Clinical Teaching Made Easy
Note
Health care practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.
The author and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.
Clinical Teaching Made Easy

A practical guide to teaching and learning in clinical settings

Judy McKimm and Tim Swanwick
# Contents

About the editors  vi
Contributors  vii
Acknowledgements  ix
Preface  viii

## CHAPTERS

1. Introduction  1
2. Assessing learning needs  7
3. Setting learning objectives  17
4. Curriculum and course design  29
5. Giving effective feedback  41
6. Supervision  51
7. Facilitating learning in the workplace  61
8. Improve your lecturing  69
9. Small group teaching  79
10. Involving patients in clinical teaching  91
11. Workplace-based assessment  103
12. Interprofessional learning  113
13. e-learning for clinical teachers  123
14. Using simulation in clinical education  133
15. Structured assessments of clinical competence  145
16. Appraisal  153
17. Careers support  163
18. Mentoring  173
19. Managing poor performance  185
20. Diversity, equal opportunities and human rights  195
21. Introduction to educational research  207
22. Professional development of medical educators  219
23. Assuring and enhancing educational quality  231

Index  241
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Preface

In 2007, the London Deanery, an organisation responsible for the postgraduate training of over 12,500 doctors and dentists, embarked on an ambitious programme of faculty development. One of the outputs of that programme was a series of e-learning modules to aid the professional development of London’s own postgraduate training network across a large number of Acute, Foundation Primary Care and Mental Health Trusts. The modules, condensed and supplemented with new material, were subsequently published as a monthly series of articles in the *British Journal of Hospital Medicine* and are collated here in *Clinical Teaching Made Easy: A practical guide to teaching and learning in clinical settings*.

This is a practical book. Chapters have been written for the clinician, rather than the academic educator, and our intention is to provide comprehensive coverage of all aspects of clinical teaching and training of immediate relevance to the health service setting. If, after reading a given chapter, you want to explore a particular topic further then we recommend that you visit www.londondeanery.ac.uk/facultydevelopment where you can find the full suite of open access e-learning modules complete with a range of supporting material.

Although *Clinical Teaching Made Easy: A practical guide to teaching and learning in a clinical setting* was written with the medic in mind, where possible we have tried to pull out generic themes and highlight multiprofessional messages. Many topics – patient involvement, workplace-based assessment, supervision etc – have no uniprofessional ownership and readily translate across a range of clinical contexts. We therefore invite colleagues from all healthcare professions where learning and teaching takes place in the clinical setting, to join us in this exploration of what it means to be an effective clinical teacher.

Judy McKimm and Tim Swanwick
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At the time when this chapter first appeared in the *British Journal of Hospital Medicine*, postgraduate medical education had just emerged from the rather prolonged and difficult labour of *Modernising Medical Careers*, a wide-reaching programme of educational reform. Having restructured, and to a certain extent formalised, postgraduate medical education, the next task for both government and the regulator was to improve its quality. Many other professions, such as nursing, already had a long and enviable track record of high quality service-based education, and medicine clearly had some catching up to do. One of the hardest tasks was to dispel the belief that clinical teaching and training was something that could be fitted in and around the service-day, requiring no special ability or skills on the part of the clinical teacher. This chapter then lays out that (long over-due) challenge to medical teachers, namely that engaging in faculty development, or teaching the teachers programmes, should be an essential requirement for educational practice, no longer an optional extra. We apologise to colleagues from other disciplines for the uniprofessional nature of what follows, who we recommend skip the next few pages and go straight on to the 'business' of clinical teaching presented in the rest of the book. In the meantime, doctors, read on.

In a quiet and not often visited corner of the General Medical Council’s Good Medical Practice (2001) - paragraphs 15 and 16 if you’re interested - lie two important statements. Firstly that:

*Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.*

A willingness to be involved in clinical teaching then is a professional responsibility. But the GMC doesn’t stop there, insisting that:

*If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.*