

Churchill Livingstone 

HANDBOOK OF **CLINICAL TEACHING**

Exercises and guidelines for health
professionals who teach patients,
train staff or supervise students

Nancy T. Watts

Foreword by Rheba de Tornyay



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EXERCISES AND GUIDELINES FOR HEALTH
PROFESSIONALS WHO TEACH PATIENTS,
TRAIN STAFF OR SUPERVISE STUDENTS

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FOREWORD

This *Handbook* for teaching in the clinical setting is presented to health professionals at a time of unprecedented challenges. The public is demanding readily available, high quality care at a reasonable cost at the same time as the funding sources for education are becoming increasingly concerned about what is perceived as the high cost of clinical training for all the health professions—allied health, dentistry, medicine, nursing, pharmacy and public health. There is increasing competition among the health professions for providing clinical services and learning experiences. The accelerated rate of the expansion of knowledge and rapid changes in technology requires a lifelong pattern of learning as an important skill and attitude to be developed for every health science student and practitioner. It is with these issues in mind that this volume was conceived and developed as a contribution for all the health disciplines and those who teach in them.

The importance of relevant clinical exposure for students in the health sciences cannot be overstated. But providing essential experiences cannot always be accomplished because of lack of such resources as availability and the costs of providing them. Furthermore, legal restraints and professional boundary disputes may inhibit creativity in providing alternate ways of achieving clinical goals. It becomes incumbent on the faculty member to select and plan practical experiences to achieve clinical goals.

It is during the clinical experiences that students develop their sense of commitment to clients and patients, and apply their knowledge and skills in helping individuals and families toward attaining and promoting health. In the clinical area students master current information and techniques. It should be here that students learn to be active, independent, self-directed learners with the ability

to identify, formulate and solve problems; to grasp and use basic concepts and principles; and to gather and assess data rigorously and critically.

Until the publication of this *Handbook* there has been surprisingly little practical advice to help practitioners and health professions faculty to become more effective in the teaching component of the clinical area. To date the educational literature has contained little information about the major teaching problems encountered within the clinical area. These problems are often complex, involving competing demands for the practitioner and teacher for the tasks to be accomplished. Furthermore clinical teaching usually occurs in the public arena open to the scrutiny of others. In all situations the welfare of the patient instead of the student must take precedence, often leading to the needs of the learner becoming lost in the competing priorities for faculty time, energy and interest.

This workbook provides a unique approach for teachers of health professionals, and for health professionals engaged in teaching clients and patients. The clinical examples selected by Dr Watts are designed to assist health professionals in their approach, and most of the examples benefit from a multidisciplinary approach. Throughout this volume faculty are encouraged to work together in partnerships or teams, thus providing the opportunity for the rich exchange of ideas, views and experiences. The commonalities of clinical teaching have been carefully analyzed, and the approach will be applicable to all the health disciplines. Through the use of an interactive style, Dr Watts invites the reader's participation as a learner, thus modeling the effective use of case studies and simulations in providing learning experiences before working with 'real' people in 'real' situations. She stresses clear and attainable learning objectives and, using

a consistent format, she models the importance of facilitating learning through the three essential teaching components—acquiring information, providing practice exercises and giving immediate feedback. The needs of the learner are sensitively explored to provide an environment emphasizing positive and achievable goals.

This is a book for those committed to improving their clinical teaching abilities. Health profession educators hold a key responsibility for the pre-

paration of health professionals who manage various important components of patient care. They have the opportunity to help their students gain understanding of the contributions of each health profession and can focus on the ways in which the various members of the health care team should work together for the benefit of those they serve.

R. de T.

PREFACE

This Handbook has hundreds of co-authors. The exercises are the fruits of over 30 years of teaching in continuing education workshops, staff in-service programs and graduate school courses for health professionals who wanted to improve their clinical teaching. The questions, concerns and ideas of these students have guided me each step of the way in my efforts to translate general principles of education into practical guidelines for teaching in the clinical setting.

As I tried to condense my live teaching methods into the written pages of a book I benefited from the advice of a group of experienced teachers from a variety of health professions. I am especially grateful for their comments on large sections of the manuscript to: Kathleen Creedon (dietetics); Suzanne Ames (medical technology); Margaret Alexander, Rhea de Tornay, Joan Garity and Cheryl Stetler (nursing); Raija Tyni Lenné, Marilyn de Mont and Nancy Matesanz (physical therapy); and Nava el Ad (social work).

The book also has been a family enterprise. The model of teaching it advocates is a legacy from my mother, May Theilgaard Watts, a teacher of rare talents and strong opinions whose many students *never* simply sat and listened. Thoughtful comments on the manuscript

from my brother, Tom Watts, let me draw on his skills as an instructional programmer and publisher to improve the exercise format and purge the text of unneeded and unclear words. The illustrations by my sister, Erica Watts, gave life to many ideas I particularly wanted to emphasize by converting them from easily forgotten verbal abstractions to memorable snapshots of the clinical teacher's real world.

My principal co-author for this book has been Barbara Adams, nurse, physical therapist, teacher and friend. Since my work in clinical teaching began she has been an inventive and untiring advisor and test audience. Her clinical experience, common sense and good humor have been essential ingredients throughout my work on this project.

The final phase of work on the book was greatly expedited by the Mina Shaughnessy Scholars Program of the Fund for Improvement of Postsecondary Education. The generous support I received as a Shaughnessy Scholar in 1985 and 1986 gave me the time and motivation I needed for a concentrated effort to pull my teaching materials together and put them into a form that could be shared with others.

Boston, 1990

N.T.W.

A GUIDE TO THE EXERCISES

<i>Exercise number and page</i>	<i>Title and clinical teaching skills the exercise can help you learn</i>	<i>How to work on the exercise</i>
1 p. 13	Matching practice activities to objectives Evaluate possible student activities to decide: <ul style="list-style-type: none"> • which are most relevant to your objectives • whether they are at an appropriate level of difficulty • how you could help the student focus attention on key parts of the activity. 	Work alone Follow-up discussion with partner or group helpful
2 p. 18	Planning for student practice Plan a clinical experience to help an individual student improve a specific skill. This plan will: <ul style="list-style-type: none"> • describe an activity you could arrange to provide relevant practice • explain what you will do to initiate and guide the student's activity • identify any preparatory work or help the student may need to make the level of difficulty appropriate. 	Best if done with a small group or partner, but can be done alone
3 p. 27	Planning a reinforcement strategy Apply general guidelines for using reinforcement to help students learn by deciding: <ul style="list-style-type: none"> • which specific behaviors to reinforce • what type(s) of reinforcement to use • when and by whom reinforcement should be given. 	Work alone Follow-up discussion with partner or group helpful
4 p. 40	Consulting with others about your objectives Set priorities for your teaching by evaluating each student's: <ul style="list-style-type: none"> • personal concerns and interests • practical needs, resources and starting level and by taking into account what the student may be taught by others.	Best if done in a small group Can be done with a partner or alone
5 p. 47	Telling the difference between methods and results Evaluate instructional objectives to decide whether they describe: <ul style="list-style-type: none"> • behaviors students need to learn or <ul style="list-style-type: none"> • instructional activities the teacher thinks might be helpful. 	Work alone

- 6 p. 51 Telling the difference between overt and covert behavior**
Evaluate objectives for student learning to decide whether they describe:
• actions the teacher will be able to see, hear or feel as the student performs them
or
• student thoughts or feelings the teacher cannot observe directly.
Work alone
- 7 p. 60 Doing a task analysis of your own**
Analyze a practical task your students need to be able to perform by:
• listing in sequence all of the specific steps a correct performance includes and
• classifying each step as primarily an overt or a covert action or as a combination of the two.
Work alone
Review of your work by others helpful
- 8 p. 67 Doing a learning needs assessment**
Review the steps listed in a task analysis to decide:
• which parts of the task students probably already know how to do
• what additional learning may be needed for overall mastery
• how you could find out whether an individual student's present level of mastery matches your expectations.
Exercise 7 must be done first
Review of your work by at least one person necessary
- 9 p. 74 Analyzing your own health behavior**
Identify several different factors that may influence whether your students actually do the things you recommend and explain why accurate diagnosis of the cause(s) of non-compliance is necessary in order to plan an effective remedy.
Work alone
Follow-up discussion with others helpful
- 10 p. 81 Diagnosing the causes of patient non-compliance**
Evaluate why a patient (or student) is not performing in the way he has been taught by:
• describing specific features of his performance that make you feel he is noncompliant
• using a diagnostic checklist to identify possible reasons for these actions
• making a practical plan for gathering information to test your initial idea about why the person is non-compliant.
Work in a small group preferable
May be done alone or with a partner
- 11 p. 94 Weighing the consequences**
Use a non-authoritarian counseling technique to help students decide for themselves whether to take a recommended action by:
• explaining to a student one method she could use to systematically review her own preferences and expectations, and
• talking with the student to help her clarify her own values and arrive at an independent decision about action.
Must be done with a partner
- 12 p. 107 Designing a learning contract**
Use educational contracts as a tool for helping students overcome habitual problems in their performance by:
• collaborating with an individual student to plan specific
Must be done with a partner

activities you could each carry out to help the student take one step towards correcting the problem

- negotiating agreement on the plan in a way that encourages the student to take the initiative
- summarizing the plan in a written contract that covers all the major points in your agreement.

13 p. 119 Power sharing—making the little things add up

Suggest specific things you can do or say as you interact with students and patients to give them a greater sense of control over their own actions, environment and well-being.

Work alone

Follow-up discussion with others helpful

14 p. 130 Giving information, directions and advice: the case of the discouraged lecturer

Plan lectures that:

- focus selectively on the information your listeners need most
- stimulate student thinking and allow immediate use of the information you present
- are timed and staged to avoid interference from student fatigue, boredom and preoccupation with other concerns.

Work alone

Follow-up discussion with others helpful

15 p. 136 Showing students what to do: the case of the determined demonstrator

Plan demonstrations to help students learn complex motor or interaction skills by:

- providing a clear verbal and mental picture of how the task should be performed
- arranging a time and setting for student practice that make it easy to imitate what was demonstrated
- providing timely, individual feedback to each student even when instruction is given to a group.

Work alone

Follow-up discussion with others helpful

16 p. 145 Helping students learn on their own: the case of the wide-eyed observer

Plan observational experiences for your students by:

- analyzing scheduled events at your facility to identify specific things your student could learn from observing selected activities
- describing how you could use pre-sets and advance organizers to focus your student's attention and guide her thinking during the observation even if you can't be with her all the time
- deciding when to use a discovery approach that encourages students to structure and focus their own learning activity.

Work alone

Follow-up discussion with others helpful

17 p. 152 Supervising practice of a complex skill: the case of the flustered technician

Plan how you will supervise a student's early attempts to carry out a skilled task in a realistic work setting by:

- deciding when the student is ready to attempt the performance
- selecting specific verbal and nonverbal techniques you can

Work alone

Follow-up discussion with others helpful

- use to coach the student without being threatening or disruptive
- deciding when and how you should intervene if the student makes mistakes.

18 p. 162 Using questions to guide discussions and conferences: the case of the wandering conversation

Prepare for group discussions and individual conferences with students by:

- deciding how much you want to control the focus of the conversation
- wording some key questions in advance to make them useful for stimulating the specific sort of thinking or valuing you hope the students will learn
- planning how you will respond if the student introduces an important topic.

Work alone

Follow-up discussion with others helpful

19 p. 174 Influencing student attitudes and values: the case of the realistic role model

Select methods for interacting with students that foster attitudes and values you believe are desirable by:

- identifying attitudes and values you believe will be helpful to the student in the role for which you are helping him prepare
- analyzing your usual style of interacting with students to predict how it might influence their feelings and beliefs
- planning specific ways you could use such methods as role modeling, graded expectations, direct instruction and non-directive discussion to help students examine and develop their attitudes and values.

Work alone

Follow-up discussion with others helpful

20 p. 184 Drafting criteria for rating a clinical skill

Develop standards for objective evaluation of an observed performance by:

- deciding what specific things you need to see or hear the student do in order to feel his mastery of a particular skill is acceptable
- describing these key behaviors clearly enough so other teachers can interpret them easily and students can use them as a basis for self-assessment.

Best done with a small group

Can be done with a partner

21 p. 195 Rating an observed performance

Conduct a rater training exercise with a group of clinical teachers to help them:

- improve the validity, reliability and objectivity of their student evaluations
- suggest improvements in the forms they use to record observational ratings.

Must be done with a group

Group size may be varied

22 p. 204 Giving effective feedback

Apply a set of general guidelines for giving students feedback on their performance during your conferences with them and

evaluate your own style of counseling and coaching students to identify strengths and weaknesses in your present performance.

Must be done in a group of 3 to 5 people

- 23 p. 215 Evaluating student achievement: a self-assessment inventory**
 Assess your own performance in the area of student evaluation and suggest practical ways in which you can help your students learn to assess themselves.
- Work alone
- Follow-up discussion with colleagues or students helpful
- 24 p. 225 Preparing a list of learning options**
 Individualize the instruction you plan for your students by:
- identifying several different ways students could work on a skill they need to learn
 - deciding how these activities could be designed to build in differences that match individual variations in the students' preferred learning styles, interests, needs and abilities
 - describing the options in terms the students can understand.
- Work alone or with a partner or small group
- 25 p. 231 Analyzing your own teaching style**
 Evaluate your own current performance as a clinical teacher to:
- identify any differences that exist between the style you now use and the style you feel is ideal for someone with your teaching responsibilities
 - identify some of the factors that make you vary your teaching style from time to time.
- Work alone on some components and with several other teachers or students on others
- 26 p. 241 Designing an organizational system**
 Plan a logical system for organizing a series of related instructional activities by:
- proposing a basis for putting the separate activities into related groups
 - proposing a basis for deciding which activities to work on first and how to sequence the others as the student progresses.
- Best to do with several other people
- Can be done alone

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INTRODUCTION

WHY A BOOK ON CLINICAL TEACHING?

Clinical teachers work in an instructional environment that is rich in opportunity but difficult to control, stimulating but often confusing, rewarding but sometimes intimidating. Above all, it is a setting that is full of surprises.

- Important events may be difficult to schedule. Valuable opportunities for learning appear unexpectedly. Plans for teaching may be disrupted by a sudden change in the patient's condition. Many tasks are urgent. Time pressures are great.
- The general theory of classroom and textbook often fails to explain the varied patterns individual cases present.
- Real problems are often complex and their components difficult to tease apart.
- The work assigned to students is often fascinating and obviously worthwhile, but some jobs are inescapably boring, frightening or embarrassing.
- Neither teacher nor student is free to think only of learning, for patient welfare must always come first.

The general literature of education provides a wealth of ideas clinical teachers can use, but because most of this writing has been directed at classroom teachers, the principles presented often need adaptation before they can be applied in the clinical setting. This Handbook is an attempt to help clinical teachers make a sound practical connection between what others have discovered about teaching and their own day to day work with students.

FORMAT OF THE BOOK AND SUGGESTIONS FOR ITS USE

This is a workbook. To use it fully you will need not only to read the ideas it presents, but also to experiment with its suggestions, write in its pages and use the book as a practical tool for examining your own actions as a clinical teacher.

The book is organized around the basic tasks most teaching involves. Each chapter includes four types of material:

- *Information* on concepts, issues, and methods of special importance in this phase of teaching
- *Practice exercises* that ask you to try your hand at applying these general ideas to specific problems
- *Feedback* in the form of comments and questions you can use to evaluate your work on each exercise and
- *Suggested references* that will help you learn more about the topic.

The exercise and feedback sections have special page headings to make them easy to locate, and to emphasize their importance as components of instruction.

The practice exercises are the heart of the book. In addition to guiding your practice of specific teaching skills, in many of the exercises the series of steps you are asked to follow represents a general process you can apply to similar problems in your own teaching.

You and your fellow clinical teachers have a great deal to offer one another. Therefore, many of the exercises use a format that encourages you to work on them with a partner or small group of colleagues. The exercise provides a framework within which you can exchange ideas and give each other helpful criticism and support. If working with others is impractical for you, however,

most of the exercises can be done perfectly well alone.

You may want to adapt the examples and case problems used in the exercises to make them more relevant to your own clinical setting, students and professional discipline. Because clinical teachers from different professional backgrounds can benefit from give-and-take about the variety of methods they use, this book uses examples drawn from many different fields. As a result, some of the technical terms may be unfamiliar to you. The clinical procedures mentioned in the exercises may be things clinicians in your field never do—or do quite differently. When this happens, try not to let details of the content that students in the cases are being taught become your main concern. Focus your attention instead on the instructional methods involved. Substitute your own terms and clinical content whenever this will make your work on the exercises easier or more relevant.

TERMINOLOGY

A few additional comments on several terms used frequently in this book may make their interpretation easier.

- **Student.** In most sections of the book this term is used to describe any person who is taught by a health professional. This might be:
 - a patient, family member or other layman to whom you give explanations or instructions
 - another health professional or assistant to whom you provide on-the-job training and supervision, or
 - a student enrolled in a formal professional or technical education program for whom you help arrange and supervise clinical fieldwork, observational experiences or an internship.
- **Clinical teacher** is the term used to describe anyone who works in a health care setting and has some recurring responsibility for students. It is *not* limited to individuals who have been given an official title, such as: Faculty Member, Professor, Certified Teacher, Instructor or Supervisor . . . although it certainly includes such people. Nor is it limited to staff who are employed for the specific purpose of teaching. So far as this book is concerned, you

are a clinical teacher even if your work title is, for example, Staff Nurse or Speech Therapist, and you are employed to give patient services — so long as you also regularly do things to help other people learn.

- **The clinic or clinical setting** refers to any of the wide array of situations in which you may work with patients. This might be anywhere from a hospital emergency room to a clinic office, the solarium of a nursing home or the patient's own kitchen. In many cases, the term also can be applied to such settings as the medical laboratory or the hospital kitchen where patients are rarely present. What all these places have in common is that they are places where real work related to patients takes place, and where teaching is often important but seldom is the 'main event'.
- **He and she** are used at random in relation to both students and teachers. There is little logic in consistently designating either of these varied characters as male or female, and repeated use of phrases such as 'he/she' and 'her or his' is tiresome. Therefore, this handbook tries to vary the pronouns used but to treat them as completely interchangeable.

WHERE TO BEGIN

As you work your way through the Handbook you may want to skip some exercises, or do them in an order different than the one in which they are presented. Choose the sequence that meets your personal needs. However, you will find the exercises most helpful if you begin by orienting yourself to the particular model of teaching and learning on which they are based. This is explained at the start of the first chapter. Please look at that before you plot your progress through the rest of the book.

LOOKING AHEAD

Whether you are an old hand or a beginner at clinical teaching your study of this subject will need to extend far beyond the ideas in this Handbook. These exercises only sample the many skills excellent clinical instruction requires. As you find areas of theory or practice you want to explore more fully, turn to the annotated bibliography at the end of the book. It suggests