Clinical Practice and Learning

The hospital ward is the setting where many health professionals first have clinical encounters with patients. It is this busy workplace that this issue of REd investigates as a learning environment. The day to day work tasks of a ward contain a wealth of learning opportunities – but often ones that have to be made explicit to students. This approach to guided learning and teaching is discussed further inside.

REd issue 20 introduces a new section, ‘Humanities in Health Care’. With your assistance, we will be presenting original creative pieces (short prose, poetry or art) that reflect the nature of health professional work – from caring for patients to perhaps being a patient yourself. We also welcome patient’s reflections on health care. Please send all submissions to Pam.

Pam Harvey
(pam.harvey@monash.edu)
Natalie Radomski, Head, NWRMEU
(natalie.radomski@monash.edu)

“While some forms of knowledge are learned explicitly from books or classes, others are acquired more by observation, practice, imitation and experience.”
Ann Jervie Sefton, educationalist

Learning and teaching on the ward

Contents

1. Clinical Practice and Learning
2. In Focus… Situating clinical learning
3. In Practice… Learning opportunities in the ward
4. Book Review; Humanities in Health Care

About REd

REd is published four times a year by the North West Rural Medical Education Unit of the Monash University School of Rural Health. It provides resources and practical tools for clinical educators. Back issues are available. Phone (03) 5440 9000 or see our web site: www.med.monash.edu.au/med/srh/medical-education/resources.html

If you would like each issue of REd sent directly to you, contact pam.harvey@monash.edu
ISSN: 1835-1891
In Focus …Situating clinical learning

In Australia, a health workforce shortage has resulted in government policy change increasing tertiary institution places for medical, nursing and allied health students. From 2000, medical student numbers were no longer capped, and numbers increased by 45% in the ten years to 2010. Similarly, nursing student numbers have increased by nearly 6000 in the same time frame. Adding increased allied health numbers to the equation has meant that, overall, additional clinical placement days needed to meet higher education course requirements in 2013 are estimated to total over 1,300,000.1 Much of this clinical placement time is spent in hospitals where workplace-based learning and teaching occurs; and clinical supervisors increasingly encounter many students of various disciplines. Managing increased student placements has meant recognizing the unique learning that comes from everyday practice and creating opportunities for teaching within the day to day tasks undertaken on the ward.

The ward setting is an important site for increasing learners’ understanding of clinical practice. It introduces learners to concepts such as team practices, health systems and health economics, and holistic patient care. The ward is often where students experience real patient encounters for the first time, and begin to make the links between acquired knowledge and practical skills, including their application in dynamic and often complex health situations. Much of this learning is informal, and can be part of the ‘hidden curriculum’2 – that which is learned but is not necessarily in the curriculum documentation. Making particular learning moments explicit by signposting or defining them helps students unravel what is happening and why, putting it into a context for understanding.

Students also learn by doing and the ward is an excellent place for experiential learning. This type of learning is a conscious process of observation, reflection, ‘sense-making’ and practice in real clinical situations.3 Learning occurs through guided action coupled with reflection; and encompasses more than just the experience, involving a student’s perception of the situation, their thinking about it, behavioural characteristics and the emotional impact of the encounter.

Workplace-based learning can be challenging for students as they learn to put their skills into real practice. Griffiths and Guile report on the ‘dual agenda’ faced by them: (Students) not only have to learn how to draw upon their formal learning and use it to interrogate workplace practices; they also have to learn how to participate within workplace activities and cultures.4 Guiding a student through a workplace’s nuances becomes part of the learning and teaching process, one which may not be formally recognised.

Making the ward a place that invites students to learn by being inclusive is important. Creating a supportive learning environment in your workplace is a way of encouraging staff and students to participate in an educational ‘community of practice’.5 To do this may only mean making small environmental changes that help create a way of thinking about everyday tasks and situations on the ward that are rich in potential learning and teaching opportunities.

Workplace learning on the ward remains integral to the clinical and professional development of many health professional students. Understanding the importance of this learning, and the value of the educational contributions that all staff make, helps in the realisation of the many educational opportunities available to students placed in this clinical area. This recognition may decrease the challenge of clinical placements for our increased student numbers.

Whether the learners you have on your ward are undergraduate students, post-graduate students, junior staff or new staff to your area, creating a learning environment is important for the ongoing professional development of clinicians. Encourage staff to think about learning and teaching opportunities in their everyday work. Below are some practical suggestions:

**Preparation:**
- Have a ward ‘teaching toolkit’ of de-identified patient notes and investigations, examples of prostheses, patient aids, work rosters; and use these items when working with learners to demonstrate particular points.
- If possible, have some simulation equipment on the ward so that skills can be refreshed before patients are involved.
- Bring your existing staff together to discuss ways in which the team can assist learners.
- Have staff use a specific ward communication book to record opportunities, tasks and ideas for learners. Check this regularly and act on suggestions.

**Orientation:**
- Create a specific orientation package for new people to your area. Include a brief map of what may constitute a typical day. Guide learners to where they might find more information about policies, therapeutic guidelines, activities and professional development opportunities around the hospital.
- Discuss your learners’ needs and set goals to help them achieve learning outcomes.
- Select particular patients for learners to attend based on what their learning objectives and their own learning needs.
- Alert the learner to staff resources they can access, such as the hospital library, Commonwealth Carelink and Veteran Affairs.

**Immersion:**
- Give learners strategies for when they have time away from their clinical load. Suggest they research common conditions relevant to the ward or specific procedures or prepare a report/presentation to give to other staff members.
- Use focused observation with students – ask them to observe and focus on a specific moment/s of the patient-staff encounter.
- Model active learning: research things you need to know more about, consult more experienced practitioners, ask others to check the way that you are performing uncertain tasks.
- Have learners attend an effective team meeting and ask them to note what made it that way.
- When a learner is observing you, speak out loud the steps or the decision-making process you are going through. Discuss with them aspects of the process.

**Reflection:**
- Build in debriefing and feedback opportunities on a regular basis.
- Ask learners to explain a procedure or diagnosis to you in layman’s terms and then in professional language so that they can rehearse appropriate communication skills.
- Encourage learners to ask questions and investigate what the learner is thinking already before directing them to further information.
- Consider having regular group reflection times, perhaps based on the Ballint facilitation method, with a mix of students and staff. This can give students an insight into professional problem-solving and the complexity of health care interactions.

---

**Key Concepts**

**Clinical Supervision:** a formal process of professional support and learning

**Situated Learning:** learning that occurs within a particular context and culture.

**Experiential learning:** learning by doing through action and reflection.

**Deliberate Practice:** the process of acquiring clinical practice skills that includes repetitive practice with specific feedback to improve performance.
Review


As a text for understanding some fundamentals of effective teaching and learning, this book is very useful. Part 1 covers many general aspects of teaching from understanding how students learn and giving effective lectures to teaching small groups and designing curriculum. In Part 2, chapters are devoted to teaching in different disciplines. In ‘Key aspects of teaching and learning in medicine and dentistry’, PBLs, patient-centred learning and simulation are discussed. Interestingly, reading the other chapters outlining teaching in disciplines as varied as the arts and engineering helps in understanding different paradigms and how they may be useful in health professional education. The last part of this book concentrates on enhancing your own teaching and learning. Although having a stated UK bias, many of the case studies scattered through the book are good examples of genuine and thoughtful teaching practice.

Humanities in health care

In the new section of REd, we take a look at the intersection between art and science under the broad umbrella term of “health humanities”. In Australia, teaching humanities within health professional courses is not a standard feature, although there is an expanding awareness that humanities can be a very successful medium for increasing students’ communication skills, ethical practice and empathy. Each issue, we will feature either an original creative work (we welcome contributions from readers), or comment from the literature about how clinical educators may incorporate the humanities into their work.

“...I desire no other epitaph... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do.”

Sir William Osler, physician

Pulse: voices from the heart of medicine http://pulsemagazine.org/faq.cfm

Pulse is an online magazine that uses stories and poems from patients and health care professionals to talk openly about giving and receiving medical care. Authors include Australian GP, Hilton Koppe. A weekly Pulse offering can be emailed to you, and offers a regular insight into the work of health professionals and their connections to patients. Pulse has published two books of its offerings: ‘Pulse – the first year’, and ‘Pulse – more voices’. Read Pulse for its reflections, its quandaries, and its empathy.