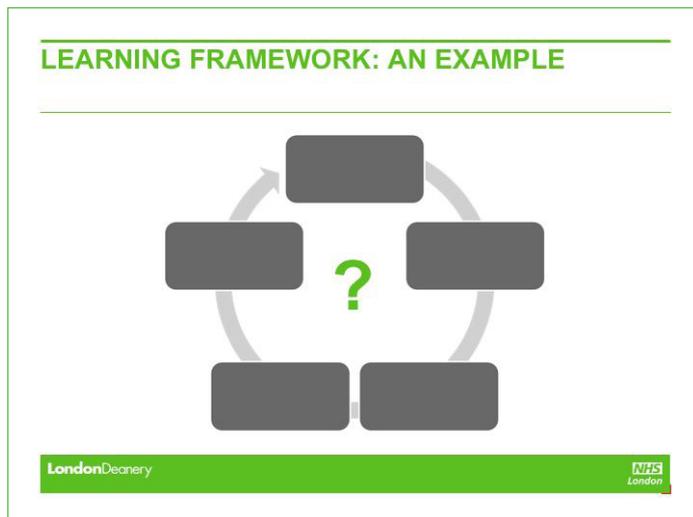
In small groups, ask them to come up with a learning cycle or framework to describe their views of learning. Ask them to reflect on what they have done during the day and include the parts they think are useful and anything else they believe to be helpful in describing effective learning. Give each group a piece of flipchart paper and pens to do this.

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

**SLIDE 27: Learning framework: an example.**

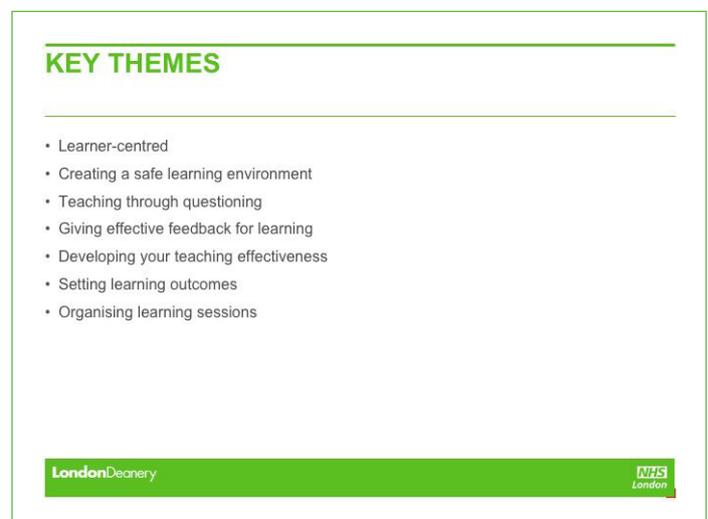


Ask them to feed back their frameworks/cycles at the front with their flipchart paper. There are often some amazing ideas that come out of this session.

**SESSION 10:  
16.30–16.45 SUMMARY, EVALUATION AND CLOSE**

**SUMMARISE:**

**SLIDE 28: Key themes.**



Summarise the key themes covered during the day using this slide. Then ask participants to contribute one thing each that they are going to do as a result of attending the day. Record these on the flipchart.

Ask them if there are any remaining questions (and if there are, obviously answer these).

Highlight suggestions for continuing professional development. Also encourage them to make use of the different workshops and e-learning modules available through the Faculty Development Programme.

Thank them for their participation and ask them to complete the evaluation form.

**Collect Evaluations and close.**

# CLINICAL TEACHING SKILLS: A GUIDE FOR FACILITATORS



## NOTES FOR FACILITATORS

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## CONTINUING PROFESSIONAL DEVELOPMENT

Now that you have completed the Clinical teaching skills course it is useful to consider how to further develop your teaching skills in clinical practice. The London Deanery Professional Development unit has a series of e-learning modules that are useful resources to help you do this. The following elearning modules are particularly useful for clinical teaching. These can be accessed by the link provided.

<http://www.faculty.londondeanery.ac.uk/e-learning>

- a. Assessing educational needs
- b. Setting learning objectives
- c. Small group teaching
- d. Improving your lecturing
- e. Teaching clinical skills