



**AWSEM**

Teaching Handbook

## Contents

1. Introduction
2. Educational Theory
3. Learning Objectives
4. Feedback
5. Mentoring
6. References
7. Teaching Session Templates

## 1. Introduction

### RCEM 2021 Curriculum

The Royal College of Emergency Medicine (RCEM) introduced a new curriculum in August 2021 in response to the General Medical Council's (GMC) requirement for curriculum review.

The RCEM 2021 curriculum outlines 12 **Speciality Learning Outcomes** (SLOs) which are mapped to the GMC's Generic Professional Capabilities. The SLOs are designed to support the development of Emergency Medicine (EM) trainees in all dimensions needed to deliver expert care effectively.

### SLO 9 - Support, Supervise and Educate

A key element of being an EM specialist is the ability to teach and support. The GMC requires all clinicians to: set learning objectives, deliver teaching sessions, provide feedback, supervise, mentor, and appraise junior doctors.

SLO 9 is assessed throughout all stages of training (see [SLO9](#) for key capabilities). Each year the AWSEM ARCP panel will review each trainee's eportfolio for evidence of teaching. Trainees can evidence SLO 9 by using the 'Structured Teaching Assessment Tool' (STAT), ESLE, and MSF. Attendance at relevant training courses will also be considered. SLO 9 will be assessed formatively in the MRCEM and FRCEM OSCEs.

### The AWSEM Teaching Handbook

The purpose of this handbook is **not** to 'teach you how to teach'. Neither is it an exhaustive overview of educational theory. Rather this handbook is intended as a resource for EM trainees to help them structure their learning and understanding of SLO 9.

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## 2. Educational Theory

Applying educational theory in medical education can be challenging, especially within a busy ED. As teachers we are frequently confronted with situations where we are unsure about how to best teach or how to engage our learners. Many of us revert back to personal experiences as a learner and replicate teaching approaches used by our past teachers.

Fortunately, there are a set of guiding principles, based on evidence, that can enable us to use educational theory in our teaching approach and deliver the best education for adult learners.

### Adult learning theory (Andragogy)

Malcolm Knowles was a forefather of adult learning theory, defining it as the “*art and science of helping adults learn*”. He developed **7 principles**:

- Encourage learners to formulate their own learning objectives - to give them more control of their learning.
- Encourage learners to identify resources and devise strategies to achieve their objectives.
- Establish an effective learning climate, where learners feel safe and comfortable expressing themselves.
- Involve learners in diagnosing their own needs.
- Involve learners in evaluating their own learning—to critically reflect.
- Involve learners in planning relevant methods and curricular content.
- Support learners in carrying out their learning plans.

### Constructivism

Learners “construct” knowledge on top of what they already know. Constructivist theory posits that learning is active with learners making judgements about when and how to modify their knowledge.

### Reflective Practice

Reflective practice is divided into **2 phases**:

- ‘*Reflection in action*’ - which occurs immediately, allowing us to learn continually.
- ‘*Reflection on action*’ - which occurs later, and is a process of thinking back on what has happened in a past experience.

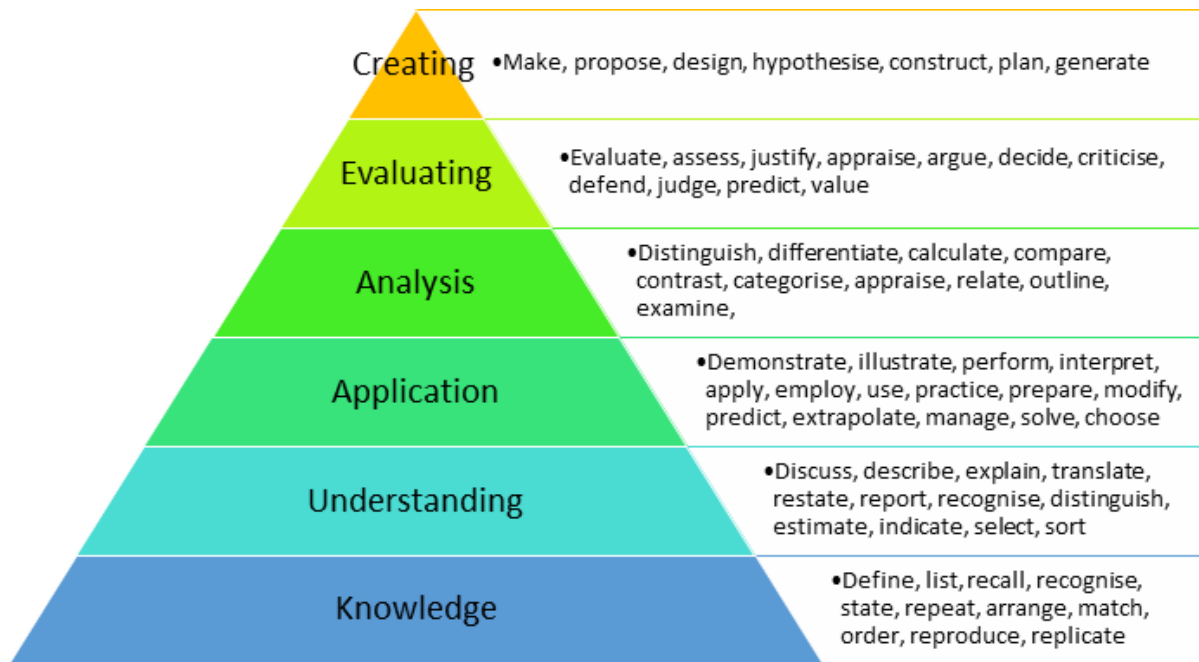
Reflective practice can be considered “experiential learning” which will promote the principles of constructivism when shared amongst peers.

### 3. Learning Objectives

Learning objectives (LOs) are clearly written, specific statements of observable learner behaviour or action that can be measured upon completion of an educational activity.

Bloom's Taxonomy is a common framework for developing LOs.

The foundation of the pyramid is knowledge, followed by understanding. Each subsequent layer of the pyramid builds on these foundations. Each level has corresponding verbs which can be used when creating LOs for a specific educational activity.



A common method for producing effective LOs is by using the acronym 'SMART': Specific, Measurable, Attainable, Relevant and Time focused

<b>S</b> pecific	Provide clear learning expectations for the session
<b>M</b> easurable	Ensure you can measure the outcomes
<b>A</b> ttainable	Achieved within a specific time frame, resources available and tailored to the level of the student
<b>R</b> elevant	Tailored to the learner, do they understand its value in their professional practice?
<b>T</b> ime-focus	Target dates or endpoints for attainment to help ensure that objectives are met.

## 4. Feedback

Feedback can be defined as:

*'Information describing trainees' performance in a given activity, that is intended to guide their future performance'* (Ende, 1983)

Throughout your EM training, you will be asked to supervise different healthcare professionals in a variety of clinical and non-clinical settings. Feedback provision is often skipped in educational activities or during busy shop floor shifts. Feedback is fundamental however to the learning process, and can be a powerful stimulus for improvement if done well.

The process of feedback is an informed, non-evaluative, objective appraisal of performance. Its aim is to improve skills or change behaviours. There are many methods of providing feedback, but ensuring it is descriptive and non-judgmental and expected by the user will ensure they engage and learn from the feedback, rather than feeling demoralised or dejected.

### **Types of feedback**

#### Pendleton Feedback

This method is structured as follows:

- First the learner identifies their positives/strengths
- Then the facilitator or group reinforce these positives and discuss
- Next the learner suggests "What could be done differently?"
- Finally the facilitator or group discusses these points.

The advantage of this method is that a safe environment is initially created and discussing improvement allows reflective behaviour in the learner.

#### Sandwich Feedback

This style is structured as follows:

- Positive feedback or words of encouragement
- Weaknesses or areas for improvement (sandwich filling)
- Positive feedback or words of encouragement

This method is simple and convenient but may be less valuable to the learner.

After feedback it is important to provide the learner with guidance so that they can improve their performance and remediate any errors. This could include direction to educational resources, learning activities, or a timeline for the learning level.

## 5. Mentoring

Mentoring is a relational activity where people benefit from having a conversation. Traditionally, mentoring was considered a hierarchical relationship whereby the knowledge of a senior colleague was passed to a less experienced junior. Contemporary understanding however recognises the reciprocal benefits of mentoring to both mentee and mentor (ILM, 2020).

### In order to be a good mentor you should... (Demers, 2014)

- Seek to provide a safe, supportive space to explore issues
- Demonstrate commitment by being available for meetings
- Be approachable and willing to listen to your mentees perspectives
- Communicate your expertise in a way your mentee can understand
- Provide honest feedback to enable change and development
- Be curious and support development by using a reflective approach

#### Preparation:

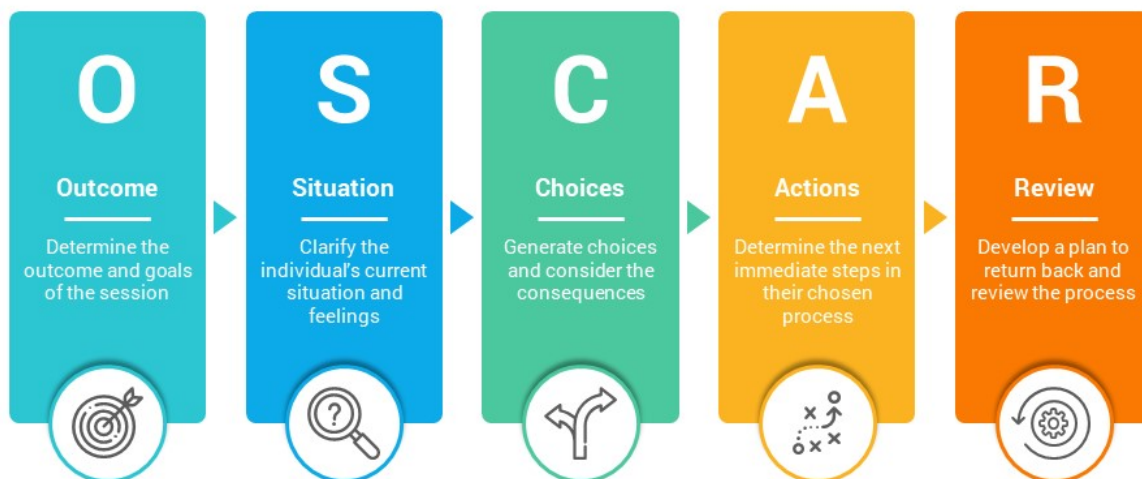
Both mentor and mentee should prepare a list of what they want from the mentoring relationship including a [SWOT](#) analysis to highlight areas for learning and development.

#### Basics:

During the first meeting decide on ground rules, responsibilities, criteria for success, recording progress, location and dates of meetings.

#### The Meeting:

There are many mentoring models however the OSCAR model can be adopted to suit a 1:1 mentoring relationship



## 6. References

Chatterjee, D. & Corral, J. (2017) 'How to Write Well-Defined Learning Objectives.' The Journal of Education in Perioperative Medicine. 19(4).

Austin, Z. (2016). How to design & use learning objectives in clinical teaching. The Pharmaceutical Journal. Available at:  
<https://pharmaceutical-journal.com/article/ld/how-to-design-and-use-learning-objectives-in-clinical-teaching>

[What the best mentors do \(HBR\)](#)

[Becoming a great mentor \(APA\)](#)

[Demystifying mentoring \(HBR\)](#)



## 7. Teaching Session Template

Title:		Tutor:	
Date:		Venue:	
Time of session:		Lesson Duration:	
No. Students:		Grade of Students:	

Lesson Aim:
By the end of this session students should feel better able to:
Learning Objectives:
<ol style="list-style-type: none"> <li>1. List...</li> <li>2. Discuss...</li> <li>3. Demonstrate...</li> </ol>

Room layout:
<p>Small Group: Students sat around circular tables in groups, the tutor shall also be seated within the group</p> <p>Lecture: Students sat in rows within lecture theatre, the tutor shall present standing</p> <p>E-tutorial: Students and tutor using individual devices</p> <p>Simulation: Students sat in a debriefing room, separate SIM-lab for scenario, the tutor shall switch between rooms</p>

**Equipment Required: (may include)**

- |  |                    |
|--|--------------------|
| · Flipchart paper & board pens                   | · Summary handouts |
| · Projector, laptop, memory stick, slide changer | · Feedback forms   |
| · Anatomical model and medical equipment         | · Patient actors   |
| · SIM Man  | · Refreshments     |

**Lesson Structure: (content and timing will vary dependent on teaching session)**

Introduction	15 minutes	Welcome, housekeeping, outline the overall aim of session (may include tour of the venue)
Orientation task	10 minutes	Icebreaker activity to focus on the session eg. quiz, game, case scenario or demonstration
Content	30 minutes	Deliver educational content eg. pathophysiology of shock, thoracic drain insertion
Practice	30 minutes	Opportunity for student contribution eg. group discussion on EOL care, practice suturing
Assessment	20 minutes	Opportunity for student to demonstrate learning eg. quiz, MCQ, SIM assessment
Summary	10 minutes	Reiterate salient points, direct students to learning resources, opportunity for questions
Feedback	5 minutes	Designated time for students to complete feedback forms/discussion