Abstract

Teaching in the clinical environment is a complex proposition. The AMEE guide of the same title authored by Ramani and Leinster (2008) sets as its ambitious goal, to provide background information on the theoretical underpinnings and practical advice to assist with this task. As with any guide, it is essential to keep in mind the assumptions that were used to establish a baseline from which to interpret the guidance described. In the present AMEE Guide, it appears the authors wrote assuming that the clinical teaching would be occurring within the context of an established course, in a medical training programme. While some of the guidance may be applied to other health professions, interdisciplinary team training is not directly addressed. Additionally, for clinical teaching that occurs in the absence of clearly defined roles, goals and objectives, these teachers are best advised to obtain training in establishing these basic parameters to maximize the benefits of the guide. In order to apply the advice presented, it is imperative to have a clear course infrastructure in place.

The authors modify the Dundee Outcomes Model to organize much of the guide. Figure 1 presents an outline of the Guide to help readers better orient themselves while navigating the sections (software used was MindManager Pro version 7.0 (Mindjet LLC, San Francisco, CA, USA)).

In examining the factors chosen to populate the circles in the Dundee Outcomes Model, alternative organizational approaches are evident. For example, in Circle 1, doing the right thing, the suggestions for time efficient teaching, in-patient, out-patient and teaching at the bedside share many similarities. Plan, teach, evaluate/assess and prepare for the next could also be summarized as a simple Plan Do Study Act (PDSA) cycle common to business and healthcare practices.

The PDSA cycle (also called the Deming Cycle, and the Plan Do Check Act (PDCA) cycle) has been in use in quality improvement for many years, is easy to understand and apply, and may help readers of the AMEE Guide to remember some of the practical tips presented. To be an effective clinical teacher, one must Plan for the education session. This includes setting goals, anticipating the needs of the learner(s), and creating an environment conducive to teaching. Then one must Do the session (such as by using the 1-min preceptor model). In the Doing phase, the teacher can share enthusiasm, directly involve the learner(s) by probing their understanding, and model professional behaviour. While Doing, the teacher should be open to the unanticipated ‘teachable moment’, and Study what is going on (reflection in action). The teacher should again Study what happened after the session (reflection on action). This post-session Study should include teacher to learner and learner to teacher assessment and feedback, as more fully described in the guide. Finally, based upon the Study, the teacher should Act to improve for the next time. The cycle then repeats.
Figure 1. Outline view of the teaching in the clinical environment AMEE Guide.
In addition to thinking of alternative ways to organize the information, readers should keep in mind another point when considering some of the content of this AMEE guide. Many of the practical tips and advice contained in the guide are presented in a generic manner, rather than in a prescriptive one. While this is necessary to allow generalization of the content across cultures, the result is that extensive customization (sometimes referred to as localization) will be needed to make the advice practicable. For example, the authors admonish clinical teachers to solicit feedback from their peers and learners in order to improve their teaching. In describing Circle 3, The Right Person Doing It, the 360-degree method for evaluating clinical teaching is promoted. Some of the components that are used in this method are mentioned, however an exhaustive list is not feasible given the format and purpose of the guide. In Western countries, peer and learner evaluations may be considered a critical component. Evaluators are expected to provide straightforward assessments and feedback on teacher performance. However, in some Eastern cultures, these types of evaluations may not be a reliable source of open assessment. In Japan for example, conflict avoidance is strong, and alternative methods of achieving behavior modification are much more effective than plainspoken criticism. An evaluation sheet or feedback form will likely not be an instrument sensitive enough to be of significant use for this purpose. Instead, what is often referred to as ‘back-channel’ and indirect communication may be a more appropriate component of the 360-degree method. Likewise, when giving direct feedback to a trainee, commenting on aspects of performance that were sub par or in need of improvement may be very difficult for both teachers and learners in these cultures. Customization and localization of methods described in the guide are essential for success.

This AMEE Guide may be best used as a starting point to learn more about learning theories and principles, as well as a place to garner practical tips and guidance that can then be tailored to the local setting. The authors of the AMEE Guide are very experienced educators and clearly have tremendous knowledge regarding teaching in the clinical environment. The complexity of the topic, lack of evidence-based implementation strategies, and dearth of international best practices are challenges to clinical teachers everywhere. This guide helps scrape together some of the salient points from disparate disciplines that are topical to the clinical teaching endeavour.

Notes on Contributor

JOSHUA JACOBS, MD is an Associate Professor of Medicine at the University of Hawaii, USA. He is serving from 2007 to 2009 as Visiting Researcher at St. Luke’s International Hospital in Tokyo, Japan. As an American Board Certified Family Medicine physician, Dr Jacobs teaches clinical medicine to both medical students and resident physicians.

Joshua Levi Jacobs, J.L. Jacobs John A. Burns School of Medicine University of Hawaii 651 Iilalo Street Office of Medical Education, 307E Honolulu Hawaii 96813, USA. Tel: 808-692-0941; fax: 808-692-1252; email: jjacobs@hawaii.edu


This AMEE Guide Supplement was published in Medical Teacher 2009. 31: 454–456.