Teaching and Learning on the AMU

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Acute care toolkit 5
Teaching on the acute medical unit
November 2012
RCP acute care toolkits

1. Handover
2. High quality acute care
3. Acute medical care for frail older people
4. Delivering a 12 hour, 7 day consultant presence on the AMU
5. Teaching on the AMU*
Challenges

• Over half of consultants surveyed said the time they had available to spend with trainees had reduced during the past 3 years
• In almost half of hospitals surveyed, the on-call consultant still undertakes routine clinics or procedures while managing the acute take
• Conflicting priorities? - patient care and efficiency vs education of doctors in training
• Trainees value high-quality supervision, including feedback and assessment of their performance, but many receive no formal feedback and have concerns about the quality of assessment

[GMC National Training Survey 2011]
Some principles of postgraduate medical education

1. Teaching is one way, *but not the only way*, of facilitating learning
2. Doctors learn mainly from practice in a clinical environment
3. The learning environment has a significant impact on learning
4. Interactive techniques are most effective at changing physician practice ... (but are the least used)
5. While the goal of junior trainees may be competence, the goal of senior trainees is *expertise*
Teaching and learning in practice: outline

• Create a good learning environment
• Explicitly facilitate work-based learning
• Ensure frequent, effective feedback
  – through systems
  – through trainers and others
• Teach in chunks
• Make classroom-based teaching accessible
1. Create a good learning environment

‘... training should not be allowed to take place in an environment where patient safety is not being adequately protected ...’
Ways to create a good learning environment

1. Appoint a lead to promote and co-ordinate education and training on the AMU
2. Ensure trainees spend blocks of time on the AMU, not just when they are on-call
3. Make sure the basic needs of trainees/employees are met ...
4. Design rotas for all staff to manage peak admission times (early evening)
5. Organise shorter, more frequent formal teaching sessions at times that fit in with the AMU workload eg lunchtimes
6. Have consultants based on the AMU
7. On the first day of each new rotation, include an education induction*
2. Explicitly facilitate work-based learning

- Thinking aloud
- Demonstrating
- Generating questions and getting some of the team to research the answer
- Swapping roles with the registrar for part of the ward round
- Getting trainees to review a patient first, think about the problem(s), then present their management plan to you
- Giving feedback
- Telling clinical stories ... to illustrate an evidence-based point
- Encouraging ‘noticing’
- Having clinical conversations
- Asking what 3 things people learned at the end of a ward round
- Encouraging trainees to write up or present interesting cases
- Recommending specific further reading
Explicitly facilitate work-based learning

‘Today’s students (Generation Me) score higher on assertiveness, self-liking, narcissistic traits, high expectations and some measures of stress, anxiety and poor mental health, and lower on self-reliance. Most of these changes are linear, thus the year in which someone was born is more relevant than a broad generational label. Moreover, these findings represent average changes and exceptions certainly occur.’
3. Ensure frequent, effective feedback

What is feedback?

‘A process in which the effect or output of an action is returned (fed back) to modify the next action.’

Studies show feedback can positively change clinical performance when it is systematically delivered from credible sources

Through systems
- Rota design
- Ward round order
- Consultant based on the AMU

Through trainers
- Interactive
- Encouraging self-assessment
- Involving an explicit action plan

Through others
- Patients
- Literature
- Colleagues

Learning is a process ...
4. Teach in chunks

- Short tutorials
- One Minute Preceptor Model
  - Get the trainee to commit to what he/she thinks the problem is
  - Probe reasoning
  - Teach one or two general principles
  - Feed back on what trainee did well
  - Correct one or two errors in reasoning
- Take turns to lead a ‘10 minute tutorial’ after a ward round
5. Make classroom-based teaching accessible

- An AMU is not a ‘traditional medical ward’
- All AMUs should have access to a dedicated teaching space, ideally embedded within the unit
- Classroom-based teaching should be delivered in shorter, more frequent sessions at times that fit in with the AMU workload
- Sessions should complement, not replace, work-based learning
What teaching should cover

• Clinical topics
• Generic topics – particularly appropriate for interprofessional learning:
  – Human factors
  – Communication in teams
  – Trust guidelines and care bundles
  – Dealing with violent patients
  – Mental Capacity and Mental Health Acts
  – Infection prevention and control
• Practical procedures
Summary

• AMUs are rich learning environments
• High quality teaching and learning have a direct impact on patient safety, quality of care and the experience of trainees
• Create a shared understanding with trainees, at the start of each AMU post, as to how teaching and learning will take place
• Create a good learning environment
• Teach consultants and registrars techniques that explicitly facilitate work-based learning, and how to give frequent, effective feedback
• Teach in chunks
Further reading

Medical Education. Developing a curriculum for practice. Della Fish and Colin Coles.
Open University Press, 2005

Developing the wise doctor. A resource for trainers and trainees in MMC. Della Fish and Linda de Cossart.
RSM Books, 2007

www.bemecollaboration.org
(Best Evidence Medical Education Guides)
Questions?
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