



**Teaching and Assessment  
for Medical Educators  
Supplement**

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# **INTRODUCTION TO THE *TEACHING AND ASSESSMENT FOR MEDICAL EDUCATORS SUPPLEMENT***

## Introduction

### A message from the Lead Advisor



Today's medical students are taught by a wide range of teachers. These teachers have much to offer undergraduate and postgraduate students, in terms of both the science and the art of medicine. However, sometimes the learning experiences of the students can be sub-optimal because doctors lack the necessary teaching skills. Those taking on the additional clinical responsibility of higher training posts or consultant work can find that they prioritise their clinical development almost exclusively, at the expense of developing themselves as educators.

The *Teaching and Assessment for Medical Educators (TAME)* programme is aimed not only at these doctors, but also at the non-doctor clinicians and academics who teach medical students. Clinical education is a team exercise. I hope that these two courses will help you, as clinical educators, to develop your clinical teaching, and to improve students' learning whilst enhancing your own job satisfaction.

The first course, 'Clinical teaching and learning', emphasises the central role of patients in our teaching, reflecting the move away from the approach of teaching *about* patients to the more inclusive approach of teaching *with* patients. What is learnt from a patient encounter is seldom forgotten. The course includes topics such as communication skills, planned and unplanned teaching, clinical reasoning, interprofessional practice, and feedback and debriefing.

The second course, 'Clinical assessment, feedback and evaluation', is about the assessment of student learning. Here, you are encouraged not only to understand all the dimensions of the tests you are administering, but also to think broadly about assessment in the context of assuring patient safety and the ongoing development of the clinical learner. Topics include programmatic assessment, self- and peer assessment and blueprints.

The courses can be studied independently or can be used in a blended approach appropriate to other forms of professional development offered in your institution. Each course is extensively referenced with the work of leading clinicians and educators, and provides a valuable resource which can be referred to as necessary. Interactive activities, video and audio clips embedded in each course highlight key points, provide strategies, prompt reflection and help to consolidate your knowledge.

This *Supplement* begins with a series of questions you need to answer as you prepare to implement the *TAME* programme. Implemented effectively, it will provide a valuable resource for many years, offering much to support both new and experienced clinical educators.

I hope you will enjoy, question, interact with and incorporate the material which we have developed with Epigeum. At base, I hope it will help you to improve the experience of the patients who consult your trainees. For further updates and information, you can visit the support pages on the Epigeum website ([www.epigeum.com](http://www.epigeum.com)).

**Professor Ed Peile, EdD, FRCP, FRCGP, FRCPCH, FHEA, FAcadMED,  
University of Warwick,  
Lead Advisor and Author**

## The *Teaching and Assessment for Medical Educators* programme

Aimed at educators from wide-ranging backgrounds and with varying levels of experience, the *Teaching and Assessment for Medical Educators (TAME)* programme is designed to enhance the quality of clinical education. It intends to help those with teaching responsibilities to become more proficient in adapting and structuring their teaching according to learner preferences and diverse educational settings; in facilitating effective learning, especially in time-pressured situations; in designing appropriate assessments; in delivering and receiving feedback; and in addressing potential challenges. Throughout, it underlines the fundamental role of patients within clinical education – whilst highlighting the issues of safety and consent – and ultimately aims to help educators ensure that the clinicians of tomorrow are fit to practise.

The programme contains two courses:

- ▶ Clinical teaching and learning
- ▶ Clinical assessment, feedback and evaluation

## The Teaching and Assessment for Medical Educators Supplement

This *Supplement* is provided as an accompaniment to the *Teaching and Assessment for Medical Educators* courses to support, extend and inform institutions' use of the online programme.

The *Supplement* is divided into three main sections:

### **Section 1: Implementation for course leaders**

This section is for those who are in charge of running the *Teaching and Assessment for Medical Educators* programme at their institution and are responsible for monitoring the participants<sup>1</sup>. This section contains:

- ▶ A general introduction to the components of the *Teaching and Assessment for Medical Educators* programme
- ▶ Guidelines on the key decisions you need to make on how to integrate the *Teaching and Assessment for Medical Educators* programme into your existing training provision
- ▶ Advice on how to ensure that your target audience knows about the programme and can access it easily, so that it attracts users and is well supported by your institution
- ▶ Suggestions on how to gather feedback and evaluate the effectiveness of the programme.

### **Section 2: Installing the courses in your VLE/LMS**

This section is for those who are in charge of the technical implementation of the courses in your institution's VLE/LMS. It contains links to online support videos to help your IT team with every aspect of installing and customising the courses to your institution's particular needs and preferences.

### **Section 3: Supplementary activities**

This section contains at least 39 hours of additional material written by the author to accompany his courses, and is divided into two parts:

- ▶ An overview of the material available, to help you map it against the online course content
- ▶ A range of tutor-led and peer-to-peer communicative activities, including implementation instructions and resources where applicable.

This *Supplement* is available in both Word and PDF form – the former so that you can extract and edit the activities should you so wish. If you are viewing the *Supplement* in Word document form, you may find navigation easier with the 'Document Map'/'Navigation Pane' enabled (go to the 'View' toolbar and check 'Document Map' or 'Navigation Pane'). You can then move between sections using the left-hand navigation bar.

For further updates and information, you can visit the support pages on the Epigeum website at: <https://epigeum.com/customer-support/>.

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<sup>1</sup> The term 'participant' is used in this *Supplement* to mean users/individuals who are taking the *Teaching and Assessment for Medical Educators* programme.

## **SECTION 1: IMPLEMENTATION FOR COURSE LEADERS**

## The Epigeum 11-stage implementation method

Epigeum courses can be used in a variety of different ways – in fact, no two institutions have yet implemented the courses in exactly the same way.

Epigeum has developed an 11-stage method covering all aspects of implementation – from developing the initial vision through to resourcing and timelines (see box below for an overview). This *Supplement* covers some highlights and key areas, focusing in particular on steps 3, 4, 8 and 9.

For a more in-depth training session covering all eleven stages, or for answers to any other implementation-related questions, please contact us at [implementation@epigeum.com](mailto:implementation@epigeum.com).

### *The Epigeum 11-stage implementation method*

1. Vision, goals and stakeholders
2. Your team
3. Your pedagogical approach(es)
4. Your technical implementation
5. Your organisational implementation
6. Use of pilots
7. Training and support
8. Communication plan
9. Evaluation
10. Timeline
11. Resources.

## Components of the *Teaching and Assessment for Medical Educators* programme

Component	Description	Approx. duration per course	Where can I find this material?
<b>Self-study courses</b>	<p><b>Core online component:</b> The core of the <i>Teaching and Assessment for Medical Educators</i> programme consists of the two self-study courses.</p> <p>Each course consists of a series of screens (web pages) containing text, videos and activities.</p>	3 – 3.5 hours	Refer to the 'release' email sent by Epigeum to download and log in to your <i>TAME</i> courses.
<b>Portfolio activities</b>	<p><b>Additional online component:</b> Portfolio activities are placed in 'Portfolio activity' pods<sup>2</sup> on the right-hand side of the screens, within the online courses. They provide the opportunity for participants to research and reflect further and to relate the topic of a screen to their own context. They can be completed by participants independently and do not require a tutor or customisation. These activities are <b>not</b> contained in the core online component.</p>	12 – 12.5 hours	For further information on installing the courses, see <a href="#">Section 2</a> of this <i>Supplement</i> .
<b>Communicative activities</b>	<p><b>Additional content:</b> These activities are <b>not</b> contained in the core online component. Instead, they are optional, additional content, contained in this <i>Supplement</i> and designed to accompany and expand on material worked through in the self-study courses. There are two types of communicative activity:</p> <ul style="list-style-type: none"> <li>▶ <b>Peer-to-peer activities</b>, which encourage participants to interact with one another and share experiences through VLE-/LMS-hosted discussion boards or face-to-face discussions</li> <li>▶ <b>Tutor-led activities</b>, which are designed to be led by a tutor, and include topics for workshop discussions and assignments.</li> </ul> <p>The activities included in the programme can be implemented either as peer-to-peer activities or as tutor-led activities, depending on the preference of the course leader. We have assigned activities to both activity types but these are suggestions only.</p> <p>These activities can be incorporated by universities throughout the <i>Teaching and Assessment for Medical Educators</i> programme, according to their requirements.</p>	3.5 – 11 hours	<a href="#">Section 3</a> of this <i>Supplement</i> (either PDF or Word document form)

<sup>2</sup> 'Pods' are pop-out boxes which appear in the right-hand margin of online course screens. They provide supplementary material in the form of further information and guidance, documents and examples to download, references and links to further resources and 'Portfolio activities'.

An [‘Index of supplementary activities’](#) is provided later in this guide to show where the portfolio and communicative activities map on to the screens in the self-study courses.

## Key implementation decisions

From a pedagogical perspective, the courses in the *Teaching and Assessment for Medical Educators* programme can be implemented in a number of different ways, starting with a straightforward 'plug and play' (where courses are simply installed and used as they are) and moving through various levels of customisation and tutor input.

Our strong recommendation for institutions using the *Teaching and Assessment for Medical Educators* programme is that they spend some time considering the key questions outlined below in order to make sure that it is implemented as effectively as possible for their particular context. Time spent planning and tailoring your implementation strategy early on will pay dividends in terms of the effectiveness of the courses.

The key questions covered are:

1. **Stand-alone or with additional materials and support?**
2. **Online or blended?**
3. **With or without communicative activities?**
4. **With or without tutors?**
5. **With or without customisation?**
6. **In what order?**
7. **How to assess learning?**
8. **How to encourage further study?**

Please don't hesitate to [contact Epigeum](#) or arrange to attend one of our implementation workshops if you would like to explore any of these issues in more detail than is covered below.

### Question 1: Stand-alone or with additional materials and support?

#### *Stand-alone*

The *Teaching and Assessment for Medical Educators* programme can be used as stand-alone training, without any additional engagement. If participants are sufficiently motivated, we are confident that they will gain significant skills and knowledge through the core course content alone – particularly if they complete the portfolio activities that are contained in the right-hand pods placed throughout the online course. Not offering any additional learning opportunities, whether online or in person, also keeps costs to a minimum.

#### *With additional materials and support*

In the online courses we have presented an excellent foundation in all of the course topics. However, the advice and (at least) 39 hours additional materials we have provided in this *Supplement* can be used to develop a more extensive, challenging and effective training programme for clinical educators at your institution.

If you decide to extend and supplement your *Teaching and Assessment for Medical Educators* offering in this manner, we would suggest using the core online courses as background preparation for workshops/webinars, or as the framework for fuller courses.

The remainder of the questions in this section set out the options available if you **do** choose to enrich the *Teaching and Assessment for Medical Educators* programme by providing additional materials and support.

## Question 2: Online or blended?

The additional materials and support you provide could be delivered face-to-face, online, or as a combination of the two.

### Online

The primary advantages of the completely online approach are convenience and cost. Purely online courses are convenient because participants can take them at a time and place of their choosing. This is particularly advantageous if participants have difficulty in attending training sessions because of different locations and varied timetables.

Although by definition the online-only approach excludes face-to-face teaching, it can still include peer-to-peer interaction (for example, through discussion boards or webinars) and online tutor support, as outlined in questions 3 and 4 below. If this approach is taken, you will need to consider what support processes are required to ensure that the learning experience is engaging and accessible, e.g. online tutors, forums, support videos and documents.

### Blended

By 'blended' we mean combining the online course content with face-to-face teaching and learning. The blended approach is more demanding in terms of time and resources, but adding a face-to-face element to your skills training provision is likely to motivate and benefit participants by giving them the opportunity to debate, challenge and extend the learning offered in the core online courses with peers and tutors. A blended approach also provides a valuable opportunity to foster a sense of collaboration and community among participants.

## Question 3: With or without communicative activities?

The aims of the communicative activities (which are included in [Section 3](#) of this *Supplement*) are threefold:

- ▶ To facilitate dialogue between course participants
- ▶ To provide ideas for activities and workshop sessions (the 'tutor-led' activities)
- ▶ To provide opportunities for assessment.

The communicative activities represent a substantial body of additional material (over 14 hours across the programme) to support and extend learning and, as mentioned above, can be used to extend the online course or as a basis for face-to-face contact time.

Whilst the courses *can* operate independently of them, we would strongly recommend that, as a minimum, institutions spend time (not much is required!) to add them in online form throughout the courses in line with their needs. Further advice on how to implement the communicative activities can be found:

- ▶ In [Section 2](#) and at <https://epigeum.com/customer-support/> which includes guidelines on how to add the activities from a technical perspective
- ▶ In [Section 3](#), which includes an index of supplementary activities and where they slot into the online *Teaching and Assessment for Medical Educators* courses.

#### Question 4: With or without tutors?

The courses in the *Teaching and Assessment for Medical Educators* programme have been designed to work either with or without tutors. Again, there are advantages to both approaches.

##### *Without tutors*

As mentioned, individual participants can work their way through the courses entirely independently, without intervention, tutors or customisation. Using the courses in this manner enables participants to study at a time of their choosing and at little additional cost in terms of your time and money.

##### *With tutors*

Having tutors helps improve the effectiveness of the courses by:

- ▶ Prompting reflection and discussion of individuals' particular contexts
- ▶ Discussing scenarios and problems and exploring/sharing ideas for appropriate courses of action
- ▶ Getting feedback on practical outputs from the programme.

These kinds of processes are more likely to take place if a tutor initiates and manages them to some extent. This can be done either face-to-face or online:

- ▶ **Face-to-face meetings involving a number of participants:** As mentioned above, many of the communicative activities can be used as a basis for face-to-face discussion. The online courses also include interactive activities and scenarios, and video interviews with professionals (and students) – all of which could usefully be viewed and discussed in a face-to-face session.
- ▶ **Online discussion with individual participants:** If you can establish online contact right at the start, and maintain it through regular, light nudges, the courses are much more likely to be successful.

In addition, tutors (whether online or face-to-face) can:

- ▶ Track participants' progress through the courses, assisting them as they get started, motivating them to reach the end and encouraging further study
- ▶ Respond to participants' questions on the material, both through asynchronous tools, such as discussion boards, and also by scheduling online office hours
- ▶ Enable the tutor-led communicative activities to be used
- ▶ Carry out more nuanced assessment of participants' learning, through participation in discussions and workshops/webinars (see below)
- ▶ Distribute reports on participation to stakeholders.

#### Question 5: With or without further customisation?

As well as incorporating communicative activities, your licence agreement for the *Teaching and Assessment for Medical Educators* programme allows you to customise the courses in other ways – specifically:

- ▶ **Deleting pages** (e.g. if certain pages are less relevant to your particular context)
- ▶ **Adding your own pages** (e.g. to include your institution's information and branding at the start of the course or to add extra case studies or material in line with your particular syllabus. We do ask that you make it clear that these are your own work, and not the author's)
- ▶ **Moving pages** (e.g. if you feel that certain sections are high priority and should be moved forward in the course)
- ▶ **Adding your own institution's logos and livery.**

Customising the programme in this manner will ensure that it is as appropriate as possible for your particular context. More specific information on selected customisation options is included below. If you would like to customise the material beyond the steps outlined above, then please [contact us](#). We try to be flexible.

### 'Your context' pods

In both courses of the *Teaching and Assessment for Medical Educators* programme you will find 'Your context' pods in the right-hand margin of some screens, suggesting that participants research and locate their local guidelines, policies and relevant personnel. These pods have been specifically designed to help the student orientate themselves in their specific context. They can be customised to contain links and information particular to your needs.

We would strongly recommend customising the 'Your context' pods with links to national, institutional, departmental or subject-specific information relevant for your staff. Details on how to do this are provided in [Section 2](#), and a summary of the locations and suggested content of the 'Your context' pods is provided in the table below for ease of reference.

Once you have inserted this information at relevant points throughout the course, you may also wish to provide a single, complete list of institution-specific policies and resources in summary form at the end of the course, within the 'Closing' section. You can do this by inserting a new page – see [Section 2](#) for further information on how to do this.

<b>TAME: List of your context pod locations and content</b>
<b>Screen</b>
<b>▶ Clinical teaching and learning</b>
Patients are central to case-based learning
Preparing patients
Extending your interprofessional teaching
Quality improvement
<b>▶ Clinical assessment, feedback and evaluation</b>
Individual assessments as part of a programme
Technology in assessment
Cognitive load and resource considerations
Identifying failing students
Receiving feedback from learners
Evaluating assessment

### Question 6: In what order?

The two courses that make up the programme can be taken in any order.

Two options are:

- ▶ Planning for an entire cohort to be studying the same materials at the same time, so that they can communicate with each other about them. The communicative activities (mentioned above and in [Section 3](#)) prompt online interaction with others, but in order for them to be useful, there need to be others who are doing much the same thing at much the same time.
- ▶ Enabling participants to learn what they need to 'just in time', i.e. when they are facing a particular challenge or have reached a particular point in their professional development.

The courses can be used for 'troubleshooting' as outlined in the second option above, but they are most effective when used collectively, providing medical educators with a solid and comprehensive understanding of teaching and assessment approaches and techniques.

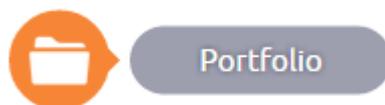
### Question 7: How to make best use of the *Teaching and Assessment for Medical Educators* portfolio?

Many of the portfolio activities in the online courses generate material that participants may wish to include in a portfolio. These are indicated by the icon shown below. Blank portfolio templates for both courses in the *Teaching and Assessment for Medical Educators* programme are available for participants to download and fill in as they work through the courses.

The resulting portfolio (made up of the separate portfolio activities and download documents for each course) can be used either as a learning tool, or as evidence that can be submitted as part of personal development reviews or to gain institutional recognition as part of a Continuing Professional Development (CPD) programme.

In default mode, participants are encouraged to take advantage of these opportunities. When implementing the courses you may want to determine a policy regarding the *Teaching and Assessment for Medical Educators* portfolio and communicate this to those taking the courses. For example, selected elements of the portfolio (or indeed, the whole thing) could contribute towards the assessment of your training programme.

If you are planning to use the courses with tutors (see above), then they can encourage participants to begin on their portfolio as soon as they start work on the programme. Tutors can also provide feedback on draft sections of a portfolio and could convene meetings between participants who are at a similar stage of developing their portfolio, to share and discuss the experience and how to make the most of it. If tutors are not available, participants could be encouraged to submit their portfolios to colleagues for peer review.



### Question 8: How to assess learning?

#### *Course quizzes*

The final **multiple choice quizzes** at the end of each course are the default assessment mode<sup>3</sup>, testing both completion of the course and understanding. The quizzes are provided in a format that will allow you to add and remove questions after you have installed these in your VLE/LMS.

### *Activities, portfolio and assignments*

When tutors are present, other methods can be used to provide additional and perhaps more nuanced opportunities to assess learning, such as the communicative activities (see above and [Section 3](#)) and the *Teaching and Assessment for Medical Educators* portfolio (see above).

### *Question 9: How to encourage further study?*

The 'Useful resources' pods and the Resource banks and References screens list external sources for participants who would like to read and explore beyond the core course content. Tutors can also provide useful support by making available additional reading material.

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<sup>3</sup> Please note that, because some institutions will want to use courses quizzes for official assessment and credit, we are unable to provide accessible/print versions of the quizzes, as these would reveal the correct answers. We would be happy to discuss options for providing the course quizzes to participants at your institution who are unable to use the interactive functionality, and to provide support on a case-by-case basis.

## Marketing and encouraging uptake

The *Teaching and Assessment for Medical Educators* programme **can** be used as an off-the-shelf solution to skills training in clinical teaching and assessment approaches and techniques: it can be downloaded and installed directly on to your VLE/LMS and is then 'ready to go'. However, the best way to get the most out of the programme is to spend some time **planning a strategy** for course implementation. As well as considering the questions in the previous section, you also need a plan for:

- ▶ How to secure buy-in from key project stakeholders
- ▶ How you will ensure that the courses reach those who need them.

## Planning a strategy for implementation

Your decisions at this stage will have the largest impact on the rate of participant adoption.

### 1. Raise awareness with departments and other stakeholders

Securing the support of stakeholders at an early stage is a key way to ensure that you get the most out of the courses and that they are implemented in the best way to benefit your institution (see diagram below). Input from stakeholders will be important in helping you decide the rest of your implementation strategy.

### 2. Choose whether to run a pilot or to roll all courses out immediately

This will largely be determined by the immediacy of the demand for the training at your institution. If you have the time, a pilot study is an effective way to troubleshoot and refine your use of the courses.

### 3. Choose your delivery mode – blended learning or purely online

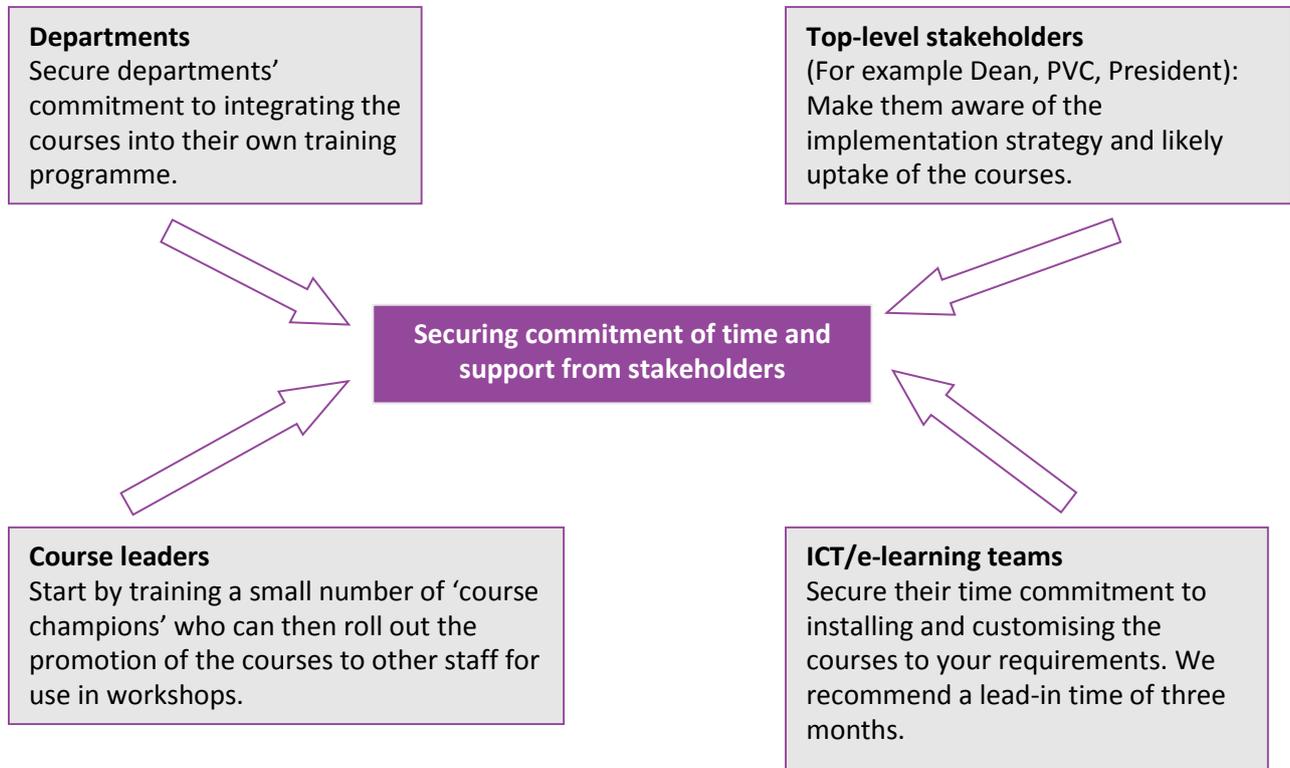
The courses are designed to function as stand-alone courses; however, they can be particularly effective when used as part of a blended approach (for further information, see [Key implementation decisions](#)), allowing more time for detailed and higher-level discussion in face-to-face workshops.

### 4. Adaptation

As we have already seen, courses can be adapted to your context. Add your own university logos, livery and links to give the courses the feel of a home-grown product.

## Securing commitment of time and support from stakeholders

We have seen courses sit unused for over a year because key stakeholders have failed to give prior commitment of support. The diagram below gives some advice on how to avoid this happening at your institution.



### Incentivising participation

- ✓ Participants work best when there is an **incentive**. For example, you could award a certificate, course credits or digital badges to those who have completed the courses. This sends the message that your institution takes the programme seriously, and it will significantly increase uptake rates.
- ✓ Use your department stakeholders – encouragement and direction from the top will also increase the level of adoption.

### Following good practice for marketing and web promotion

- ✓ Ensure that your target audience knows about the *Teaching and Assessment for Medical Educators* programme and can access the courses easily.
- ✓ Advertise links to the courses prominently within your VLE/LMS. The general principle for web browsing is that users have an attention span of 'three clicks' to be taken to information.
- ✓ Give your online courses as much promotional prominence as your face-to-face workshops.
- ✓ Incorporate awareness of the availability of the online courses into induction training for new staff.
- ✓ Promote the courses using the 'six Ws of marketing' principle:
  - ▶ **What:** What are they expected to do? What's in it for them?
  - ▶ **Why:** Why are they being asked to do this?
  - ▶ **When:** When do they need to do this? When can they access the courses?

- ▶ **Who:** Who is asking them to complete this training?
- ▶ **How:** How do they use the courses?
- ▶ **Where:** Where can they access the materials?

The above exercise will help you develop a marketing message which you can promote through various communication channels, such as email, e-newsletters, induction activities and marketing materials.

Epigeum is on hand to help you with promoting the *Teaching and Assessment for Medical Educators* programme within your institution. We run implementation workshops (both online and face-to-face) in which we share our experiences of effective marketing. We can also provide you with marketing material, such as posters and handouts. Please [contact us](#) for more information.

### Launching the programme

- ✓ Set a date to officially launch the online courses at your institution. Include this date in any web promotion.
- ✓ Follow up the launch with email promotion to potential users.
- ✓ Ask the course tutor(s) to send out an email to potential users recommending the *Teaching and Assessment for Medical Educators* programme and highlighting its importance and how it relates to any upcoming workshops.

## Feedback, evaluation and refinement

Once the courses in the *Teaching and Assessment for Medical Educators* programme have been implemented, a range of tools are available to help you monitor and evaluate their effectiveness.

### Monitoring course usage

- ▶ A VLE/LMS **monitoring system** can indicate whether a student has opened a course page, and how long that page has remained open.
- ▶ The **Course quiz** screens in Epigeum courses can be adapted in your VLE/LMS so that the results can be monitored and stored within assessment systems.

This data will give you information about usage **and** student engagement with the material. It will show which sections are popular and successful with participants, and which might need further adaptation and support from workshops.



### Gathering feedback

A sample 'feedback form' is provided on the next page, and can also be downloaded, customised to your needs, and installed directly on to your VLE/LMS.

The questionnaire will allow you to track and gather useful data about the user experience of the *Teaching and Assessment for Medical Educators* programme.

It is also important to keep in touch with your key stakeholders and to gather feedback from course leaders and heads of department about the effectiveness of the online courses.



### Refinement

Universities sometimes cite three years as the time needed to achieve a 'steady state' for a new e-learning programme. Monitoring, evaluating and refining the usage of the course will ensure that your institution continues to get the best from the Epigeum programme.

### Helping Epigeum gather feedback

As well as helping you refine your use of courses internally, feedback can also greatly assist Epigeum in planning improvements to the programme.

As a default setting, both courses in the *Teaching and Assessment for Medical Educators* programme include a link to an 'Optional course evaluation' form (similar to the one included below) in a pod within the 'Course summary' screens. Information collected via this form is gathered centrally by Epigeum and used to help shape future updates and modifications to the programme. All information collected is completely anonymous.

If you would prefer to gather and analyse your own institution-specific feedback, then this optional pod can be removed and replaced with a link to your own evaluation form. If you choose to do this, Epigeum would be most grateful if you could pass on any suggestions for improvements to the programme arising from the feedback you receive from participants at your institution.

Epigeum will continue to support your institution by providing you with updates to the courses, as and when they are released.

## Sample programme feedback form

This questionnaire is available to download and install on your intranet, and can be used to replace the default questionnaire that appears on the 'Course summary' screen in each course.

### 1. What was your overall impression of the course?

- 5 Very positive
- 4 Positive
- 3 Adequate
- 2 Negative
- 1 Very negative.

Comments:

---

### 2. How effective was the course in improving your understanding of the subject?

- 5 Very effective
- 4 Effective
- 3 Adequate
- 2 Ineffective
- 1 Very ineffective.

Comments:

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### 3. How relevant was the course to you and your needs?

- 5 Very relevant
- 4 Relevant
- 3 Adequate
- 2 Irrelevant
- 1 Completely irrelevant.

Comments:

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### 4. How clear, coherent and easy to follow was the course?

- 5 Always very clear and easy to follow
- 4 Usually clear and easy to follow
- 3 Adequate
- 2 Sometimes unclear or hard to follow
- 1 Frequently unclear or hard to follow.

Comments:

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### 5. What did you think of the quality and frequency of the interaction and activities throughout the course?

(For example, was the interaction enjoyable/relevant/helpful to learning, or inadequate/overbearing/boring /irrelevant/window dressing?)

- 5 Excellent
- 4 Good
- 3 Adequate
- 2 Poor
- 1 Very poor.

Comments:

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**6. How much did you feel the videos added (or did not add) to the learning experience?**

- 5 Very positive effect
- 4 Positive effect
- 3 No real impact either way
- 2 Negative effect
- 1 Very negative effect.

Comments:

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**7. What did you think about the amount of information presented on each screen?**

- 5 Much too much material on each screen
- 4 A bit too much material on each screen
- 3 Just right
- 2 A bit too little material on each screen
- 1 Much too little material on each screen.

Comments:

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**8. Did the course take less or more time than you expected to complete? Do you think it ought to be lengthened or shortened? (Select all that apply.)**

- Course was too long
- Course was too short
- Course was the right length
- Course took longer than expected
- Course took less time than expected
- Course was the length I expected.

Comments:

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**9. What did you think of the design, look and feel of the course?**

- 5 Excellent
- 4 Good

- 3 Adequate
- 2 Poor
- 1 Very poor.

Comments:

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**10. The following statements relate to the learning outcomes set out at the start of the 'Clinical teaching and learning' course. Select all statements that are true now that you have completed the course.**

- I can now adapt my teaching according to learner preferences and diverse teaching and learning settings, including community-based contexts
- I can prepare both students and patients for the process of teaching with patients, and support student learning so that it meets learning needs and curriculum requirements
- I know how to structure my teaching logically, and facilitate peer-to-peer and interprofessional learning
- I understand how to offer and elicit effective feedback and work with patient voices to improve student learning
- I know how to enhance students' indirect communication skills with patients and how to deal with potentially challenging situations.

Comments:

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**11. The following statements relate to the learning outcomes set out at the start of the 'Clinical assessment, feedback and evaluation' course. Select all statements that are true now that you have completed the course.**

- I can demonstrate an understanding of the wider context of clinical assessment including aspects such as patient safety, professionalism, clinical reasoning and communication skills
- I am able to design, conduct and evaluate accurate and effective written assessments and practice-based assessments
- I can identify the features of effective feedback in teaching and learning and provide constructive feedback to learners
- I know how to utilise learner (and other stakeholder) feedback in order to inform and enhance my own practice as an educator
- I can reflect on challenges within clinical assessment, from deciding whether or not to fail a student to dealing with the consequences of poor assessment practices
- I can build a list of strategies to help address these challenges.

Comments:

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**12. Do you have any general comments about the course or any specific suggestions as to how we can improve it?** (E.g. expanding or reducing certain sections, adding new interactive features or functions, etc.)

Positive comments:

Suggestions for improvement:

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**13. Tick any statements that apply.**

- I have taken this course because it was mandatory
- I have taken this course because I thought it was important
- I would recommend others in my position to take this course.

Comments:

## **SECTION 2: INSTALLING THE COURSES IN YOUR VLE/LMS**

## Installing the courses in your VLE/LMS

The link below is to our online guide, which gives you the information you will need to successfully install the Epigeum courses in your VLE/LMS. The online guide gives system-specific information and step-by-step instructions on how to:

- ▶ Install a course package
- ▶ Install a quiz course
- ▶ Add and remove screens
- ▶ Add a discussion forum (for use with the communicative activities)

The guide also has a section outlining which parts of the course you can customise, and how to do this.

***TEACHING AND ASSESSMENT FOR MEDICAL EDUCATORS INSTALLATION GUIDE***

<https://epigeum.com/customer-support/>

## **SECTION 3: SUPPLEMENTARY MATERIALS**

## Index of supplementary activities

The following supplementary material is provided to support your use of the *Teaching and Assessment for Medical Educators* programme:

- ▶ **Portfolio activities** are embedded within the online courses in right-hand pods
- ▶ **Communicative activities** are provided within this *Supplement*, and can be customised and incorporated into the courses to support the requirements of your institution.

To help you make sense of the additional content, we have prepared tables which map the location of all portfolio and communicative activities against the individual course screens in which they appear or which are related to the communicative activity topic.

Please note that all course and activity durations are **approximate** – all participants will work at different speeds.

### Key

- (90) Approximate activity length in minutes
- [CTL] Communicative tutor-led activity
- [CP2P] Communicative peer-to-peer activity

## Clinical teaching and learning

Online course duration: 3.5 hours		
Section/Screen title	Portfolio activities (located online)	Communicative activities (located within this Supplement)
<b>ORIENTATION</b>		
Introduction	Core values (45)	Self-profiling against professional standards [CTL] (At least 180)
<b>COURSE FILES</b>		
<b>Chapter 1</b>		
Variations in the ways students learn	Flexible teaching (60)	
Patients are central to case-based learning		Case writing [CTL] (120 + research time)
Teaching the communication skills for learning and working with patients		
Learning with patients in hospital and community settings		
Chapter summary	Contributing to the curriculum (60 + research time)	
<b>Chapter 2</b>		
The importance of social learning		
Differences between individual learners and how this can affect their encounters with patients		Strategies for dealing with learner anxiety [CTL] (60)
Preparing patients		
Preparing students	Reflect on your training (15)	
Planned and unplanned teaching		
Adapting to different settings when teaching with patients	Session plans for three clinical settings (60)	
Clinical teaching in the curriculum	Brief, focused teaching vs. in-depth teaching (30)	
Encouraging active learning		
Developing clinical reasoning		Enhancing your clinical reasoning [CP2P] (60)
Chapter summary	Learning from a wide range of patients (60)	
<b>Chapter 3</b>		
Teaching in a logical sequence		
Encouraging student independence		
Opportunistic learning		
Peer-facilitated learning with patients 1		
Peer-facilitated learning with patients 2		
Extending your interprofessional teaching	Collaborating with colleagues (90 + implementation time)	Making the most of interprofessional practice [CP2P] (180 + research time)
Chapter summary	Self-assessment (30)	
<b>Chapter 4</b>		
Student debriefing and feedback	Your most helpful feedback (10)	
	Teaching evaluations by peers and learners (45)	

<b>Patient feedback</b>		
<b>Quality improvement</b>		
<b>Chapter summary</b>	Feedback checklist (30)	
<b>Chapter 5</b>		
<b>Accommodating different clinical situations</b>	Teaching in special situations (15)	
<b>Indirect working with patients</b>	Working with an interpreter (60)	Remote consultation [CP2P] (60)
<b>Problems and how to avoid them</b>	SWOT analysis (30)	
	Your responsibilities (45)	
<b>Chapter summary</b>		
<b>▶ CLOSING</b>		
<b>Course summary</b>	Personal statement (30)	
<b>Total activity time</b>	<b>At least 715 minutes/12 hours</b>	<b>At least 660 minutes/11 hours</b>

## Clinical assessment, feedback and evaluation

Online course duration: 3 hours		
Section/Screen title	Portfolio activities (located online)	Communicative activities (located within this Supplement)
<b>ORIENTATION</b>		
Introduction iii: Standards for assessment in medical education	Self-assessment exercise (45 + ongoing)	
<b>COURSE FILES</b>		
<b>Chapter 1</b>		
Assessment as a meaningful activity	Different stakeholders' views of assessment (30)	
Assessment, learning outcomes and teaching strategies	Reflecting on your own experience of taking or teaching a course (20)	
Individual assessments as part of a programme	Delivering expert judgements (30)	
Aligning assessments with the curriculum	Constructive alignment (20)	Checking constructive alignment [CP2P] (60 + research/discussion time)
The role of formative and summative assessments within a programme	Designing a test of competence (60 + research time)	
Chapter summary		
<b>Chapter 2</b>		
Measuring your assessments		
Standard setting	Standard-setting processes (60)	
Minimising bias		
Self-assessment and peer assessment	Multi-source feedback and patient satisfaction data (60)	
Chapter summary		
<b>Chapter 3</b>		
Written assessments: Multiple choice questions	Question setting (30 + discussion time)	
Written assessments: Marking considerations	Interpreting assignments (30)	
Technology in assessment	Exploring Computer Assisted Assessment (CAA) (60)	
Portfolio assessments	Recording a portfolio entry (30)	
Objective structured clinical assessments		
Workplace-based structured learning events	Case-based discussion (60)	Assessment of workplace-based learning [CTL] (90)
Chapter summary		
<b>Chapter 4</b>		
Making assessment relevant		
Working to blueprints	Weighting exercise (60 + preparation time)	
Cognitive load and resource considerations		

<b>Working as an assessment team</b>	Exploring assessment team opportunities (20)	
<b>Chapter summary</b>		
<b>Chapter 5</b>		
<b>Providing feedback to students on assessment performance</b>	Supporting and challenging (30)	Analysing feedback [CTL] (60 + discussion time)
<b>Identifying failing students</b>		
<b>Receiving feedback from learners</b>		
<b>Receiving feedback from patients, carers and actors</b>		
<b>Evaluating assessment</b>	Exploring external feedback (60)	
<b>Quality assurance and quality improvement in assessment</b>		
<b>Problems in assessment and how to avoid them</b>	Reflecting on problems and solutions (30)	
<b>Chapter summary</b>		
<b>▶ CLOSING</b>		
<b>Course summary</b>	Mini personal statement (20)	
<b>Total activity time</b>	<b>At least 755 minutes/12.5 hours</b>	<b>At least 210 minutes/3.5 hours</b>

## Communicative activities

The following pages contain the communicative activities, designed to accompany and expand on material worked through in the self-study courses. There are two types of communicative activity:

- ▶ **Peer-to-peer activities (CP2P)**, which encourage participants to interact with one another and share experiences, either through VLE-/LMS-hosted discussion boards or in face-to-face discussions
- ▶ **Tutor-led activities (CTL)**, which are designed to be led by a tutor, and include topics for workshop discussions and assignments.

**NB:** *Many of the activities included in this programme can be implemented either as peer-to-peer activities or as tutor-led activities, depending on the preference of the course leader. We have assigned activities to both activity types but these are suggestions only.*

These activities can be incorporated by universities throughout the *Teaching and Assessment for Medical Educators* programme according to their requirements. They can be used either online (for example, via discussion boards and webinars) or face to face. Instructions on how to add them to the online course are included in [Section 2](#).

## Clinical teaching and learning

Communicative activity 1	
Activity type:	Tutor-led
Activity title:	Self-profiling against professional standards
Suggested study time:	At least 180 minutes
Suggested location (chapter/screen):	Orientation   Introduction
Implementation description:	This can be implemented either face-to-face or via an online discussion board.
Learning outcome:	This activity will help participants to reflect on their personal starting point in developing as a medical educator, and to construct a personal agenda of development needs.
Guidelines for the tutor:	<p>This activity is designed to encourage participants to reflect on their own level of development in medical education at the outset of this course. They will undertake this self-assessment under their own initiative and it can preface their personal portfolios. It forms the basis of their personal learning needs assessment.</p> <ul style="list-style-type: none"> <li>▶ In order to help learners with questions about this activity, you should familiarise yourself with the Academy of Medical Educators' (AoME) 'Professional Standards for medical, dental and veterinary educators' (October 2014): <a href="http://www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/">www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/</a></li> <li>▶ You may like to map your own experience and expertise level to the AoME descriptors, but be wary of comparing participant self-assessments to your own.</li> <li>▶ You should instruct the course participants to undertake four tasks (see the 'Guidelines for participant' section below).</li> </ul>

	<ul style="list-style-type: none"> <li>▶ When the participants submit their assignments, you need to be mindful of the intensely sensitive nature of this exercise and ensure that your feedback is appropriately sensitive and respectful of self-perceptions that may be misaligned but genuine. For example, a novice may ingenuously perceive himself/herself to be working at standard level 3 (which is intended to describe the operating level of leaders of education). This is not a serious problem, and all that may be needed is a very gentle nudge to adjust the calibration of self-perception.</li> </ul>
<p><b>Guidelines for the participant:</b></p>	<p>This activity is designed to encourage you to reflect on your own level of development in medical education at the outset of this course. When you have completed it, the work can be filed as the front piece in your personal portfolio for this course. You will be carrying out a personal learning needs assessment to which you can refer back as you accumulate both experience and expertise as a medical educator.</p> <p>In this activity we will only be referring to the relevant domains of professional standards. If you wish to see the full Academy of Medical Educators' 'Professional Standards for medical, dental and veterinary educators' (October 2014), you can download the booklet at: <a href="http://www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/">www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/</a></p> <p>You will be asked to undertake four tasks:</p> <ul style="list-style-type: none"> <li>▶ If you have not done so already (via the portfolio activity on the Introduction screen), review the core values of medical educators and identify the three that most closely match your own values and the three that, at this time, you would find most difficult to evidence from your own work to date. Then write a short reflective paragraph on what you take from this task.</li> <li>▶ Review the descriptors in Domain 1, 'Designing and planning learning' and for each element select the level descriptors that best describe your own stage of development. Then write a short paragraph illustrating (with actual examples) the experiences as an educator which led you to choose this descriptor as the most apt.</li> <li>▶ Repeat this process for Domain 2, 'Teaching and facilitating learning'.</li> <li>▶ Finally, identify the personal 'Learning needs' that these self-assessment activities have identified for you, and reflect on how these learning needs can be met. In particular, discuss your own need for wider experience in teaching with patients and your needs for development in terms of extending your conceptual understanding and skills as a medical educator.</li> </ul> <p>When completed, submit the assignment to your tutor.</p>
<p><b>Activity resources:</b></p>	<ul style="list-style-type: none"> <li>▶ The Academy of Medical Educators' 'Professional Standards for medical, dental and veterinary educators' (October 2014): <a href="http://www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/">www.medicaleducators.org/index.cfm/linkservid/1A667ECF-EE53-7D4A-A6E0FC3B95EF2617/showMeta/0/</a></li> </ul>

Communicative activity 2	
Activity type:	Tutor-led
Activity title:	Case writing
Suggested study time:	120 minutes (+ research time)
Suggested location (chapter/screen):	Chapter 1   Patients are central to case-based learning
Implementation description:	This activity is best implemented via a face-to-face session, but can be completed via an online discussion board if necessary.
Learning outcome:	This activity will increase participants' abilities to think clearly and critically about cases, and to communicate information about their own cases in the most effective, professional way.
Guidelines for the tutor:	<ul style="list-style-type: none"> <li>▶ Ensure that participants in your group are aware of the design and delivery of case-based learning.</li> <li>▶ Ask each of them to think of a case based on a patient they have encountered.</li> <li>▶ Ask them to complete the case template (see the activity resources below). You may wish to give them around a week to do this (including piloting their case on their peers/other learners).</li> <li>▶ Once they have written their summary conclusions and completed the case, divide the group into pairs, and ask each participant to critique their peer's presentation: What is clear? What could be made clearer?</li> <li>▶ Discuss general findings with the whole group – in particular, how did suitable learners respond to their cases (Point 6 in the template)?</li> <li>▶ Provide feedback on each participant's work.</li> </ul>

**Guidelines for the participant:**

- ▶ Ensure that you are aware of the design and delivery of case-based learning.
- ▶ Think of a case based on a patient you have encountered.
- ▶ Complete the case template. You will have a week to carry out this task (including piloting your case on their peers/other learners).
- ▶ Once you have written your summary conclusion and completed the case, pair up with a peer and critique each other's work: What is clear? What could be made clearer?
- ▶ Discuss general findings with the rest of your group, and with your tutor – in particular, how did suitable learners respond to your case (Point 6 in the template)?
- ▶ Submit your work to your tutor for feedback.

**Activity resources:**

**Case template**

Complete the following case template:

1. What are the learning outcomes for which I am writing this case?

***List these accurately and do not waste time writing a case unless you can identify the learning outcomes to which it will align.***

.....  
.....  
.....

2. What real-life cases might align with these objectives? List at least three from your own or collective experience.

***If you can't think of three, that is a warning sign. Is this really a relevant clinical problem for case-based learning? Think again. Remember that the best cases are the really simple exemplars – not the exotic ones. Your recall may be stimulated by the real names of patients, and at this stage your notes may include actual events, so be very careful to delete your notes on this section before you file your template, being alert to patient confidentiality at all times.***

.....  
.....  
.....

3. Now select the outline of the case you want to write based on your real life-experience. This is quite likely to be an amalgam of material from the cases you identified in the last section, with some fictional additions.

***It often helps authenticity to have one of the real life characters in your mind and think, 'What would he say?' 'How would she act?'. As before, make sure the details in your fiction-based-on-fact case could not possibly lead to patient identification.***

4. Now think about what images and data could add realism to the case.

.....  
.....  
.....

5. Your case at this stage is just a short narrative outline. You now need to turn it into a learning case. Think back to Point 1 and decide the issues which your case could bring out. Write your case in line with the format used at your institution.

***Usually it is best to start with broad open questions for students so they align themselves with the case, and then to focus down onto the specific issues.***

.....  
.....  
.....

6. Pilot the draft case on suitable learners (perhaps those who have just moved on past the stage you are writing the case for).

***It is normal to need to modify at this stage. Maybe the case is too difficult or too easy? Maybe some more background details are needed to bring the case to life – more about the thoughts and perceptions of the characters perhaps? Maybe you just need to phrase your questions better so the candidates can understand what you are getting at.***

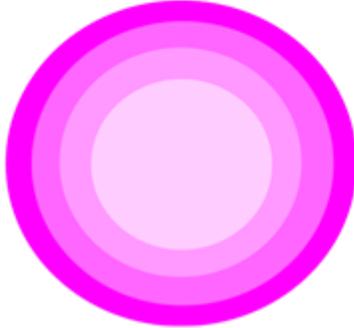
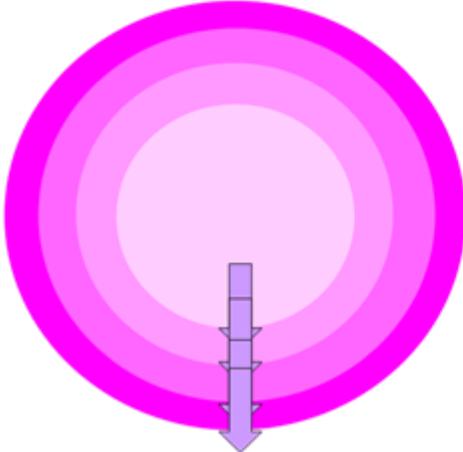
	<p>.....</p> <p>.....</p> <p>.....</p> <p>7. Finish off by writing your summary conclusions and references to the points this case brings out.</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Communicative activity 3	
<b>Activity type:</b>	<b>Tutor-led</b>
<b>Activity title:</b>	<b>Strategies for dealing with learner anxiety</b>
<b>Suggested study time:</b>	<b>60 minutes</b>
<b>Suggested location (chapter/screen):</b>	<b>Chapter 2   Differences between individual learners and how this can affect their encounters with patients</b>
<b>Implementation description:</b>	<b>The activity can be implemented either face-to-face or via an online discussion board.</b>
<b>Learning outcome:</b>	<b>The aim of this activity is to help participants to develop their understanding of individual learner differences by focusing on a single dimension – learner anxiety. Thinking about strategies to mitigate the downsides will help participants to develop their toolbox of helping strategies.</b>

<p><b>Guidelines for the tutor:</b></p>	<p>Anxiety is perhaps one of the most easily observed features which varies between learners. Reviewing the features which the participant has observed, you may perhaps be able to bring to his/her notice other more subtle cues to learner anxiety which you have observed in your wider experience.</p> <ul style="list-style-type: none"> <li>▶ You may notice an entirely negative perception of anxiety on the part of the participant, which may be an opportunity to draw attention to positive features of performance anxiety.</li> <li>▶ There may also be an opportunity for you to make a connection between the participant’s self-perception of his/her anxiety levels and the way in which the ‘problem’ of learner anxiety is perceived. It can be very valuable for participants to reflect on how their own experiences colour their perception of learners.</li> <li>▶ Try to expand the participant’s list of potential strategies for mitigating the downsides of learner anxiety.</li> </ul> <p>Provide participants with the instructions in the ‘Guidelines for the participant’ section below. Once participants have submitted their assignments, facilitate a brief discussion with the group so that ideas can be shared.</p>
<p><b>Guidelines for the participant:</b></p>	<p>You are asked to undertake four tasks:</p> <ul style="list-style-type: none"> <li>▶ In your next three episodes of teaching/observing medical students learning with patients, focus particularly on the individual levels of anxiety, and note in each case: <ul style="list-style-type: none"> <li>○ What are the clues to the anxiety level?</li> <li>○ How does it appear to be affecting the student’s learning?</li> <li>○ Are there positive as well as negative effects of the anxiety you observe?</li> </ul> </li> <li>▶ Think about the ‘poll’ exercise you completed on the screen ‘Differences between individual learners and how this can affect their encounters with patients’ (where you rated your own nervousness as a teacher and independence as a learner). Where would you place yourself in the ‘anxiety rankings’ if you were a learner in a comparable situation to the ones you have observed?</li> <li>▶ List the strategies you might employ to mitigate the downsides of the anxiety you have observed in the learners.</li> </ul> <p>When completed, submit your assignment to your tutor.</p>
<p><b>Activity resources:</b></p>	<p>N/A</p>

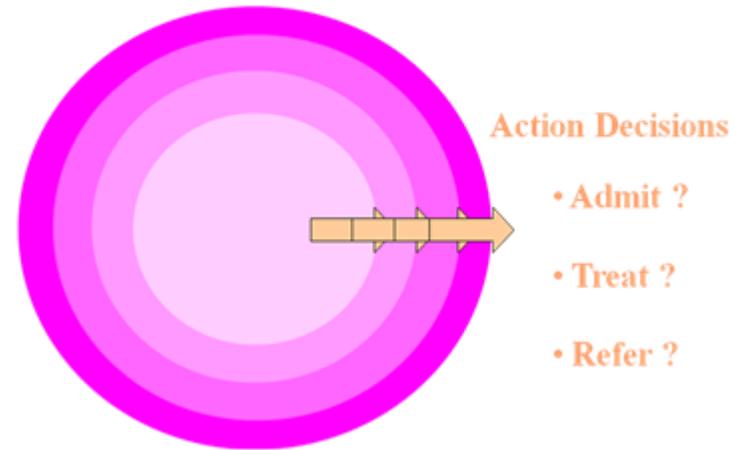


Communicative activity 4	
Activity type:	Peer-to-peer
Activity title:	Enhancing your clinical reasoning
Suggested study time:	60 minutes
Suggested location (chapter/screen):	Chapter 2   Developing clinical reasoning
Implementation description:	This activity can be implemented face-to-face or via an online discussion board.
Learning outcome:	The aim of this activity is to encourage participants to think more critically about their own clinical reasoning.
Guidelines for the tutor:	Provide learners with the instructions in the 'Guidelines for the participant' section below.
Guidelines for the participant:	<ul style="list-style-type: none"> <li>▶ Read the information provided in the activity resources on 'framing down', then write a paragraph describing your processes of clinical reasoning. Explain how it fits with any of the better-known frameworks for clinical reasoning listed in the activity.</li> <li>▶ Reflect on how you are going to make your process explicit to learners in your teaching with patients and make notes on your thoughts.</li> <li>▶ Next, work with a colleague – each think of a patient you have seen this week. Describe the patient to your colleague and use think-aloud techniques to talk through your clinical reasoning. Each critique the other: how explicit was this clinical reasoning? Work together to try to make the reasoning more explicit.</li> </ul>
Activity resources:	This model of clinical reasoning shows how decisions are made by increasing our understanding of the patient problem, and 'squaring down' the management options.

	<p>This graphic represents our knowledge of the patient problem as an enlarging sphere – in the course of our work with the patient we learn more and more about the problem.</p>	<h3>Patient Problem</h3> 	
<p>The way we expand our knowledge classically in medicine is, first, by taking a <i>history</i> from the patient (for example, hearing , structuring and checking out the patient's story); second, by performing a clinical <i>examination</i> of the patient (for example listening to the heart, feeling the belly and so on), and then third, perhaps <i>investigating</i> further, for example with a blood test, urine test or x-ray</p>	<h3>Clinician Process I: More Information</h3>  <ul style="list-style-type: none"><li>• History</li><li>• Examination</li><li>• Investigation</li></ul>		

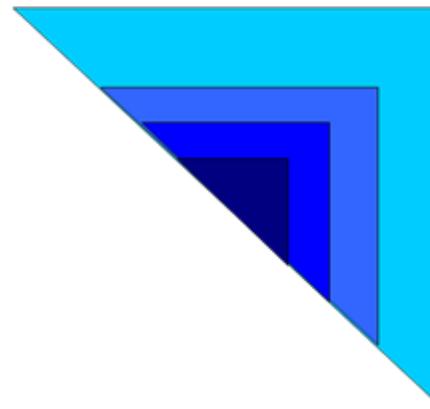
Triage is decision making. We may not have to go far in expanding our knowledge of the patient before a decision can be made. A dramatic example might be thinking: “well this pain sounds like it could be an aortic aneurysm – I don’t need to know any more right now – I need to order an ambulance and get an intravenous line in while I’m waiting.”

## Clinician Process II: Triage



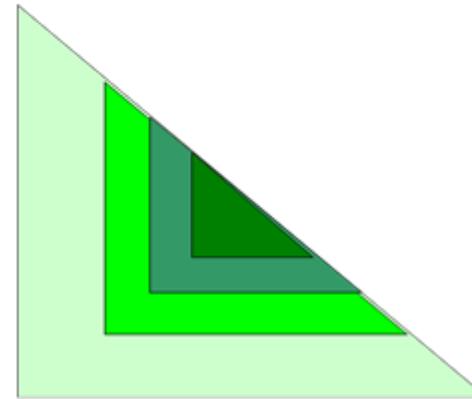
Clinicians start with the whole universe of diagnoses as possibilities. Gradually the *possibilities* diminish in number as we learn more. The frame becomes smaller and tighter around the *probable* diagnoses.

## The Clinician's frame I: Diagnosis



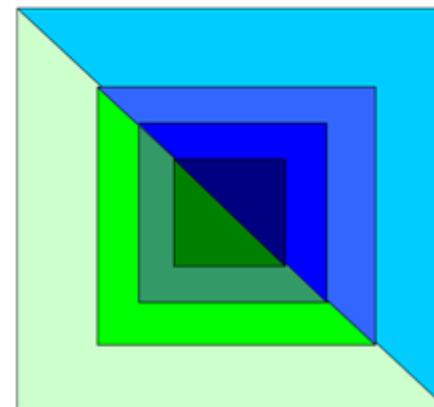
At the same time the management decisions are also narrowing down as we learn more about our patient. For example, finding that the breast lump the patient has come to have investigated feels hard and likely to be malignant narrows the management to the treatment for probable cancer. Surgery, radiotherapy and chemotherapy may all have to be considered and the possibilities for initial treatment narrowed down to the best option through discussion with the patient, who can explain her preferences.

## The Clinician's Frame II: Management



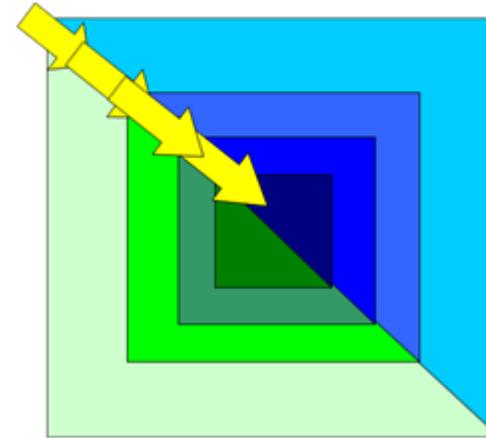
Quite often the squaring down happens in tandem – the management decisions become more focussed as the diagnostic possibilities reduce in number as some are excluded.

## Clinician Frames: Squaring Down



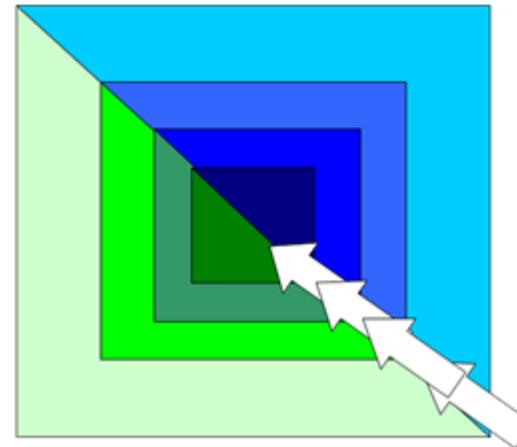
The processes the clinician employs include evidence basing (using research literature and guidelines) and.....

### Clinician Process III: Evidence Basing



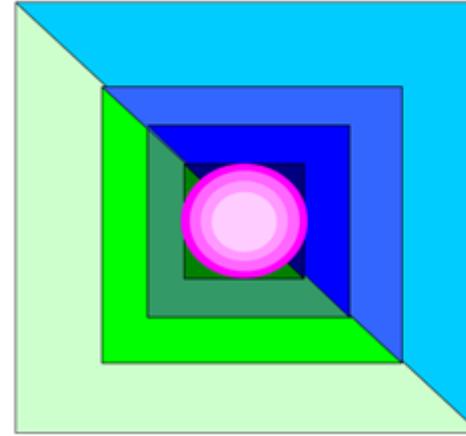
Values basing (using well-defined processes to ascertain the patient's ideas, concerns, and expectations, and going beyond that to look at their preferences.) A vivid example would be discovering that a patient holds devoutly 'pro-life' beliefs. This would profoundly affect a consultation relating to the discovery of foetal anomalies in her unborn child. After checking this out sensitively, the clinician can then help the patient by focusing on management options which would not require termination of the pregnancy.

### Clinician Process IV: Values Basing



This model is all about learning more about the patient and framing down until the 'best' management and/or diagnostic options become clear.

## The Round Peg in the Square Hole



**Where does it fit?**  
=  
**Professional  
Judgement**

Communicative activity 5	
Activity type:	Peer-to-peer
Activity title:	Making the most of interprofessional practice
Suggested study time:	180 minutes + research time
Suggested location (chapter/screen):	Chapter 3   Extending your interprofessional teaching [This can be treated as an extension to the portfolio activity on this screen.]
Implementation description:	This activity can be implemented either face-to-face or via an online discussion board.
Learning outcome:	The aim of this activity is to help participants identify specific ways to enhance their teaching through interprofessional collaboration.
Guidelines for the tutor:	<ul style="list-style-type: none"> <li>▶ Instruct participants to consult at least two experienced colleagues about interprofessional learning. They should ask them about the benefits and challenges, and for specific examples of how they have used their colleagues from other disciplines. Participants then reflect and make notes on which aspects of their colleagues' practice they would like to emulate or avoid.</li> <li>▶ Participants should then make a list of the colleagues from other disciplines with whom they might want to teach interprofessionally. They should build a list of where specifically they might be brought into the curriculum. They should note also what <i>they</i> might offer <i>their colleagues</i>. This can be done as a discussion in small groups, or individually.</li> <li>▶ In small groups, participants should present their findings. What did they learn from their more experienced colleagues? Which interprofessional colleagues do they plan to approach, and why? They should make a note of feedback from participants in their group.</li> <li>▶ Bring the groups together and list the main findings. Did participants identify any opportunities they might not otherwise have thought of?</li> </ul>

	<ul style="list-style-type: none"> <li>▶ Afterwards, participants should flesh out their plan (in small group and/or individually). They should then make contact with their ‘other discipline’ colleagues to put the plan into action.</li> </ul>												
<p><b>Guidelines for the participant:</b></p>	<ul style="list-style-type: none"> <li>▶ Consult at least two experienced colleagues about interprofessional learning. Ask them about the benefits and challenges, and ask them for specific examples of how they have used their colleagues from other disciplines. Reflect and make notes on which aspects of their practice you would like to emulate or avoid.</li> <li>▶ Make a list of the colleagues from other disciplines with whom you might want to teach interprofessionally. Begin to build a list of where specifically they might be brought into the curriculum. Note also what <i>you</i> might offer <i>them</i>.</li> <li>▶ In small groups, present your findings. What did you learn from your more experienced colleagues? Which interprofessional colleagues do you plan to approach, and why? Give feedback to other participants in your group.</li> <li>▶ Present your main findings to the class as a whole. Did you identify any opportunities you might not otherwise have thought of?</li> <li>▶ Once you have fleshed out your plan, make contact with your ‘other discipline’ colleagues to put it into action.</li> </ul>												
<p><b>Activity resources:</b></p>	<p>Possible template:</p> <table border="1" data-bbox="707 874 1906 1401"> <thead> <tr> <th data-bbox="707 874 969 991">Position</th> <th data-bbox="969 874 1205 991">Who I might approach</th> <th data-bbox="1205 874 1440 991">How they might be used</th> <th data-bbox="1440 874 1906 991">What I can offer in return</th> </tr> </thead> <tbody> <tr> <td data-bbox="707 991 969 1198">Receptionist</td> <td data-bbox="969 991 1205 1198"></td> <td data-bbox="1205 991 1440 1198"></td> <td data-bbox="1440 991 1906 1198"></td> </tr> <tr> <td data-bbox="707 1198 969 1401">Nurse</td> <td data-bbox="969 1198 1205 1401"></td> <td data-bbox="1205 1198 1440 1401"></td> <td data-bbox="1440 1198 1906 1401"></td> </tr> </tbody> </table>	Position	Who I might approach	How they might be used	What I can offer in return	Receptionist				Nurse			
Position	Who I might approach	How they might be used	What I can offer in return										
Receptionist													
Nurse													

		<b>Pharmacist</b>				
		<b>Social worker</b>				
		<b>Physiotherapist</b>				
		<b>Manager</b>				

Communicative activity 6	
Activity type:	Peer-to-peer
Activity title:	Remote consultation
Suggested study time:	60 minutes
Suggested location (chapter/screen):	Chapter 5   Indirect working with patients
Implementation description:	This activity can be implemented either face-to-face or via an online discussion board. However, it is recommended that participants collaborate face-to-face.
Learning outcome:	This activity will enable participants to think critically about remote consultation and to plan ways in which to conduct it.
Guidelines for the tutor:	Divide the group into pairs and provide participants with the instructions in the 'Guidelines for the participant' section below.
Guidelines for the participant:	<ul style="list-style-type: none"> <li>▶ Discuss with a colleague how best you could teach students about remote consultation. Between you, draw up a briefing plan for a simulated patient to have a telephone consultation with a student.</li> <li>▶ Use the sample briefing plan.</li> <li>▶ Once you have drawn up the plan, submit it to the tutor for feedback.</li> </ul>
Activity resources:	<p><b>Sample briefing plan with a sample scenario:</b></p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><b>Scenario:</b> You are the duty doctor at an inner-city practice, and the time is 18:25. At 18:30, the patient phone line is diverted to the 'out-of-hours' service. You already have two more patients to see before the practice is locked up at 19:00, but it is not considered professional to pass on the daytime workload to the out-of-hours team. The</p> </div>

receptionist puts through a call to you, saying “You need to take this call, doctor, the mum sounds quite anxious...”

**Patient description:**

**Outline script issues for patient:**

**Student briefing notes:**

**Issues to observe/feedback:**

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## Clinical assessment, feedback and evaluation

Communicative activity 1	
Activity type:	Peer-to-peer
Activity title:	Checking constructive alignment
Suggested study time:	60 minutes + research/discussion time
Suggested location (chapter/screen):	Chapter 1   Aligning assessments with the curriculum
Implementation description:	This activity is best implemented via an online discussion board.
Learning outcome:	The aim of this activity is to enhance participants' familiarity with their curriculum and to deepen their understanding of constructive alignment.
Guidelines for the tutor:	<p>As tutor, your role is to monitor the discussion. Ensure that everyone in the group is making a valuable contribution to the discussion. Where necessary, help to guide and facilitate discussion regarding the examples submitted. Do not be 'defensive' about the curriculum, instead try to help participants to be imaginative and resourceful.</p> <p>Provide participants with the instructions below.</p>
Guidelines for the participant:	<ul style="list-style-type: none"> <li>▶ Prior to the start of the session, examine the curriculum for a part of your course (you can choose the area)</li> <li>▶ List the learning objectives and intended outcomes</li> <li>▶ List the ways in which students learn in order to achieve these learning objectives (don't just confine yourself to those listed in the formal curriculum: think about all the informal learning, including social media etc.)</li> </ul>

	<ul style="list-style-type: none"><li>▶ List the ways in which students are summatively assessed on their knowledge, skills and attitudes relating to this part of the course</li><li>▶ Identify an area where you think the constructive alignment between the desired outcomes, the teaching and learning, and the assessments could be improved, stating why the alignment appears to need improvement</li><li>▶ Upload your example to the online discussion board</li><li>▶ Read a minimum of six examples submitted by your peers. Select two to work on.</li><li>▶ For these two examples, offer your ideas on how the alignment could be improved</li><li>▶ Consider the comments and suggestions made by your peers regarding the example you submitted, and also think about how your suggestions on improving constructive alignment were received.</li></ul>
<b>Activity resources:</b>	N/A

Communicative activity 2	
Activity type:	Tutor-led
Activity title:	Assessment of workplace-based learning
Suggested study time:	90 minutes
Suggested location (chapter/screen):	Chapter 3   Workplace-based structured learning events
Implementation description:	This activity is best implemented via a face-to-face workshop.
Learning outcome:	By the end of this session, participants will have a clearer understanding of how case-based discussion can be used formatively (as a structured learning event) and summatively (as an assessment of performance).
Guidelines for the tutor:	<ul style="list-style-type: none"> <li>▶ To facilitate this workshop effectively, it helps to have experience of case-based discussion (CBD) in medical workplace-based assessment (WPBA). If you do not have this experience, then before the workshop it would be helpful for you to read widely around the topic and discuss with colleagues using CbD in WPBA.</li> <li>▶ In plenary, you will be drawing out the features that are particular to formative use in Structured Learning Events (SLE) and those that characterise Assessments of Performance (AoP).</li> </ul> <p>Provide the participants with the instructions below.</p>
Guidelines for the participant:	<ul style="list-style-type: none"> <li>▶ First complete the portfolio activity described on the corresponding screen of the course ('Workplace-based structured learning events'):               <ul style="list-style-type: none"> <li>○ Download a template for case-based discussion appropriate to your speciality</li> <li>○ Then, using a recent case in which you were involved, write a brief case description</li> <li>○ Finally, identify which focus (or foci) of encounter would be suitable to assess in a discussion of this case.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>▶ Working in pairs with one of your peers, engage in a short role play using the template portfolio entries. Each act as supervisor/tutor for your own case and as student/trainee for the other case – the one which your peer has written.</li><li>▶ Take a couple of minutes to make sure you understand the case and think out how you will play your role.</li><li>▶ Then act out the two role plays, taking five minutes for each to have a formative case-based discussion.</li><li>▶ Take a couple of minutes to fill out the portfolio template, regarding the discussions and the learning needs identified.</li> <li>▶ <b>Break for plenary discussion of the structured learning events around the room</b></li> <li>▶ Re-run the role plays with your same partner on the same case. This time, have the discussion as a summative assessment.</li><li>▶ Take a couple of minutes to make an assessment of performance as a portfolio entry.</li> <li>▶ <b>Break for plenary discussion of the assessments of performance around the room</b></li> <li>▶ Discuss how the case-based discussions vary according to the intended purpose.</li></ul>
<p>Activity resources:</p>	<p>The participants need to have downloaded suitable templates and undertaken the portfolio activity on the online screen 'Workplace-based structured learning events'.</p> <p>An example of a template can be found at <a href="http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~media/Files/GP-training-and-exams/WPBA/CbD-Form.ashx">www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~media/Files/GP-training-and-exams/WPBA/CbD-Form.ashx</a>.</p>

Communicative activity 3	
Activity type:	Tutor-led (or peer-to-peer)
Activity title:	Analysing feedback
Suggested study time:	60 minutes + discussion time
Suggested location (chapter/screen):	Chapter 5   Providing feedback to students on assessment performance
Implementation description:	This activity is best implemented face-to-face but can also be posted and facilitated via an online discussion board.
Learning outcome:	This activity will encourage participants to reflect on feedback they have received, and to think about how their own experiences can inform and affect the ways in which they deliver effective and supportive feedback to students.
Guidelines for the tutor:	<ul style="list-style-type: none"> <li>▶ Provide participants with the instructions as in the 'Guidelines for the participant' section below.</li> <li>▶ At the end, gather responses from participants.</li> </ul>
Guidelines for the participant:	<ul style="list-style-type: none"> <li>▶ Think back on feedback you have received on your performance in medical education. Try to list ten examples of feedback you can recall, and label each example (e.g. with a phrase that reminds you of the specific occasion).</li> <li>▶ Next, categorise your examples in two ways:               <ol style="list-style-type: none"> <li>1. The first category is <b>praise</b>: score your examples 0 to 10 for praise, where 0 means you can recall no praise (only an emphasis on where your performance fell short of the mark and how you needed to improve) and 10 means that you can only recall praise without any criticism or emphasis on improvement.</li> <li>2. The second category is <b>welcomed</b>: thinking mainly about your initial reaction, how much did you appreciate the feedback on a scale of 0 to 10, where 0 means you did not welcome this feedback at all, and 10 means you really liked getting that feedback?</li> </ol> </li> </ul>

	<ul style="list-style-type: none"><li>▶ Plot <b>welcomed</b> on an x-axis, intersecting with <b>praise</b> on a y-axis at the midpoint (5) for all your ten items of recalled feedback.</li><li>▶ Now repeat the exercise, this time substituting the term <b>useful</b> for <b>welcomed</b>.<ul style="list-style-type: none"><li>• <b>0</b> on the <b>useful</b> scale means that over time feedback has been of no use at all, whilst <b>10</b> means that it has changed your practice very significantly for the better.</li></ul></li><li>▶ Compare the two plots. What can you interpret from this about utility and 'welcomeness' of feedback for you personally? Are they the same or different? For example, have you had unwelcome feedback which has helped you improve? Jot down your thoughts.</li><li>▶ When you understand more about the feedback that made a difference to you, think out how you want to apply your experience to your own teaching role – and to how you deliver feedback to students. Again, note down ways in which you might give feedback, as a result of your findings.</li><li>▶ Pair up with a peer and compare results: are your results very different? Do you share the same ideas on giving feedback? Why/why not?</li><li>▶ Once you have discussed your findings with a peer, write up a summary of your results and responses for your tutor.</li></ul>
Activity resources:	<ul style="list-style-type: none"><li>▶ Graph paper (or equivalent computer program).</li></ul>

## Contact us

Epigeum is very keen to help with any questions or hear any suggestions for future improvement. Please do not hesitate to get in touch.

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