Teaching in the clinical environment
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The recent paper by Ramani and Leinster (2008) describes the various challenges for clinical teachers in the clinical environment and with the use of relevant educational theories in the clinical context provides practical teaching tips for clinical teachers. The authors have used two behaviour-based general teaching models: the Stanford faculty development model for clinical teaching and the 1-min preceptor for teachers; together with the Dundee outcomes model as a user-friendly approach to communicate learning outcomes for medical teachers.

Although the information given in the guide is comprehensive and the authors have reviewed many of the challenges encountered in clinical teaching, I would like to give some general comments on the usefulness of the guide for clinical teachers and offer some suggestions in providing tips for clinical teachers.

In terms of general comments, I believe the organization and content in the guide is appropriate, however, the guide could be more concise and the content significantly shortened to give clinical teachers a more user friendly version on the approach and tips for clinical teaching.

In addition, the guide would be improved if the description of models and theories that addressed the same educational issues is put alongside one another instead of appearing at different points throughout the text. Furthermore, the guide will be more practical for busy clinicians if fewer theories were described. For example, it is easy to get distracted and confused in the section on ‘applying the Dundee model on teaching’ when the authors used other educational theories other than those that were described as the two main models of clinical model of teaching, making the content hard to follow at times.

First, the guide would be improved if these two general educational theories were used in the application of outcomes model for teachers in the clinical environment.

Second, in the abstract, although the authors stated that this guide was to concentrate on the hospital setting, there is however, little mention within the guide why the same principles could not be used in community or outpatient/ambulatory settings. Indeed, the guide can also be used for community teaching if the tasks of a clinical teacher within the Dundee outcomes model also include community teaching as one of its tasks.

Third, for the tasks of a clinical teacher, the distinction between inpatient teaching and bedside teaching is not clear to me as I often think that bedside teaching is conducted within the domain of in-patient teaching. Indeed, the issues, challenges and solutions for bedside teaching, inpatient teaching and outpatient teaching have many similarities and I wonder if these challenges and practical tips can be further simplified to have a general, easy to understand approach for them, e.g. preparation is essential, teachers should obtain timely and specific feedback, there should be observation of learners and reflection on the part of the teachers. Similarly, although there is separate description of ‘the approach to teaching’ (the second circle in the Dundee 3-circle outcome model) and ‘the clinician as a professional teacher’ (the third circle), some of the approaches to teaching have already been described in the section on ‘tasks of a clinical teacher’ which included the importance of provision of feedback, using appropriate teaching strategies for different levels of learners and modelling good, professional behaviour and self-reflection.
I believe many of the challenges for teachers in the clinical environment have been described in this article adequately, and can be summarized as key challenges for teachers working in the clinical environment.

Lack of training in how to teach

Similar to other undergraduate academic programmes in other discipline, there is no requirement for teachers to undergo any formal training to learn educational theories or skills for clinical teaching for clinical teachers, should this be either a basic requirement or a necessary core competency?

Lack of faculty development for clinical teachers

Most of the undergraduate clinical programmes around the world have put more emphasis, if not all emphasis, on research output. Indeed, often the evaluation of the performance of a department is based purely on the obtainment of funding and research output. Unless there is a change from the University administration to change this focus, there will unlikely be a major change in how clinicians view the importance of clinical teaching and its importance in their academic careers. However, as a short-term solution, professional development programmes that include workshops and fellowships in education may be temporary solutions. Another way to encourage faculty development in medical education is through the encouragement of educational scholarship where clinical teachers are given incentives for scholarship in medical education.

Stable funding for teaching hospitals, clinics and practices

As increased service load has often been stated as one of the key barriers to high-quality clinical teaching, central funding (i.e. government) is needed to be allocated specifically for clinical teaching such that clinical teachers are given the appropriate clinical environment that is conducive to quality teaching.

Although I found this guide to be lengthy and often with repeated concepts that were mixed with too many education theories, the section on points for reflection does lead readers back to focus on the most relevant issues that clinical teachers encountered in clinical teaching environment. The authors have summarized the key questions that most clinical teachers have and offered simple and direct answers to these questions. Hopefully, issues discussed in the guide can provide clinical teachers with a reference to improve their clinical teaching.

Reference


Notes on Contributor

SAMUEL YS WONG, MD, was trained as a family doctor in Canada and joined the Chinese University of Hong Kong as an academic family doctor in 2003. His research interests include mental health, men's health and health services research in primary care.

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