Clinical teaching is defined as teaching and learning focused on patients and their problems. It mostly implicates direct involvement of the patients.\(^1\) It is done in clinical environments consisting of inpatient, hospital outpatient and community settings. It is fundamentally different from didactic lectures and small group teachings in lecture theatres and small conference rooms. Here the different stakeholders have their own peculiar priorities and the onus is on the clinical tutors to manage the dynamics resourcefully. Providing optimum patient care is essential, but teaching undergraduate and postgraduate students is of utmost importance and crucial too. The tutor juggles through the roles of ensuring patient safety and quality care along with catering efficiently to the students’ educational needs.\(^2,3\) This manuscript provides a road-map to the clinicians to create a purposeful learning environment for their students in busy clinics.

Many of the doctors are unaware or inadequately prepared for their teaching roles.\(^4\) Even those who are enthusiastic face constraints of time pressures, difficulty in planning in advance, competing demands of managing huge patient load and providing educational opportunities to students, paucity of resources and last but not the least, lack of any reward system.\(^1,4,5\) There are unparalleled advantages of clinical teaching despite it being intricate, demanding and exasperating at times. Even the medical students recognize its importance of being the place where they learn what it means to be a real doctor; a place where they observe practical skills being executed deftly and in a time efficient manner. Simultaneously, the undergraduate and postgraduate students’ clinical skills are observed and assessed by the tutors, with valuable feedback to polish these skills further. The busy, bustling and at times chaotic clinical environments provide the setting where the undergraduate and postgraduate students witness and be part of modelling by clinical teachers of a blend of applied knowledge, skills and attitudes; which cannot be encountered in lecture halls or simulations.\(^2,6\)

However, the medical students and the residents may have difficulty in recognising and appreciating the learning embedded in the clinics. They enter clinical environment with an expectation to be educated and find themselves in an environment requiring experiential and more self-directed learning.\(^7,8\) Learning in the clinical environments is based on direct experiences of the learners. It is the responsibility of the tutor to highlight the learning points from patient encounters; making implicit learning points explicit and unambiguous for the students. The tutors should purposefully employ these encounters to inculcate the habits of critical thinking and reflection amongst the students. By designing activities in a time efficient manner, the clinical tutors ensure patient safety and maximize learning opportunities.\(^9,10\)

One useful strategy, in busy OPDs, is the five-step ‘Microskills Model of Clinical Teaching,’ the One Minute Preceptor strategy.\(^11\) It allows the preceptors/tutors to maximally utilize the time to teach salient features of a disease, map out a management plan and identify learning points from the patient encounter. The students are directly involved in identifying their own learning needs, formulating learning goals, adopting appropriate learning strategies and gauging their own performance. Another learner-centred model in busy OPDs is ‘SNAPPS,’ which is mnemonic for Summarize the pertinent points in patient’s history and physical examination, Narrowing down the differential diagnoses, Analyzing by comparing and contrasting the different conditions kept as probable diagnosis, Probing the tutor and clarifying their own concepts, Plan appropriate management plan and finally Select a topic of the condition for self-directed learning. In a relatively short time the tutors/preceptors are able to assess the capabilities of their students in effectively formulating management plans in accordance with their institutes’ standard protocols.

Clinical teaching can be made remarkable by keeping certain educational principles in mind. These include promoting a harmonious learning environment with realistic expectations from the students, building learning on prior knowledge and experiences, and providing students supported participation, as they venture from peripheral role in patient care to more central ones. Additionally, there should be informal and formal feedback sessions to provide them opportunity to reflect on the academic experiences and evaluate their own performances and identify their own strengths and weaknesses, along with guidance from the tutors to take necessary measures to overcome the deficiencies.
The place of simulations in medical education is indisputable. However, work based learning has its own importance and cannot be underestimated. In the clinics lot of opportunistic learning activities are going on based on diverse patient population. The real patients’ involvement is essential to sensitise the learners to the needs of the vulnerable population, and cultivate improved attitude towards chronic illnesses, mental illnesses, disabled children and geriatric population. Students learn the importance of patients’ autonomy and confidentiality. Their refusal for granting permission for physical examination or photography etc. should be accepted by healthcare professionals without impacting the level of care extended to such patients. Furthermore, tutors need to emphasise upon the psychosocial impact of disease on the patient to make students cognizant with patient’s struggles in daily life. The management plans need to be devised keeping in mind patient centred care; giving due weightage to patients’ preferences, income and resources. This sort of learning needs to be complemented with some formal educational activity having timetables, aims and objectives, defined curriculum, progressive linear teaching, assessments (formative and summative) and feedback sessions.

The clinical supervisors need to be present to provide direct guidance on clinical work, linking theory to practice. They have to be up to date with clinical and theoretical knowledge and engage their students in joint problem-solving and patient care in socially and culturally acceptable ways. They should encourage learners to articulate and deliberate upon the observed differences in practice and culture in different settings or specialities and contemplate why these may occur. Similarly, they need to reiterate the significance of learning from practical work in the clinical environments and set aside time to consider lessons learned (brief and debrief strategies) and inculcating self-directed learning in students. Tutors need to have good managerial and interpersonal skills; encompassing communication, listening, assertiveness and appraisal abilities. They should exhibit warmth, enthusiasm, empathy and respect.

In short, clinical environment is the perfect venue for unrehearsed and unexpected triangular interactions between teachers, trainees and patients. It provides the best place for junior doctors’ learning. By making visible the role of patients in the workplace clinical teachers pave the ground for holistic and compassionate patient care.

REFERENCES

Pratum promoting excellence in clinical teaching
