The Learning Process in Clinical Education

Video Transcript

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Overview
The learning process in clinical education is a critical component of training healthcare professionals.

It encompasses the acquisition application, integration of knowledge, skills and attitudes necessary for the provision of high quality patient care. Student or trainees have the opportunity to apply theoretical knowledge in a real world context in a competent and evidence based scope of practice.

Learning Objectives
Upon completion of this module, the clinical instructor should be able to:

1. One discuss the role of reflection
2. Explain the difference between self-evaluation and self-assessment
3. Discuss and describe the process of peer learning.

So, in this graphic we see that reflection involves thinking our emotion and action.

So, in order to be really great reflective practitioners, we need to think about the. We need to think about the situations that we experience and every situation is going to require some type of emotion attached to that, whether it be positive or negative. Then the outcome is some type of an action. So, we really need to be very cognizant that we practice reflective practitioner reflective practice in our clinical or our teaching every day so that we can come become a better teachers.

In what we do, so one definition of reflection is it is an important human activity which people recapture their experience. Think about it. Mull it over and evaluate it. It is this working with the experience that is an important learning in learning.

So, without reflection that we really are not really great at learning of what has transpired and that is an important process of truly be a reflective practitioner is to recapture that experience and how do we make those experiences better at a future event.

A second definition is we learn through critical reflection by putting ourselves into the experience, exploring personal and theoretical knowledge, to understand it and view it in different ways. So that's very important that we take what we've learned. And so, with students, they don't have a lot of experience when they're first learning to work in dentistry. We have to give them that guidance as a faculty to facilitate their growth.

As they see more patients then their experiences build and that's why we encourage them to have patient contact all the time. Sometimes that happens, a student will finish their competencies and they don't want to see any more patients. But we have to encourage them in order to you to be really great at what you do you've got to see those have those types of patient experiences within the clinic to make them be successful clinicians.

There can be no growth in learning by mere experience alone, but only by reflecting on experience.

Then reflective practice must be taken seriously by those facilitating clinical education students, clinical education.

We really have to be cognizant of that as faculty that we help them facilitate those clinical situations as well. You know, What can they do differently? How can they do it? What did they learn? What would they do differently at the next time that may happen?

Reflection in education, it is a critical, especially in clinical education. It allows the learner to recognize their own strengths and weaknesses and to use the guide to their ongoing learning.

The role of reflection in clinical education is really divided into 3 stages. The stage one is returning to the experience. Stage two is attending to feelings, and stage three is reevaluating and the experience.We will start on our next slides on discussing these three stages more in detail.

Stage one returning to experience, so recalling the events and emotions association with an experience.

What we call the replaying of the experience, so that can be done through the use of a clinical blog, journaling, replaying the experience and the students mind describing the experience to another peer. So those are all process of replaying the experience and remember that any of the students emotions during this can be part of that process that we need to think about and for reexamination of the event. Reflection is going to be very critical in this stage one of their educational growth.

Negative emotions may cause a barrier in learning and could also cause difficulty in recollection and to see other perspectives or interpretations to the experience.

Stage three is re-evaluating the experience and there are four aspects association combining thoughts and feelings during the experience, integration, which is the synthesis to thoughts, feelings into a whole new perspective, idea or attitude. Validation, the students to test out of new understanding to see if it is consistent to other information and appropriation occurs if new knowledge becomes part of the student. Develops a new attitude of reflective learning process.

Dr. Schon devoted his life on how to be a reflective practitioner. He established these two types of theories within reflection it's called reflection in action, which is works at getting at the bottom of what is happening and experiences processes such as decision making and feelings at the time of the interaction. And then he also has written about reflection on action, which works on sifting over the previous event into new information or theoretical perspectives.

He wants us as clinicians, to think about reflection in action as its happening and once it has passed in a previous event it is on action. So we need to engage our students in thinking about these two types of processes in action and on action. And it's also very relevant for us, it's educators that we think about it in the same way. We really have to give this some thought on guided facilitation questions for our learners on how to do this and to do this effectively and hopefully they take this process on as they are seeing patients in their clinical practice.

Here are some psychological barriers to reflective practice. Is it fear of judgment? We have to make sure that we are when we teach, we're very non-judgmental, a fear of criticism and also being closed, being closed to feedback. If we don't really have good feedback skills, we really need to have a process of working with individuals on acquiring good feedback and also defensiveness and sometimes the learner may become defensive or even the faculty member. We need to find ways of how to address those and communicate more positively in this regard.

And then in critic, in professional arrogance, and it also can run in two directions, where we have the learner student who is, or we may have deal with the faculty who is as well. So, we've got to look at on how to deal with these types of processes in when we're teaching that we don't have the arrogance because those are all detrimental to learning and sometimes as

educators we usually teach the way we were taught and if you were, if you don't really know any different and you started to be arrogant without ever knowing about it, I think that's one of those types of barriers that needs to be addressed. What I always recommend for faculty who are first time teachers and they feel like they don't have these types of issues but the students say they do is to really have the process of the peer observation performed. Because the peer observation can be a neutral way of looking at something or someone, and to really tell them, yes, there is arrogance that's being expressed in this type of situation or in your teaching and hopefully through some enrichment activities the faculty member can readjust their teaching methodology. Same with students, as long as they are able to see and show them what's being done, then hopefully these things can be corrected in their clinical environment.

So, other practical barriers to reflection the learner needs to reflect on their experience, actively set aside some part of their working day to reflect and analyze. And I always will say that you need to make sure you think about these things you know when you're at some quiet place in your home or your office or wherever. I never try to think about these things when I'm doing some type of activity, especially driving, cause if you've had a very upsetting or negative experience in your clinic at the time you drive, then that can be and you're not paying attention to your driving and that can be dangerous. And so that's why we say think about some things about these things, you know, quiet time where you're alone and you're not really doing anything but being in a room or being somewhere where you have some time for reflection.

The importance of reflection is to be conscious of our potential biases and discrimination. Working the best use of knowledge available challenge and developing the existing professional knowledge base. Avoid past mistakes and maximizing our own opportunities for learning. I know sometimes we come in, all of us, come with some type of an unconscious bias. We have to take some courses and classes to make us aware that that does happen. And how do we really, you know, how do we compensate for those biases? Because it will happen. We've got to make sure we umm can see them and understand them, and how do we cope with them, you know, especially when we are in the clinical teaching arena?

Outcomes of reflection, it widens our perspective on a problem which broadens our knowledge.

It helps us develop strategies for dealing with it, which is developing skills, and it helps us acquire new insights into our behavior, which really changes our attitudes.

In our next section, I'm going discuss the role of reflection exercises in clinical education.

One type of technique that we can use is usually clinical journals or blogs, as we come to know it today. So in blogging, we want the reaction or to the event or the experiences. How would you look at it in a different context? How the experience links with other experiences? How can you understand the experience in light of theory and what have you learned this situation? What do you need to learn and how might you achieve your identified learning goals. So when you're writing these blogs for students, make sure you identify some facilitation questions to get them started. And usually if you can get them at the at the beginning, you may not get a lot of responses because there's still trying to find their way, but hopefully by the towards the end of the semester or the end of whatever project that you're doing, you'll see a growth and their ability to think about things and the qualitative portions of the of their writings should be really, you know, much more engaged at the end. They kind of look at things differently and they'll give you that aha moment is what I say. And so those are things that you will have noticed the growth over time and it's and I've seen it and I've seen how individuals can be very like 1-2 sentences and by the end of the semester, I can see a paragraph or two and things that they've connected from the classroom to the clinic really is a great joy to me as an educator.

The clinical focus identify 3 to 5 specific activities for students to address, have them present their findings, maybe at the end of clinic and then the post clinical conference and use some type of guided questions to facilitate the discussion. So that that's the process of doing a clinical focus exercise.

Next is evidence in the rounds. You want to ask each student to discuss the evidence based standard of care. The group discusses the strength of the evidence and compares the standard with the practices currently used in the institution. So I use these in two different ways. I use it among our students, but I also use it among faculty. We have a lot of faculty who come from clinical practice and they may not be aware of the new evidence based guidelines on certain procedures and protocols, and so you can use this as a faculty calibration tool as well within your own institution.

Safety rounds, so you want to identify some type of a safety efficient control risk related to the environment as well as to the individual patient risk factors and then have a group discussion of these different types of implications and how do they relate to safety, infection control and risk.

And it's a great tool for teaching students, especially those who may have and infection control infraction. You can have them do a safety rounds and have them write a paper about the thing that they have infraction on and that will help them solidify best practices in infection control within the clinical environment.

And case in the round, this is where a faculty presents a hypothetical case with minimum information and usually start with the student on the right, and then the student on the left would provide a finding.
You can have this process kind of like a round-robin conference where people are all engaged from the start to finish and through that whole process of the of the of the actual circle.

Next, I want to talk about self-evaluation and self-assessment. So, what is the difference?

Because sometimes we often use the terms synonymously, so self-evaluation refers to the learning activity where the goal of the activity is to learn. That is self-evaluation.

However, self-assessment refers to learning activities where the goal of the activity is to assess performance. Which is generated through a grade, a score, and in doing so possibly learn. So one generates some type of a greater score and the other one is to learn. And I've heard both use synonymously, but I just wanted to identify let you know what are the actual differences between these two terms.

So self-evaluation, clinical educators cannot assume that their students are able to self-evaluate independently. And this is true because they really don't have the experience. Sometimes what I see in clinic is the self-evaluation is very high when I know that they still need some practice on it, and so, you know, having that discussion with the student and why they think they're giving themselves a high valuation. Now on the other hand, I've had students who gave low evaluations and they did really well. So I always ask them why were you so hard on yourself? And I said, well, let's go through the rubric.

Here's what we found, and you've actually had satisfactorily completed what you needed to do so give that some thought. You always run kind of the range between given too much or given too little, just depending on the learner. So, that's why you, as the faculty, have to put it in a context. Self-evaluation skills need to be facilitated and you really have to be provided some type of support to the student and give them a critical analysis, but then also make sure that you're not too critical and that you give them some ability to learn from what they need to do for the more successful environment in the future when they learn.

Here are some methods of self-evaluating, usually through clinical conferences either pre and post.

Umm you can use videos , the only thing I caution you with videos is make sure you're HIPAA compliant on those and written self-

evaluations. And make sure you have on those types of self-evaluations, have a rubric handy to make sure that the students really give themselves a fair evaluation. Or make sure you give them feedback on their evaluation, because if you don't and they come across like there's nothing ever an issue, but then you know there are issues that you need to point it out early in the process.
When they get towards the end of that semester, hopefully they've corrected any of these issues.

Now we're going to talk about peer learning and peer learning and teaching is a two way reciprocal learning activity and you should really be mutually beneficial and involving the share knowledge and ideas and experience between the participants. It can be described as a way of moving forward from independent to interdependent or mutual learning. So students are given a great deal by explaining their ideas to others and by participating activities in which they can learn from their peers. They develop skills and organizing, planning, learning activities, working collaboratively with others and giving and receiving feedback and evaluating their own.

And in addition to peer learning, can be a formalized learning that can help students learn effectively. It provides students with the responsibility for learning their own learning and, more generally, learning how to learn. It is not a substitute for teaching activity design and conducted by faculty. An important addition to the repertoire of teaching and learning activities that can enhance the quality of education. What I'd like to say here is make sure that the learner and the student teacher and at least the student teacher needs to be calibrated on what needs can be done and what should be said.

You've got to make sure you think about who your peer teacher is going to be. You need to give them some guidance on what you want them to be teaching to the peer learner, and make sure that the information is correct because you never want the peer teacher to be teaching something incorrect and then it's works against the faculty who's teaching the course that it's contradicting to what the peer teacher is saying.

So again, it is important to consider who are the peers in peer learning. Generally, peers are often people in similar situations to each other who do not have a role in that situation as a teacher or expert practitioner. May have little considerable experience or expertise, or they may have very have relatively little. Most importantly, they do not have power over each other by virtue of their position or responsibilities. So give this some thought if you're going to do peer learning that you really consider these points as you establish that type of a program.

And these are our references for this module. And I thank you for taking your time for taking this module.