



Teaching on the run tips 12: planning for learning during clinical attachments

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Setting

The new junior medical officer is arriving next week. You have just been to a workshop about planning for JMO learning during clinical attachments and feel enthused about applying what you learned to her 3-month attachment with you. This also means you will be well prepared for the accreditation visit.

A term working in a clinical unit, whether in the community or in a hospital, is a great learning opportunity for junior medical officers (JMOs). Increasing the amount of teaching in the clinical setting, improving teaching methods and providing feedback can improve a JMO's experience.^{1,2} Previous "teaching on the run" tips have focused on single teaching episodes,³⁻⁵ but it is also important to have an overall plan for what should be achieved during the attachment.²

Planning learning during a clinical attachment (Box)

Outcomes

What will the JMO learn? Define what you want him or her to know or be able to do by the end of the attachment.⁶ Writing outcomes isn't about narrowing down learning and ignoring unexpected topics that may arise, but rather about organising learning.^{6,7} Outcomes need to be:

- *Specific.* Each outcome should be clearly defined, important and relevant;
- *Achievable.* Outcomes should involve areas JMOs are likely to be exposed to, at a level appropriate for their training. Avoid listing too many outcomes;
- *Measurable.* By observing or testing, you should be able to determine at the end of term whether the JMO has achieved specific outcomes.

Outcomes should cover all areas important to being a doctor, such as knowledge, skills, communication and professional behaviour.³ Ensure that trainees have input into topics, and include any areas of particular interest or areas in which they are deficient.⁸

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Take-home message

When planning learning for a clinical attachment:

- Use a framework that defines outcomes; methods of teaching and learning; appraisal (with feedback) and assessment.
- Ensure the desired outcomes are specific, achievable and measurable.
- Use all available resources and settings.
- Set aside a formal time for teaching. ♦

Methods

How will the JMO learn? Learning on the job means that teachers should be teaching and giving feedback on a continual basis. One of the biggest complaints from JMOs is the lack of formal teaching, so some time should be set aside to provide this on a regular basis.⁹ Use a variety of methods and encourage input from JMOs themselves. Ensure your program complements rather than duplicates hospital tutorials.

Appraisal and assessment

Remember to give feedback to JMOs at the time they complete a task, such as after a case presentation.⁵

Assessment may be a formal requirement of your hospital or the medical colleges. Remember the criteria on which JMOs are being assessed and find "assessable moments" to observe their performance.

Much of this may be happening now — but is it organised?

Strategies to make it work

Gordon et al² advise that a strategic approach is needed to implement a learning plan in the clinical environment. ("Strategy" comes from the Greek *strategos* — an approach to battle!)

Orientation

Meet the JMO within the first few days and inform him or her of the learning plan during the attachment. Also issue written material. A good orientation covers:

- The JMO's clinical duties;
- The plan for appraisal and assessment during the attachment;
- Administrative information (rosters, key contact people, meetings);
- A summary of how you expect the JMO to contribute to the teaching program; and
- An outline of how you and other staff will help the JMO with service work and learning.

Seizing the moment

Your regular contact with the JMO and opportunities for teaching usually revolve around cases in the practice, clinics or ward. Relate these cases to training outcomes, using cases notes, discharge

Illustrative plan for a postgraduate Year 2 doctor attached to a respiratory unit for 3 months. The trainee's interest is to work in general practice

OUTCOMES (should be specific, achievable and measurable)	METHODS (what you or your colleagues will do; what your trainee will do; resources to be used)	APPRAISAL AND ASSESSMENT (should be matched to outcomes)
Clinical (knowledge)		
Causes and investigation of common respiratory presentations (shortness of breath, chest pain, cough with or without sputum, haemoptysis)	<ul style="list-style-type: none"> • Ward work • Departmental tutorials (JMO-led, case-based) • Check JMO hospital tutorial program for relevant topics (eg, respiratory failure and pulmonary embolism) 	<ul style="list-style-type: none"> • Data: inpatient presentations, outpatient cases • Feedback: <ul style="list-style-type: none"> ➢ Regular (with each case) ➢ Mid-term appraisal ➢ End-of-term assessment
Clinical (practical skill)		
Aerosol therapy (techniques, educating patients on use)	<ul style="list-style-type: none"> • Demonstrations by asthma nurse educator 	<ul style="list-style-type: none"> • Giving instructions to a patient (observed by asthma nurse educator)
Communication (with patients or colleagues)		
Ability to write concise and accurate discharge summaries	<ul style="list-style-type: none"> • Hospital orientation session • Departmental manual 	<ul style="list-style-type: none"> • Review of summaries • Copies to consultant for review and regular feedback • JMO to bring summaries to mid-term appraisal
Professional		
Attendance to duties, punctuality, time management	<ul style="list-style-type: none"> • Departmental orientation 	<ul style="list-style-type: none"> • Data: observation and feedback from registrar • Feedback: mid-term appraisal (more often if required)
Individual learning needs		
Interpretation of basic lung function test reports	<ul style="list-style-type: none"> • Internet-based tutorials, texts and guides (eg, www.woolcock.org.au/teaching/teaching3.htm) • Session with respiratory technician measuring own lung function and performing spirometry • Reporting lung function tests on current inpatients • Participation in weekly reporting sessions with registrar when possible 	<ul style="list-style-type: none"> • Consultant feedback on inpatient reports • Technician feedback on spirometry measurements

JMO = junior medical officer.

summaries, letters and drug charts as the basis for discussion. Debriefing after recent challenges can be a powerful learning exercise. Remember to give feedback at these times and gather information for the end-of-term assessment.

Sharing the work

Recruit others with expertise relevant to the learning outcomes (eg, nurse educators, laboratory staff, radiologists). Involve the JMO in any program by allocating topics for him or her to present. There is an increasing amount of relevant Internet-based material that you could use.

Evaluate the teaching at the end of the term. Ask JMOs what was useful for their learning and what could be improved.

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Competing interests

None identified.

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