

Good Teaching Practices



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Who are the planners ?

MCI or Central or National Council

University

Institution

+

Department

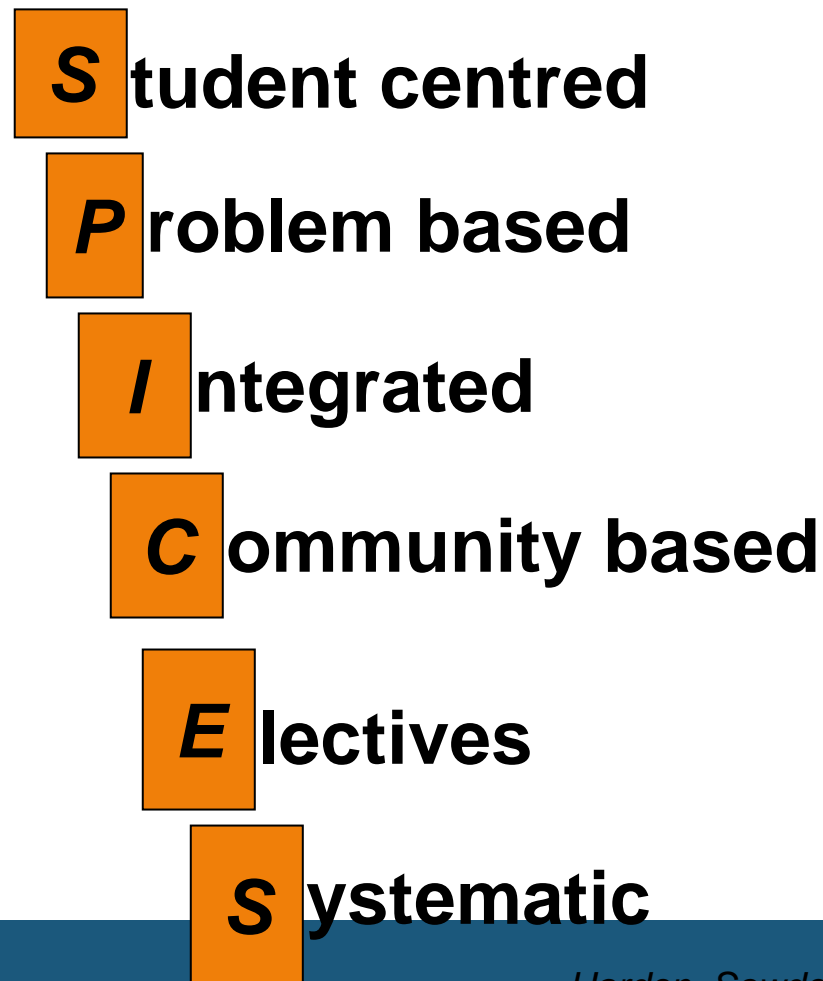


Guidelines

**Transaction
And
Evaluation**

Curriculum Organization

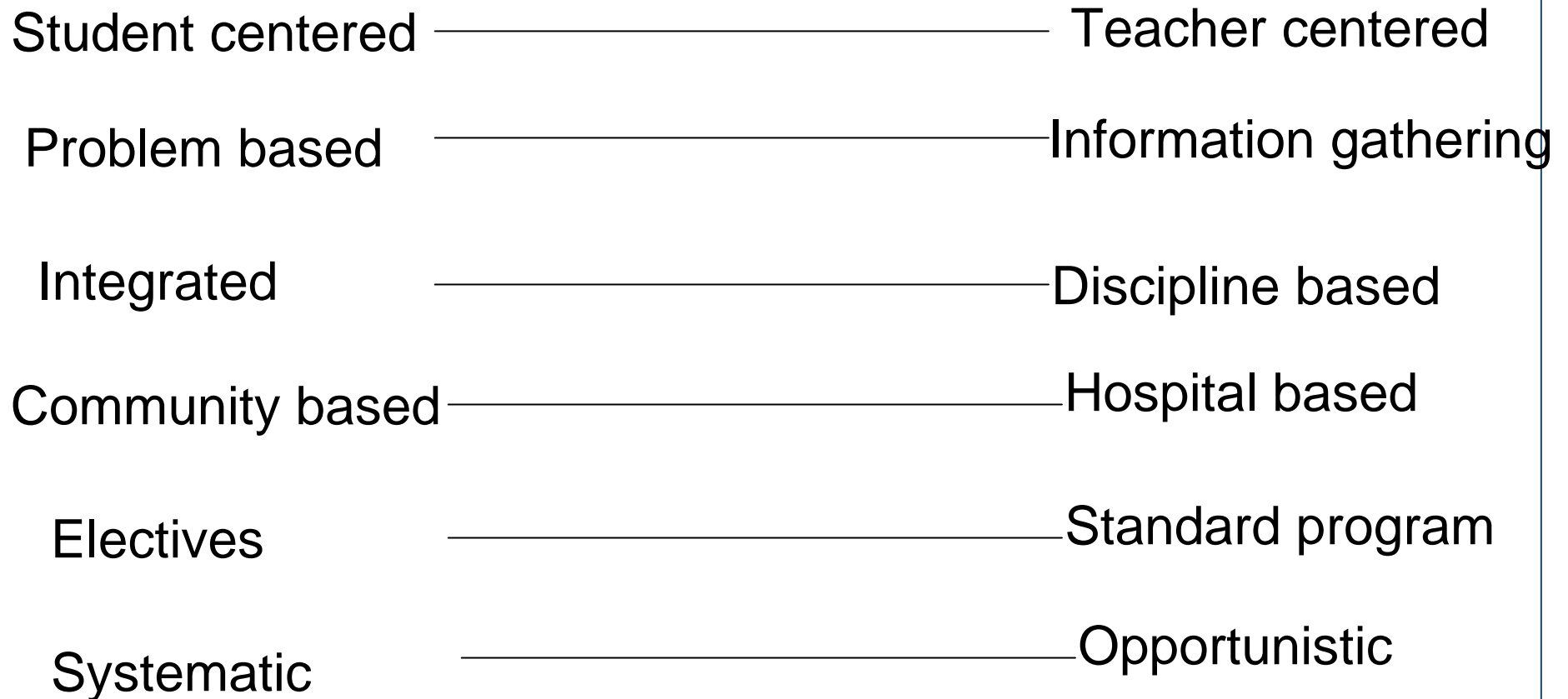
Curriculum strategy analysis-SPICES model



Curriculum Organization

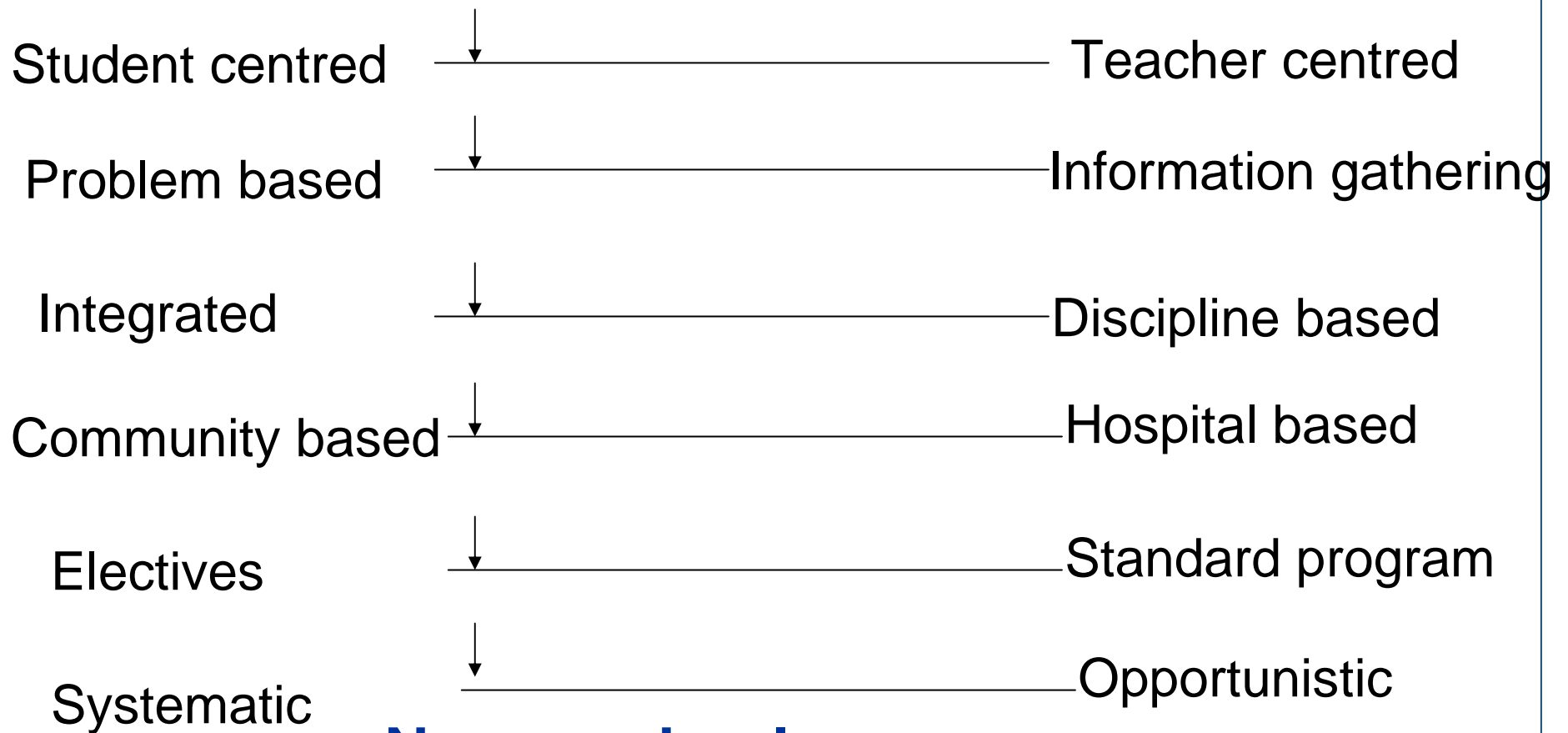


Curriculum strategy analysis-SPICES model



Curriculum Organization

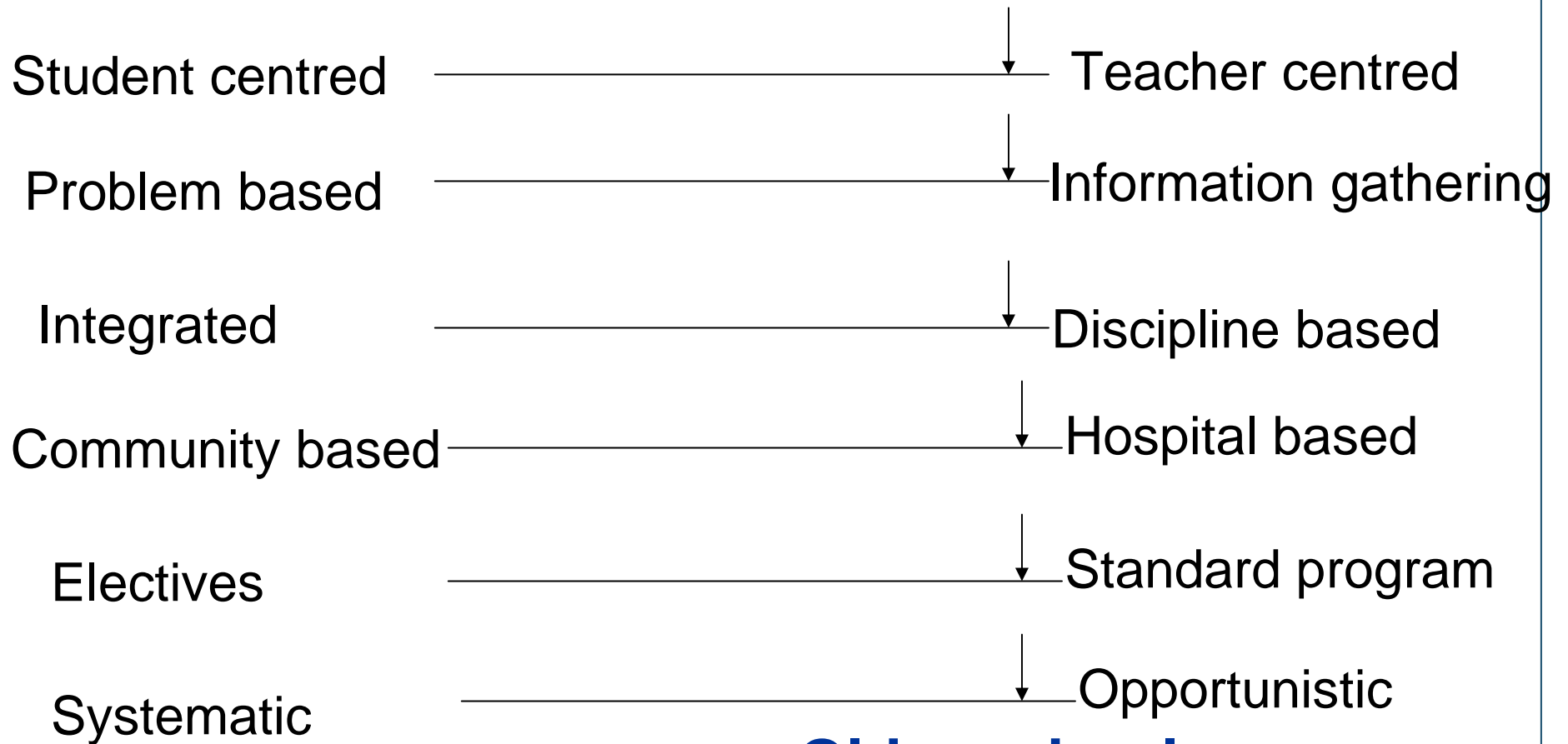
Curriculum strategy analysis-SPICES model



Newer schools

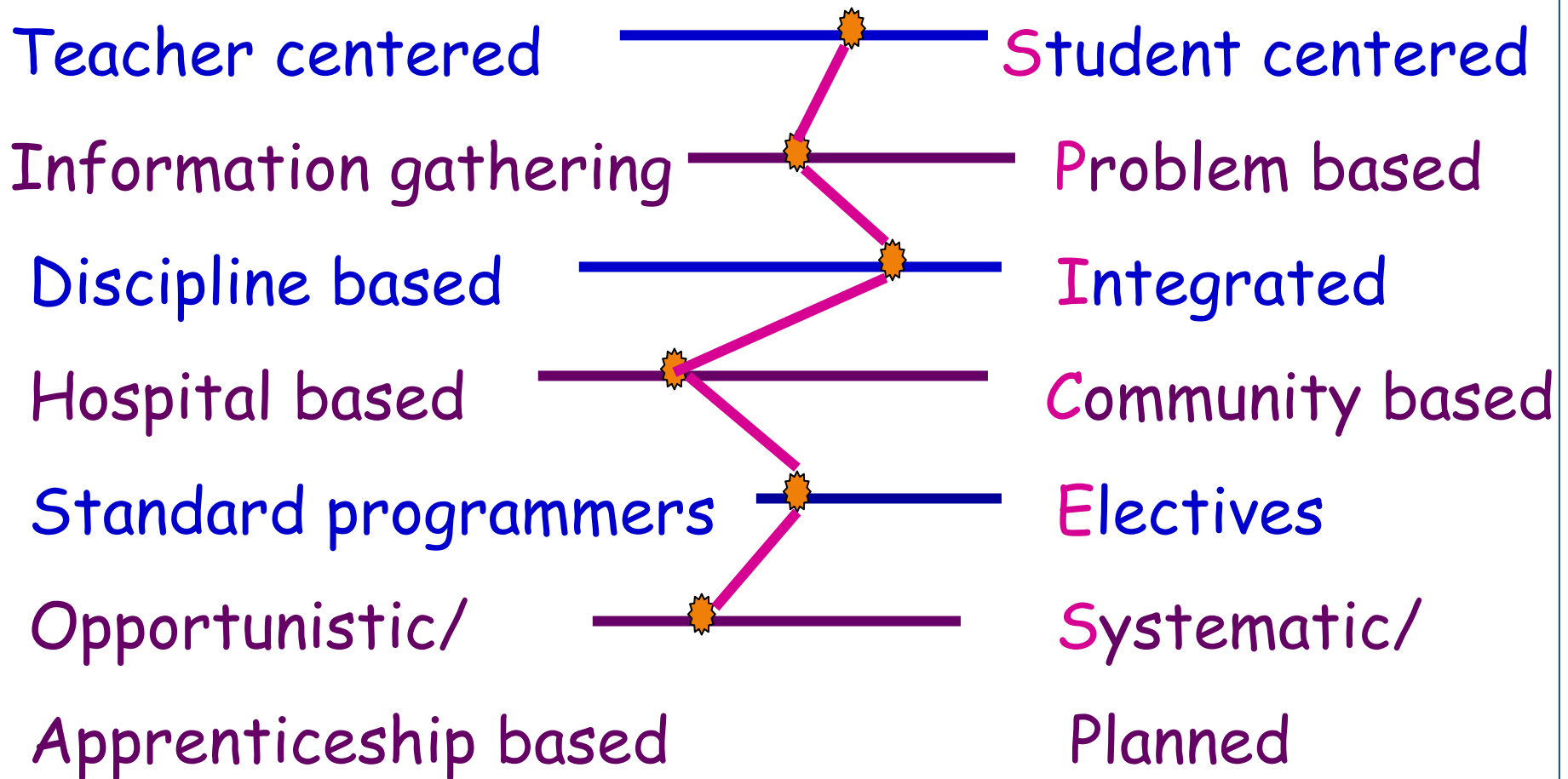
Curriculum Organization

Curriculum strategy analysis-SPICES model



Older schools

Curriculum Strategies



Think Pair Share



- For a minute think about the deficiencies in our current MBBS curriculum.
- Now discuss it with your partner.
- Write and report to group

5 minutes

Deficiencies in Curriculum



- **Too much of information- Can we cut it down ?**
- **Ill defined contents**
- **Attitude development - poor emphasis**
- **Poor weightage to co- curricular activities**
- **Poor demarcation between UG and PG curricula**

Diseases of the Curriculum



- Curriculosclerosis
- Carcinoma of curriculum
- Curriculoarthritis
- Curriculum disesthesia/ malaise
- Iatrogenic curriculitis / curriculosis
- Curriculum hypertrophy
- Curriculum ossification

- *Stephen Abrahamson, J Med Edu 1978; 53: 951-7*

Evaluation of Curriculum Dynamic Process

Examine

(Measure existing practices)

Monitor

(Measure Outcome)

Diagnose

(Identify problems)

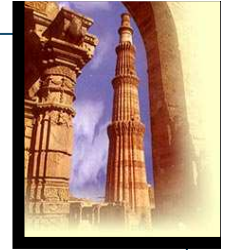
Treat

(Design and implement intervention)

2010



- The Medical Council of India proposed curricular reforms in MBBS curriculum for Undergraduate Education.
- These reforms focus on enhancing integration, clinical competency, flexibility and improvement in quality of training



Vision



To provide quality medical care to all Indians by promoting excellence in medical education

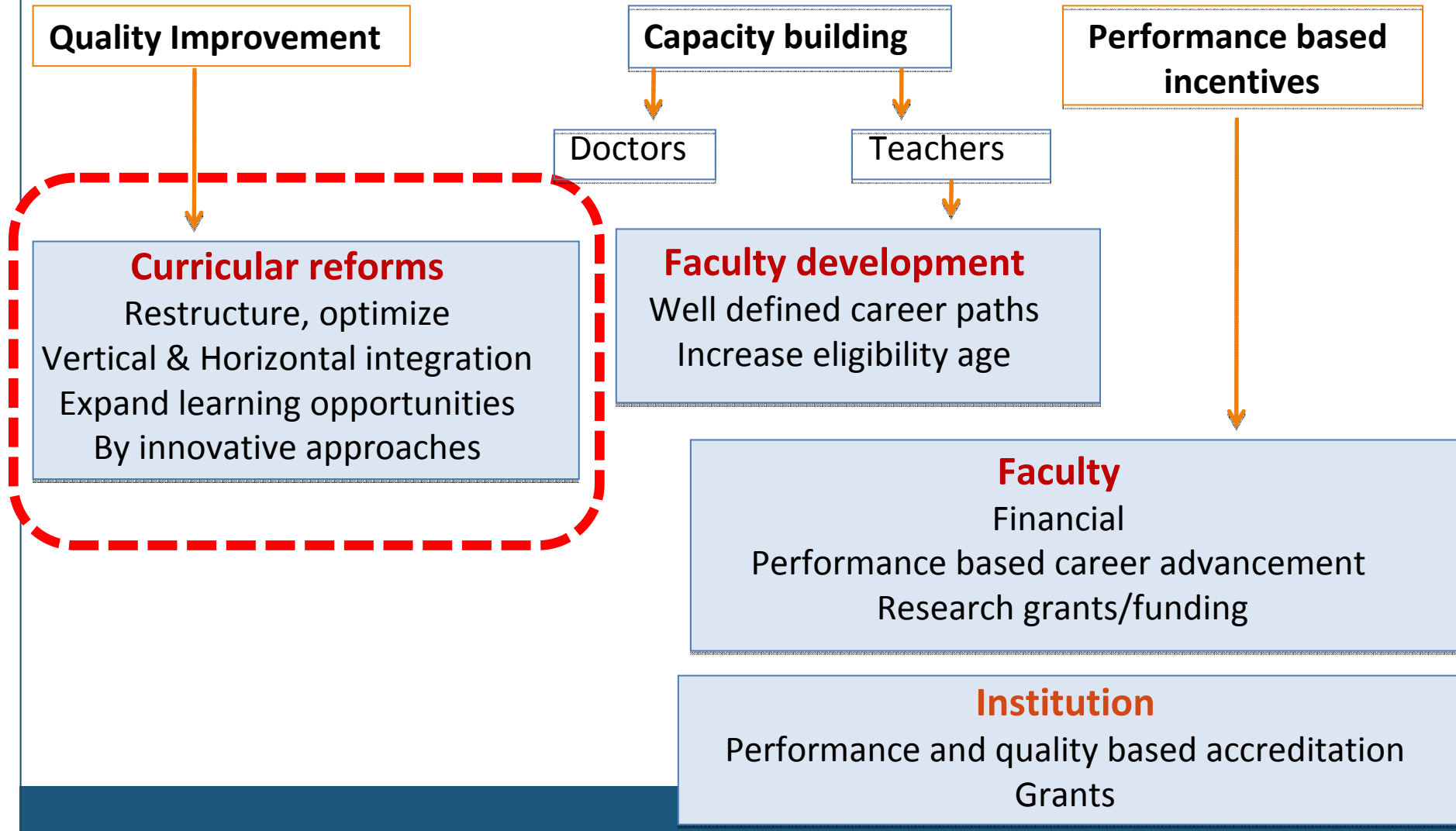
Vision 2015

Work started in June 2010



- **Short-term** - **Immediate**
- **Medium term** - **2-3 years**
- **Long term** - **≥ 5 years**

Objectives of Reforms in Medical Education



Global Scenario



Developed world

- Curricula standardized, based on global needs
 - Altered based on changing needs of the society
- Sufficient accreditation policies
- Modern methods of teaching, learning

Medical schools : Global Scenario



Total number : 2420

Distribution

Asia	940
Europe	446
N America	173
S and Central America	513
Africa	340

Lacunae in Current MBBS Training



- Emphasis on access to quality health care
- Integration of basic and lab sciences & clinical medicine
- Summative assessment: tests memory not competency
- Not deleted obsolete matter, only added
- Linkage with PG training

What has changed over years ?



- Changing society – Changed health care needs
- Enlarged knowledge – fat curriculum
- Newer technology in therapy – skilled in addition to knowledge
- Increased number of students – decreasing teacher-student contact
- Black board to smart board
- Knowledge is available everywhere – wisdom needs to be gained



If so many things have changed

then should we not change our
curriculum ?

MCI adopted expert approach

Indian Medical Graduate (IMG)



Would have **requisite** *knowledge, skills, attitudes, values and responsiveness* so as to function appropriately and effectively as a Basic Doctor and physician of first contact for the community in the primary care setting in rural and urban area

What will be an Indian Medical Graduate like !!

Clinician

Who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

Leader and member of the health care team

With capabilities to collect, analyze and synthesize health data

Communicator

With patients, families, colleagues, community

Lifelong learner

Committed to continuous improvement of skills and knowledge

Professional committed to excellence

Who is ethical, responsive and accountable to patients, community and profession

Recommendations of UG group



- Foundation Course
- Early Clinical Exposure
- Integration – Vertical and Horizontal
- Skill Training / Competency based Training
- Electives
- Student doctor method of Clinical Training
- Secondary Hospital Exposure
- Newer teaching techniques – skill labs etc
- Community Oriented Education

Foundation Course



Goal of Foundation Course



The main purpose of foundation course at entry level is to sensitize the learners with essential knowledge and skills which lay foundation for their pursuit of learning across all phases in MBBS course and later on in their careers in medicine

Objectives of Foundation Course



A. Orientation of student to

- Medical profession & physician's role in society
- MBBS program
- Alternate health systems in country
- Medical ethics, attitude and professionalism
- Health care system and its delivery

Objectives of Foundation Course



A. Orientation of student to

- National health priorities and policies
- Patient safety and biohazard safety
- Principles of family practice
- Indian medical graduate document of MCI
- The medical college and hospital

Objectives of Foundation Course



B. Enable students to acquire skills in

- Language
- Interpersonal relationship
- Communication
- Learning skills including self directed learning
- Time management
- Stress management
- Use of information technology

Challenges in implementing



- What are the challenges you think in implementing the foundation course?
- What are the ways in overcoming these challenges?
- Discuss in your group for 10 minutes and report.
- Each group should have a leader, timekeeper, recorder and reporter!!!
- 15minutes

Challenges of Implementation



- Multiple level – Change,
- Multiple Stakeholders
- Variability in ability of RTC/ MEU/ trainers
- Develop materials in context to reforms
- Motivation of MEU/ Directors for change
- Faculty Development rather than workshop attendance
- Making change happen at departmental level

INTRODUCTION

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What is Early Clinical Exposure / Experience ?

Experience:

“Authentic human contact in a social or clinical context that enhances learning of health, illness and/or disease, and the role of a health professional”

Early:

“What would have traditionally been regarded as the pre-clinical phase, usually the first two years”

INTRODUCTION

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Pre-clinical
disciplines



Clinical
disciplines

INTRODUCTION

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- Early Clinical Exposure (ECE) is a teaching learning methodology, which fosters exposure of the medical students to the patients as early as the first year of medical college.

- The goals of ECE are to provide
 - social relevance and context to basic science teaching
 - some gain in medical knowledge
 - few basic clinical skills and
 - wide range of attitudes.

INTRODUCTION

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Why ECE ?

- Forms a crucial part of initiation into medicine
- Smoothens the transition from layperson to student physician
- **Opportunity to bring social relevance and contextualize basic science learning**
- To learn basic clinical skills
- Enhances motivation
- Encourages them to learn professional behavior

INTRODUCTION

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Why ECE ? Student Perception

- ECE provided important validation of the students decision to go to medical school

“It’s made me see myself as a doctor. Because there is this abstract idea of this person with this stethoscope and all of this knowledge, and I just didn’t know how I was going to be that.”

INTRODUCTION

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Why ECE ? Student Perception

- ECE was a “lifeline” that helped the student stay focused on their studies.

“do what I came to medical school to do-see patients”

- Opportunity to establish a link between the basic sciences concepts and actual patient cases

“I am getting direct, hands on experience with patients which not only prepare me for the future but also facilitates my learning textbook material and actually applying it”.

INTRODUCTION

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Why ECE ? Faculty Perception

- ECE provided *more integrated approach to teaching basic sciences and clinical medicine.*
- Increased *excitement for learning* by students who have participated in ECE
- *Better comprehension of basic science knowledge* in students who participated in ECE

ACTIVITY

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SHARE YOUR BEST PRACTICES

- Think-Pair-Share
- Share your experiences with ECE with your partner:
 - Who, when, where
 - What was the setting
 - What was good about the practice
 - How it could have been even better
- Identify salient points
- Present to the class

WHERE TO USE ECE

Case discussions
Patient brought to classroom

**SOCIAL
RELEVANCE**

**Classroom
setting**

CONTEXT

Training in basic clinical skills
Demonstration of clinical problems
Gain in Knowledge and attitudes

Ethics and Professionalism
Communication skills
Humanities

**Hospital
setting**

Hospital visit
Primary care exposure

**Community
setting**

Community visits

ECE IN CLASSROOM SETTING

Use of cases to teach in the class

- **Paper cases**
- **Photographs**
- **X Rays**
- **Laboratory reports**
- **ECG**

ECE IN CLASSROOM SETTING

Role of cases

- Cases provide a focus for learning
- A case is a framework for a discussion
- A well constructed case functions as a “surrogate teacher”
- A case is not a textbook or a syllabus
- Use of a case match the goals, objectives, of the curriculum
- The case can address issues of social relevance

ECE IN CLASSROOM SETTING

Example

Describe history and findings related to the learning objectives

- *A 26 year old asthmatic not taking her medication arrives in casualty short of breath...*

Discussion on pharmacology of asthma

- *A 26 year old woman arrives in the casualty short of breath...*

Discussion on mechanisms involved in shortness of breath

Creating Cases

- Planning the case
- Constructing the case
- Formatting the case
- Preparing the use of case

ECE IN CLASSROOM SETTING

Student Assessment

- Feedback
- Reflections
- Log book
- Theory tests- MCQs, SAQs
- Viva
- OSPE/OSCE

ECE IN HOSPITAL SETTING

Observation

- Observe the faculty member entering the room now.
- Write your observations (about 2 in 1 or 2 sentences) on a piece of paper.
- Pass on the paper to the person next to you.
- Keep on doing so till the bell rings.
- Each one reads out what was written on the slip.
- What are your '*observations*'?

ECE IN HOSPITAL SETTING

Observation

“ I think its absolutely of minimal value to sit somebody down in a room and say watch me, because they don't know what they are looking for, there is a huge range of things that I would want them at different times”

Quote from a clinical teacher

ECE IN HOSPITAL SETTING

Observation

- For a moment imagine you are a student health care professional. You are sitting in on an outpatient clinic and have been told that the next patient to be seen is Mr Jones, a 64 year old man who has signs and symptoms that may be indicative of Parkinson's' Disease. Your clinical teacher asks you to 'just watch this consultation'.
- Take a few minutes to jot down the kinds of things you might 'just watch' for.

ECE IN HOSPITAL SETTING

Active / Purposeful Observation

- Who to observe?
- What to Observe?
- How to Observe?
- For what purpose?

OBSERVATION GUIDES

ECE IN HOSPITAL SETTING

Uses of Active / Purposeful Observation

- Two students observing same aspect and comparing notes
- Students observing different aspects and sharing ideas
- Focusing on communication, data gathering etc.

ECE IN COMMUNITY SETTING

Focus of community based clinical exposure

- Context
- Integration of basic sciences, clinical dimensions and societal perspectives
- Seeing primary care providers at work
- Student involvement through activities

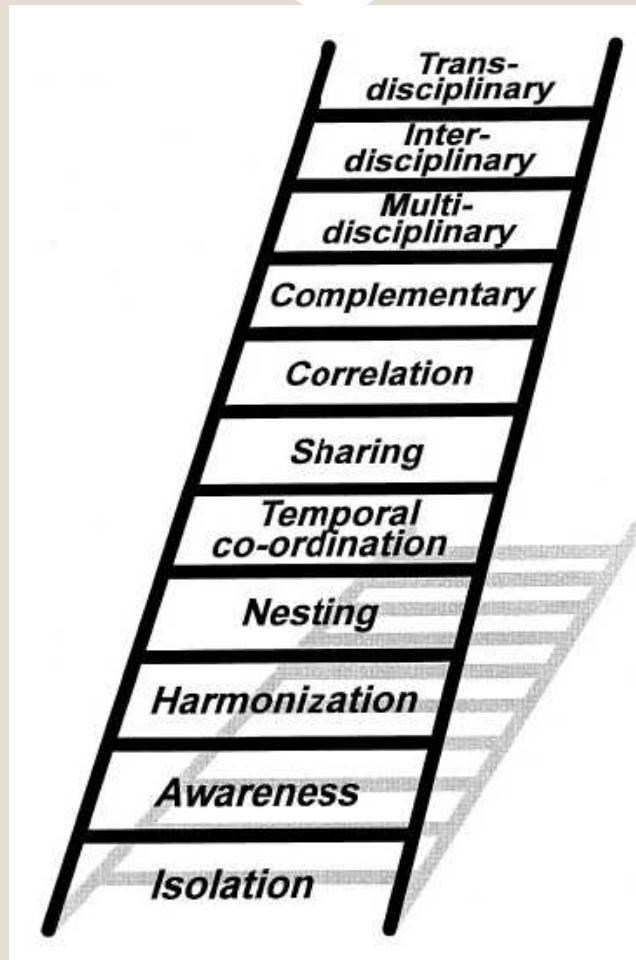
Integrated Teaching & Learning





- Identify as many areas of integration in our curriculum as you can.

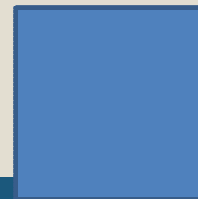
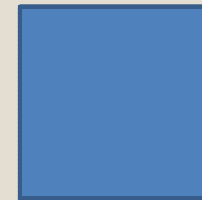
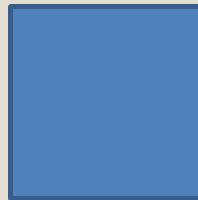
Harden's ladder of Integration



Isolation



- Departments or specialists **organize teaching without consideration of other disciplines or related subjects** which contribute to the curriculum.

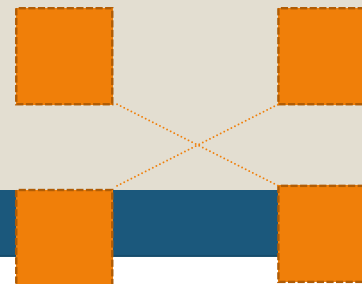


Awareness



Teaching is subject-based with no explicit attempt to help the student achieve an integrated view of the subject.

- **Mechanisms allow the teacher in one subject to be aware of what is covered in other subjects**
- Circulation of lecture handouts to colleagues allows consideration of other courses when planning teaching

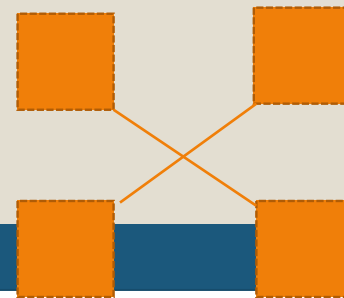


Harmonization (Connections)



- Teachers responsible for different courses consult each other and communicate about their courses through informal discussions between teachers or through more formal curriculum planning committees and meetings

- **The disciplines remain separate but explicit connections are made from within the subject area to other subject areas**



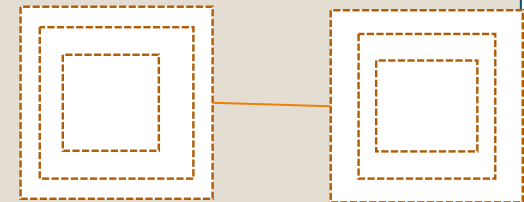
Nesting (infusion)



- An integrated approach where **the teacher targets, within a subject-based course, skills relating to other subjects**. Content drawn from different subjects in the curriculum may be used to enrich the teaching of one subject.

Examples of nesting:

- a pathology course introducing clinical medicine to demonstrate the application of pathological principles



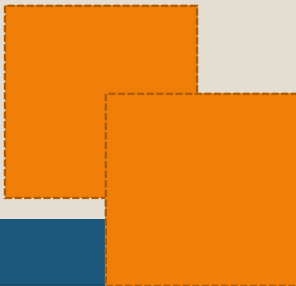
Temporal coordination (parallel or concurrent teaching)

- **Related topics are scheduled to be learned at the same time.** Similar topics are taught on the same day or week while remaining part of a subject-based teaching program.
- Students study the concepts of the different subjects separately and uncover relationships on their own.

Sharing



- **Two disciplines plan and jointly implement a teaching program in which overlapping concepts or ideas** emerge as organizing elements.
- The two disciplines are usually complementary subjects and the joint course produced emphasizes shared concepts, skills and attitudes.



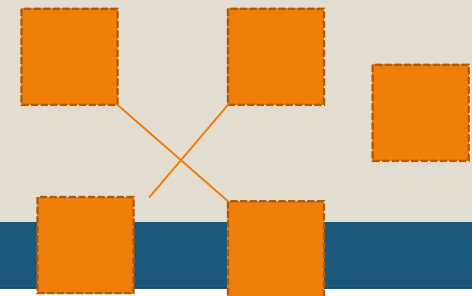
Correlation



- **The emphasis remains on disciplines with subject-based courses taking up most of the curriculum time.**

- Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching.

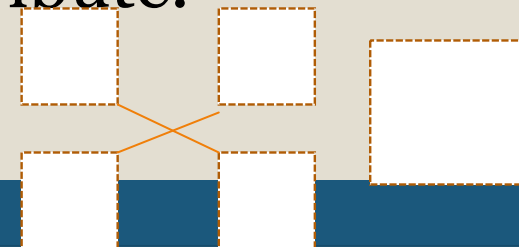
This session brings together areas of interest common to each of the subjects.



Complementary



- Subject-based and integrated teaching are both employed.
- **The integrated sessions use the majority of time, resources and assessment and are viewed as more important than subject-based teaching.**
- The focus for the teaching may be a theme or topic to which the disciplines can contribute.



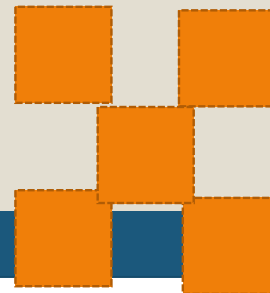
Multidisciplinary (1)



- **Multiple subject areas are fused in a single course with themes, problems or topics as the focus for learning** and as a focal point of interdisciplinary thinking.

- The disciplines preserve their identity and each demonstrates how their subject contributes to the student's understanding of the theme or problem.

webbed



Multidisciplinary (2)



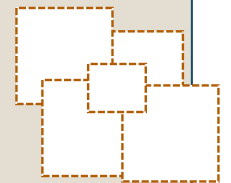
- The theme in a multidisciplinary program may be a structured body of knowledge that needs to be mastered but which transcends subject boundaries.

The systems of the body are used frequently as an integrating theme, e.g. the cardiovascular system, the respiratory system.

Interdisciplinary



- In interdisciplinary teaching the contents of all or most subjects are combined into a new course with a new menu.
- There is no reference to individual disciplines, and subjects are not identified in the schedule.
- In interdisciplinary integration there is a further shift of emphasis to **themes as a focus for the learning of and to the commonalties across the disciplines** as they relate to the theme.



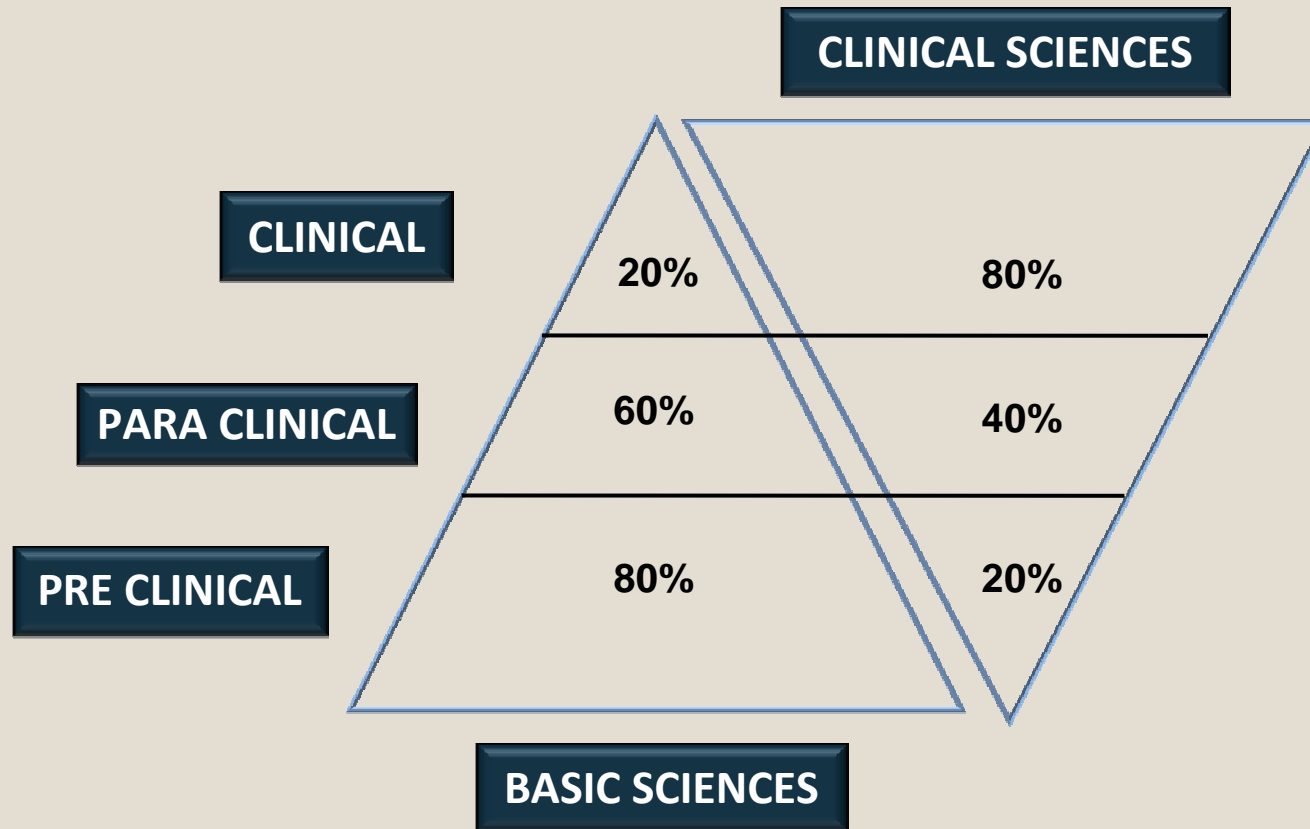
Transdisciplinary (authentic integration, immersion, fusion)



- **The learning focus is the field of knowledge as exemplified in the real world.**
- **A structure or framework of learning opportunities is provided but the integration is done by the student, based on situations in the real world of clinical care.**



Integrated Teaching and Pleasure of learning



Clinical Skills Teaching



Clinical skills training form mainstay of undergraduate course to produce safe and competent physicians.





- A skill is a refined pattern of movement or performance based upon and integrated with the perceived demands of the situation.
- Skill is expressive and is ability to do an appropriate thing in response to a situation.
- the ability to do something that comes from training, experience, or practice



- Competence is judgmental and expressive. It refers to the ability to perform a task in an acceptable way at a specific point in time.



- Proficiency is attained by repeated learning and it is demonstrated over a period of time
- At undergraduate education, we can train people for competence and test their performance.

Types



- Intellectual
- Psychomotor
- Communication

Professional development



1

- Unconscious incompetence

2

- Conscious incompetence

3

- Conscious competence

4

- Unconscious competence



Awareness



Knows what to do



Knows how to do



Shows how to



Does



Mastery

Clinical Skills Teaching



- Introduction to clinical skills
- Basic principles, components/types
- Scope and Overview of methods
- Principles of assessing clinical skills



1. Task analysis
2. Objectives
3. Skill training – Methods and materials used
4. Implementation of the program
5. Assessment of the training program

Types of Simulation



Human

- Standardized/Simulated patient (Communication and Clinical Skills)

Technological/Non-human

- Mannequin – based simulation (Part-task Trainers to Virtual Reality)

Communication Skills



- UG
- Intern
- PG

UG



- What is communication
- Types of communication
- Factors facilitating and impeding communication
- Intra personal communication
- Communicating with peers

Use of role plays, videos

Internship



- Doctor patient relationship
- Communication with patients
- Formal written communication

PG



- Communicating with patients, other health professionals
- Breaking bad news

Assessment



- Reflection
- 360 degrees
- OSCE
- MCEX

**Reforms in Medical Education Would Serve the
Country and the World Well by 2015**

Thank You