Teaching and Assessment for Medical Educators

Supplement

CONTENTS

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

Introduction

A message from the Lead Advisor

Medical schools have an important responsibility: to help all teaching faculty, in all clinical sites, continue their professional development as educators.

Why should we spend considerable time, effort and resources on faculty development? I believe there are four main reasons:

1. It is the right thing to do. We know that medical teachers rarely have the opportunity to learn about teaching skills.
2. Occasionally, problems are identified and/or faculty request help.
3. At times, there is an immediate need such as a new curriculum to be developed or a new teaching method to implement.
4. It is required by the Liaison Committee on Medical Education (LCME), the accrediting body in the US and Canada. It is clear that the LCME values educator development and also places great emphasis on learner assessment, as described in their requirements:

✓ *The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*
✓ *Faculty members involved in teaching, course planning, and curricular evaluation should possess or have ready access to expertise in teaching methods, curricular development, program evaluation, and medical student assessment.*
✓ *Medical schools must orient faculty members at each instructional site to the objectives and grading system for the medical course, provide instruction in course planning, implementation, student assessment, and course evaluation.*

Comprehensive and timely, the *Teaching and Assessment for Medical Educators* (*TAME*) program was created to help meet these needs.

The first course, 'Clinical teaching and learning', includes topics such as the responsibilities of the clinician educator, teaching in a logical sequence, the one-minute preceptor and SNAPPS models, self-directed and active learning, and strategies for addressing challenging situations.

The second course, 'Clinical assessment, evaluation, and feedback', outlines the fundamental concepts in assessment. Topics include competency- and milestone-based education, workplace-based assessment (such as global rating scales and multi-source feedback), and the provision of effective constructive and supportive feedback.

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. Embedded interactive activities, video, and audio clips 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 *TAME*. Implemented effectively, the program will provide a valuable resource for many years, offering much to support both new and experienced clinical educators.

Without a doubt, *TAME* is the premier online faculty development program for clinical teachers. I look forward to learning how the program will help US medical schools better achieve their goals of developing and supporting their educators and students. For further updates and information, you can visit the support pages on the Epigeum website (www.epigeum.com).

Dr. Lisa Coplit, MD,
Associate Dean for Faculty Development, Associate Professor of Medicine,
Frank H. Netter MD School of Medicine at Quinnipiac University,
Lead Advisor

The *Teaching and Assessment for Medical Educators* program

Aimed at educators from wide-ranging backgrounds and with varying levels of experience, the *Teaching and Assessment for Medical Educators* (*TAME*) program is designed to enhance the quality of faculty professional development within clinical education. It intends to help those with teaching responsibilities to become more proficient in tailoring their teaching according to learner needs and diverse educational settings; in developing clinical reasoning skills; in involving patients in the learning process; in designing appropriate assessments; in delivering and receiving feedback; and in addressing potential challenges. Ultimately, it aims to help educators ensure that the clinicians of tomorrow are fit to practice.

The program contains two courses:

▸ Clinical teaching and learning
▸ Clinical assessment, evaluation and feedback

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 program.

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* program at their institution and are responsible for monitoring the participants[1]. This section contains:

▸ A general introduction to the components of the *Teaching and Assessment for Medical Educators* program

▸ Guidelines on the key decisions you need to make on how to integrate the *Teaching and Assessment for Medical Educators* program into your existing training provision

▸ Advice on how to ensure that your target audience knows about the program 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 program.

Section 2: Installing the courses in your LMS/VLE

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

Section 3: Supplemental activities

This section contains at over 26 hours of additional material written by the authors to accompany their 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 instructor-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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[1] The term 'participant' is used in this *Supplement* to mean users/individuals who are taking the *Teaching and Assessment for Medical Educators* program.

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.

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 organizational 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* program

Component	Description	Approx. duration per course	Where can I find this material?
Self-study courses	**Core online component:** The core of the *Teaching and Assessment for Medical Educators* program consists of the two self-study courses. Each course consists of a series of screens (web pages) containing text, videos and activities.	2 – 2.5 hours	Refer to the 'release' email sent by Epigeum to download and log in to your *TAME* courses.
Portfolio activities	**Additional online component:** Portfolio activities are placed in 'Portfolio activity' pods[2] 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 an instructor or customization. These activities are **not** contained in the core online component.	5 – 8 hours	For further information on installing the courses, see Section 2 of this *Supplement*.
Communicative activities	**Additional content:** These activities are **not** contained in the core online component. Instead, they are optional, additional content, contained in this *Supplement* and 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**, which encourage participants to interact with one another and share experiences through LMS-/VLE-hosted discussion boards or face-to-face discussions ▸ **Instructor-led activities**, which are designed to be led by an instructor, and include topics for workshop discussions and assignments. The activities included in the program can be implemented either as peer-to-peer activities or as instructor-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*	3.5 – 10 hours	Section 3 of this *Supplement* (either PDF or Word document form)

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

	Educators program, according to their requirements.		

An 'Index of supplemental 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* program 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 customization and instructor input.

Our strong recommendation for institutions using the *Teaching and Assessment for Medical Educators* program 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 instructors?**
5. **With or without customization?**
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* program 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 (over) 26 hours of additional materials we have provided in this *Supplement* can be used to develop a more extensive, challenging and effective training program 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* program 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 instructor 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 instructors, 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 instructors. 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 'instructor-led' activities)
- To provide opportunities for assessment.

The communicative activities represent a substantial body of additional material (around 14 hours across the program) 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.

While 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 supplemental activities and where they slot into the online *Teaching and Assessment for Medical Educators* courses.

Question 4: With or without instructors?

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

Without instructors

As mentioned, individual participants can work their way through the courses entirely independently, without intervention, instructors or customization. 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 instructors

Having instructors 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 program.

These kinds of processes are more likely to take place if an instructor 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, instructors (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 instructor-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 customization?

As well as incorporating communicative activities, your license agreement for the *Teaching and Assessment for Medical Educators* program allows you to customize 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 authors')
- **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**.

Customizing the program in this manner will ensure that it is as appropriate as possible for your particular context. More specific information on selected customization options is included below. If you would like to customize 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* program 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 customized to contain links and information particular to your needs.

We would strongly recommend customizing the 'Your context' pods with links to national, institutional, departmental or subject-specific information relevant for your faculty members. Details on how to do this are provided in Section 2, and a summary of the locations 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.

TAME: List of your context pod locations and content
Screen
▶ **Clinical teaching and learning**
Your responsibilities as a clinician educator
Supporting learners
How your teaching fits into the medical school curriculum
Guidelines for working with learners
The places where clinical teaching occurs
Accommodating special requirements
Professional misconduct
▶ **Clinical assessment, evaluation and feedback**
Why is assessment important?
Workplace-based assessment
Types of workplace-based assessment: Global rating scales or end-of-rotation evaluations
Feedback challenges

Question 6: In what order?

The two courses that make up the program 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* program 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) program.

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 program.

If you are planning to use the courses with instructors (see above), then they can encourage participants to begin on their portfolio as soon as they start work on the program. Instructors 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 instructors 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[3], 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 LMS/VLE.

Activities, portfolio and assignments

When instructors 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. Instructors can also provide useful support by making available additional reading material.

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[3] 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* program **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 LMS/VLE and is then 'ready to go'. However, the best way to get the most out of the program 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.

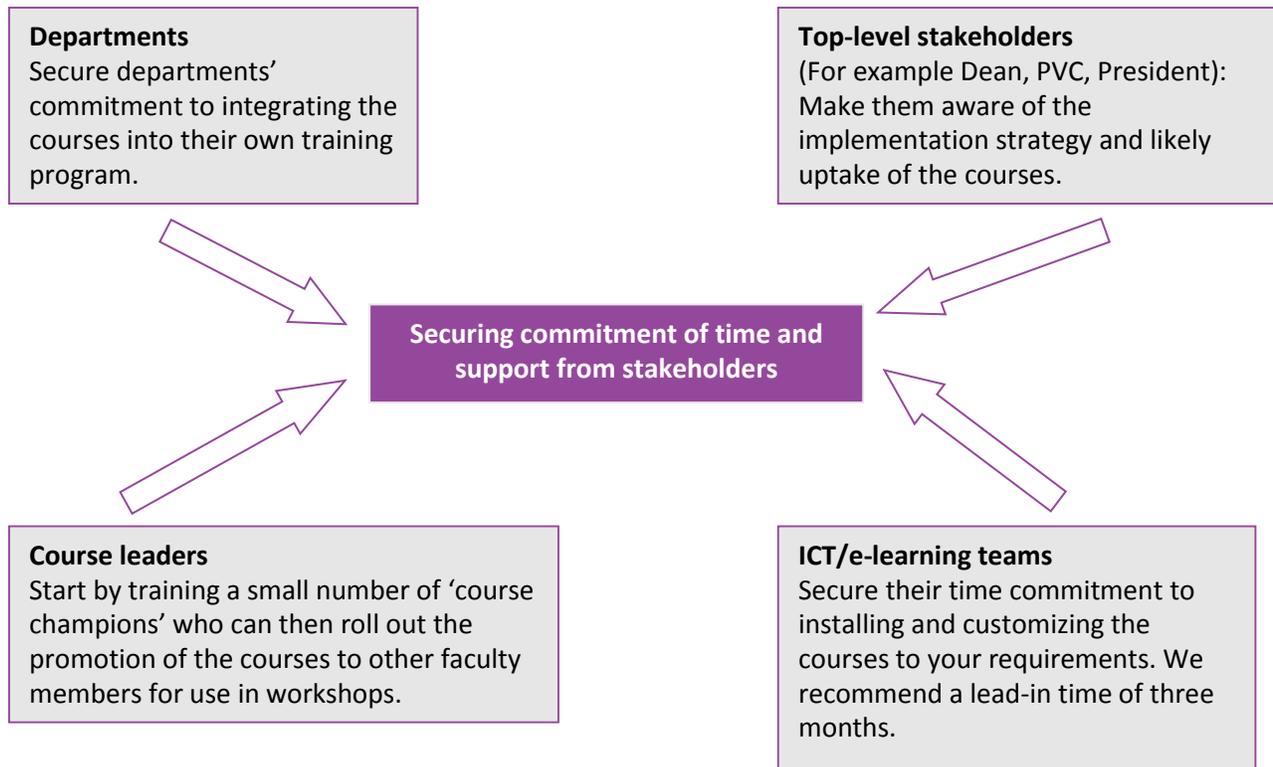**3. Choose your delivery mode – blended learning or purely online**
The courses are designed to function as stand-alone courses; however, they can be particularly effective when used as part of a blended approach (for further information, see 'Key implementation decisions'), allowing more time for detailed 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.

Departments
Secure departments' commitment to integrating the courses into their own training program.

Top-level stakeholders
(For example Dean, PVC, President): Make them aware of the implementation strategy and likely uptake of the courses.

Securing commitment of time and support from stakeholders

Course leaders
Start by training a small number of 'course champions' who can then roll out the promotion of the courses to other faculty members for use in workshops.

ICT/e-learning teams
Secure their time commitment to installing and customizing the courses to your requirements. We recommend a lead-in time of three months.

Incentivizing 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 program 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* program and can access the courses easily.
- ✓ Advertise links to the courses prominently within your LMS/VLE. 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 faculty.
- ✓ 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* program 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 program
✓ 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 instructor(s) to send out an email to potential users recommending the *Teaching and Assessment for Medical Educators* program 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* program have been implemented, a range of tools are available to help you monitor and evaluate their effectiveness.

Monitoring course usage	Gathering feedback
▶ A LMS/VLE **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 LMS/VLE 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.	A sample 'feedback form' is provided on the next page, and can also be downloaded, customized to your needs, and installed directly on to your LMS/VLE. The questionnaire will allow you to track and gather useful data about the user experience of the *Teaching and Assessment for Medical Educators* program. 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 program. Monitoring, evaluating and refining the usage of the course will ensure that your institution continues to get the best from the Epigeum program.

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 program.

As a default setting, both courses in the *Teaching and Assessment for Medical Educators* program 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 program. All information collected is completely anonymous.

If you would prefer to gather and analyze 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 program 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 program 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:

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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:

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:

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:

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:

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:

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:

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 identify the needs of each learner and how I can best facilitate their learning
- I understand how to prepare and engage patients in learning experiences
- I can design a planned teaching session around my aims, the learners, my context, available resources and assessment
- I can define self-directed learning and critically appraise the benefits to the learner
- I feel better equipped to deal with different needs and potentially challenging situations.

Comments:

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

- I have a better understanding of the competency-based movement of assessment and can distinguish between entrustable professional activities and milestones
- I can identify different kinds of rubrics and choose the ones best suited to my assessment
- I feel confident in applying the basic concepts of assessment to grading in clinical settings, and discuss the challenges that might occur
- I feel better equipped to provide more effective and supportive feedback.

Comments:

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:

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 LMS/VLE

Installing the courses in your LMS/VLE

The link below is to our online guide, which gives you the information you will need to successfully install the Epigeum courses in your LMS/VLE. 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 customize, and how to do this.

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

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

SECTION 3: SUPPLEMENTAL MATERIALS

Index of supplemental activities

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

- ▶ **Portfolio activities** are embedded within the online courses in right-hand pods

- ▶ **Communicative activities** are provided within this *Supplement*, and can be customized 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
[CIL]   Communicative instructor-led activity
[CP2P] Communicative peer-to-peer activity

Clinical teaching and learning

Online course duration: 2.7 hours		
Section/Screen title	**Portfolio activities (located online)**	**Communicative activities (located within this *Supplement*)**
ORIENTATION		
Introduction		
COURSE FILES		
Chapter 1		
Clinician educator roles		
Your responsibilities as a clinician educator		
Participants in learning and teaching		Learning to RIME [CIL] (45+)
Supporting learners		Identifying and helping the struggling learner [CIL] (45+)
Chapter summary		
Chapter 2		
How your teaching fits into the medical school curriculum		
Guidelines for working with learners	Different levels of training (30)	Comparing clinical and academic organization guidelines [CP2P] (60 + research/discussion time)
The places where clinical teaching occurs		
Knowing your learner	External factors affecting learning (20)	Clinical teaching: Preparation 1 [CP2P] (90)
		Clinical teaching: Preparation 2: The day is here [CP2P] (120)
		Clinical teaching: Preparation 3: Oh no… the unexpected has occurred! [CIL] (60)
Preparing for the learning session	Your first clinical rotations (30)	
Preparing learners and patients for co-participation in learning experiences		
Chapter summary		Preparing for teaching in the clinical setting [CIL] (45+) This activity is suitable for any screen in Chapter 2.
Chapter 3		
Teaching in a logical sequence	Scripting a 'MiPLAN' (60)	Teaching in a logical sequence [CIL] (45)
Self-directed, independent and active learning		Becoming a 'Guide on the Side' [CP2P] (45)
Developing clinical reasoning 1: The one-minute preceptor model	Application and assessment (30 + practice time)	

Developing clinical reasoning 2: The SNAPPS model		
Chapter summary		
Chapter 4		
Accommodating special requirements	Colleagues with disabilities (30)	
Professional misconduct		When a professionalism issue arises… [CIL] (45)
Problems and how to avoid them	Your responsibilities (45)	
Chapter summary	Unprofessional behaviors (30)	
▸ **CLOSING**		
Course summary	Personal statement (30)	
Total activity time	**At least 305 minutes/5 hours**	**At least 600 minutes/10 hours**

Clinical assessment, evaluation and feedback

Online course duration: 2 hours		
Section/Screen title	Portfolio activities (located online)	Communicative activities (located within this *Supplement*)
ORIENTATION		
Introduction		
COURSE FILES		
Chapter 1		
Why is assessment important?	Your role as an assessor (30)	
Summative and formative assessment	Assessment tools (30)	
Rubrics	Choosing and creating appropriate rubrics (60+)	
Chapter summary		
Chapter 2		
Approaches influencing current assessment practices	Primary assessment roles (60)	
Workplace-based assessment	Improving your system (60)	
Types of workplace-based assessment: Direct observation		Thinking about the mini-CEX/OSATS [CIL] (60)
Types of workplace-based assessment: Global rating scales or end-of-rotation evaluations		
Types of workplace-based assessment: Multi-source feedback or 360 evaluations		
Types of workplace-based assessment: Performance audit		
Chapter summary	Your workplace-based assessment tools (60)	Implementing effective workplace-based assessment [CP2P] (45)
Chapter 3		
What is effective feedback?	Responsibilities and challenges (45)	
Delivering feedback	Contributing factors to the quality of feedback encounters (60)	Giving effective feedback [CIL] (50)
Feedback challenges		
Communication	Your communication style and technique (at least 60)	
Chapter summary		Giving effective feedback (version 2) [CP2P] (45)
CLOSING		
Course summary	Personal statement (30)	
Total activity time	At least 495 minutes/8 hours	At least 200 minutes/3.5 hours

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 LMS-/VLE-hosted discussion boards or in face-to-face discussions

▶ *Instructor-led activities (CIL)*, which are designed to be led by an instructor, and include topics for workshop discussions and assignments.

NB: Many of the activities included in this program can be implemented either as peer-to-peer activities or as instructor-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* program 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:	**Instructor-led**
Activity title:	**Identifying and helping the struggling learner**
Suggested study time:	**45+ minutes**
Suggested location (chapter/screen):	**Chapter 1 | Supporting learners**
Implementation description:	**This activity is best implemented online.**
Learning outcome:	**This activity will help participants to assess the skills and competencies of learners.**

Guidelines for the instructor:	▶ Invite participants to consider the case studies in the videos below.
	
	    ○ Case 1: http://somed.ucdenver.edu/ame/IdRem/rem.swf
	
	    ○ Case 2: http://somed.ucdenver.edu/ame/IdRem/rem5.swf
	
	▶ Create a Google Doc (or similar) with open-text entry boxes, and add participants to the document. If you prefer, you can create a spreadsheet tailored to the relevant questions.
	
	▶ Invite participants to enter their responses to the questions below (see the 'Guidelines for the participant' section below) including the *reasoning* behind their answer.
	
	▶ Provide participants with answers to the questions, as follows:

	• **Case 1**: This learner's primary deficit is clinical reasoning.
	• **Case 2**: This case is a bit more difficult. There is clearly a problem. In fact, there may be several. To which category do we assign the deficit? Interpersonal skills, professionalism and/or mental wellbeing are all on the differential diagnosis.
	▶ Once all participants have answered (one week will be a reasonable timeframe for most participant groups), provide the correct answers and note the reasoning behind them.
Guidelines for the participant:	▶ Consider the video cases and questions below.
	▶ **Case 1**: Watch this video: http://somed.ucdenver.edu/ame/IdRem/rem.swf
	Question: Which is the most prominent deficit?
	• Medical knowledge
	• Clinical skills
	• Clinical reasoning and judgment
	• Time management and organization
	• Interpersonal skills and communication
	• Professionalism
	• Practice-based learning and improvement
	• Systems-based practice
	• Mental wellbeing

▸ **Case 2**: Watch this video: http://somed.ucdenver.edu/ame/IdRem/rem5.swf. Note that Dr. Roger is a resident and the woman is the patient's nurse. We are in the hospital at the bedside of Mrs. Jones; Mrs. Jones is dying of advanced cancer and is comfort care only. She is going to a hospice tomorrow morning.

Question: Which is the most prominent deficit?

- Medical knowledge

- Clinical skills

- Clinical reasoning and judgment

- Time management and organization

- Interpersonal skills and communication

- Professionalism

- Practice-based learning and improvement

- Systems-based practice

- Mental wellbeing

▸ Your instructor will add you to a course Google Doc (or similar). Add your responses, including the *reasoning* behind them, to this document.

▸ Review your peers' responses. Do you agree or disagree?

▸ Check back into the document for your instructor's feedback.

Activity resources:	▸ Videos:
	http://somed.ucdenver.edu/ame/IdRem/rem.swf
	http://somed.ucdenver.edu/ame/IdRem/rem5.swf

Communicative activity 2	
Activity type:	Instructor-led
Activity title:	Learning to RIME
Suggested study time:	45+ minutes
Suggested location (chapter/screen):	Chapter 1 | Participants in learning and teaching
Implementation description:	This activity is best implemented face-to-face but could also work via an online forum and/or webinar.
Learning outcome:	The first part of this activity reviews the definition of RIME. The second part of the activity encourages participants to apply RIME to clinical teaching encounters they have had and to identify when RIME is most (and least) helpful so that they can apply this knowledge in future clinical teaching experiences.
Guidelines for the instructor:	As an instructor, your role is to give a short presentation on RIME and to facilitate individual reflection and group discussion. - First, deliver a short presentation on RIME. Use the online course and any suggested references/resources to help you (5-10 minutes). - Then, ask each participant to reflect on one learner they have recently encountered. How would they attach a 'RIME' category to this learner? Participants write on paper, or reflect quietly (5 minutes). - Divide participants into small groups. Give each group the task: 'Identify ways you have applied RIME to your learners that have been helpful in clinical teaching environments (both inpatient and outpatient)'. Write responses down on flip chart paper (10 minutes). - Debrief the groups and assimilate the ideas into a list. Discuss the pros/cons of the options, or conditions when the RIME application works/doesn't work (20 minutes).

	▸ Closing activity: Call to action. Go around the room and ask each participant to name one thing they learned during the session that they will apply in their clinical teaching practice (5 minutes).
Guidelines for the participant:	▸ Before the workshop, review the RIME categories and your experience with different levels of learners. ▸ Consider the instructor's presentation (5–10 minutes). Then, reflect on one learner you have recently encountered. How would you attach a 'RIME' category to this learner? Write your responses on paper, or reflect quietly (5 minutes). ▸ In small groups, identify ways you have applied RIME to your learners that have been helpful in clinical teaching environments, both inpatient and outpatient (10 minutes). ▸ Your instructor will help you assimilate all the groups' ideas into a list. Discuss the pros/cons of the options, or conditions when the RIME application works/doesn't work (20 minutes). ▸ Identify one thing you learned during the session that you will apply in your clinical teaching practice. (5 minutes)
Activity resources:	▸ Paper for participants to note down their reflections. ▸ A flip chart or paper to adhere to the walls, to write down the participants' strategies for using RIME.

Communicative activity 3	
Activity type:	**Instructor-led**
Activity title:	**Preparing for teaching in the clinical setting**
Suggested study time:	**At least 45 minutes**
Suggested location (chapter/screen):	**Chapter 2	any screen**
Implementation description:	**This activity is best implemented via an online discussion board.**
Learning outcome:	**This activity will help participants to apply teaching skills in the clinical setting.**
Guidelines for the instructor:	▸ This session occurs entirely online. Before the session takes place, create a Google Doc (or similar, with open-text entry boxes) for the activity and add participants to it. ▸ Create a field for text entry for each case study and the associated questions. Copy and paste the text as below: **Case 1** *You are an M.D. working on an outpatient service. You have one medical student, three residents in Year 2 of your program, and a pharmacy student. You introduce yourself to the learners, and ask them their learning goals. The medical student is having trouble with diabetes management, and the Year 2 residents agree it would be nice to have an in-depth discussion on diabetes management.* ▸ **Question 1**: What teaching space makes the most sense to use?

▶ **Question 2**: Identify what scope of responsibility each learner can be expected to reasonably take on in the outpatient setting.

Case 2

Susan is leading a mixed group of residents (Years 1, 2 and 3), two Year 3 medical students, one pharmacy student, and two nursing students in their final program year. All learners have goals to improve their patient management skills.

▶ **Question 1**: What teaching space makes the most sense to use?

▶ **Question 2**: Identify what scope of responsibility each learner can be expected to reasonably take on in the inpatient setting.

Useful resource:
Kern, D. E. *et al* (eds) (2009) *Curriculum Development for Medical Education: A Six-Step Approach*, 2nd ed. Baltimore, MD: The Johns Hopkins University Press.

▶ Instruct participants to enter their responses to the case scenarios in the relevant fields you have created in the Google Doc.

▶ Your role is to check in on participant responses to the case scenarios, and provide specific feedback as needed.

Guidelines for the participant:	▶ Your instructor will add you to a course Google Doc (or similar) – read through the case studies in the document and consider your responses. ▶ Enter your responses into the appropriate fields in the Google Doc. ▶ Read through your peers' responses and your instructor's feedback. What was your initial response to each scenario? What would you do differently, having considered these other perspectives?

Activity resources:	▶	**Kern, D. E. *et al* (eds)** (2009) *Curriculum Development for Medical Education: A Six-Step Approach*, 2nd ed. Baltimore, MD: The Johns Hopkins University Press.

Communicative activity 4	
Activity type:	Peer-to-peer
Activity title:	Comparing clinical and academic organization guidelines
Suggested study time:	60+ minutes + research/discussion time
Suggested location (chapter/screen):	Chapter 2 | Guidelines for working with learners
Implementation description:	This activity can be implemented face-to-face or via an online discussion board.
Learning outcome:	This activity will help participants to explore how clinician educators can incorporate patients into their teaching.
Guidelines for the instructor:	Divide the learners into (at least) two small groups and ask them to do the following: ▸ They should contact their clinical agency Educational Department and inquire about medical student practice guidelines. They should also contact their academic organization Clinical Office and inquire about medical student practice guidelines. They should then compare the two. ▸ Once the group has compiled and researched the relevant information, they should work together to answer the following questions (if online, they should post the answers via text entry boxes/equivalent): 1. What are the practice related guidelines for medical students? 2. Are they detailed by level of training or are they general? 3. Are there any on the list or some that are not on the list that surprise them? 4. Are there any guidelines of which they were unaware? 5. Are the guidelines from the clinical agency in accordance with the guidelines from the academic organization?

	▸ Once they have recorded their answers, they should compare their responses with those of the other group(s). They should consider to what extent they agree with the responses of their peers.
Guidelines for the participant:	▸ Contact your clinical agency Educational Department and inquire about medical student practice guidelines. Also contact your academic organization Clinical Office and inquire about medical student practice guidelines. Compare the two.
	▸ Once your group has compiled and researched the relevant information, work together to answer the following questions (if online, post the answers via text entry boxes/equivalent):
	1. What are the practice related guidelines for medical students?
	2. Are they detailed by level of training or are they general?
	3. Are there any on the list or some that are not on the list that surprise you?
	4. Are there any guidelines of which you were unaware?
	5. Are the guidelines from the clinical agency in accordance with the guidelines from the academic organization?
	▸ Once you have recorded your answers, compare your responses with those of the other group(s). To what extent do you agree with the responses of your peers?
Activity resources:	▸ Web link to clinical agency Education Department.
	▸ Web link to academic organization Clinical Office.

Communicative activity 5	
Activity type:	Peer-to-peer
Activity title:	Clinical teaching: Preparation 1
Suggested study time:	90 minutes
Suggested location (chapter/screen):	Chapter 2 | Knowing your learner
Implementation description:	This activity can be implemented face-to-face or via an online discussion board.
Learning outcome:	This activity will help participants to navigate more easily the academic and clinical setting in which they will be teaching.
Guidelines for the instructor:	▸ The clinical scenario in the 'Guidelines for the participant' section provides the participant with details of their 'student', along with the self-assessment outline. The participant should apply this scenario-based student to their specific clinical environment. ▸ The participant should review and interpret the scenario. ▸ The initial review should be completed independently. Hopefully the participant will access the resources provided in this course to complete the activity. ▸ Participants can complete the activity by answering the questions provided in pairs or small groups. ▸ Completion of the activity should result in navigation through the academic and clinical settings in which they will be teaching.
Guidelines for the participant:	Let's practice! Utilizing the scenario below, answer the following questions:

▶ The medical program has policies about learners in clinical spaces, as well as standard assessment forms. Where can you find these documents if you need them?

▶ What are the rotation objectives?

▶ What training level is the learner at?

▶ What does that mean for your expectations of their clinical reasoning and role in patient care?

▶ Before taking the student into the clinical setting, how should you prepare the learner?

▶ What patients and/or presenting complaints will you try to find to help this learner complete their rotation requirements?

You are the clinician educator – provide a rich, fulfilling clinical experience for this student.

Scenario:
Melinda is a third year medical student starting her clinical rotation in your clinic/on your inpatient team. This is her first clinical rotation. When she meets with you for the 5-minute 'setting expectations' meeting on the first day of the rotation, she shares the following self-assessment:

▶ From previous clinical experiences:

- Strengths from other clinical experiences: *I have shadowed in inpatient medicine.*

- Areas she wants to work on in this rotation: *Gathering patient history.*

▶ Her expectations for the current rotation:

- My personal learning objectives or outcomes for this rotation include: *Being more confident in gathering and assimilating the pertinent details from the patient history.*

- My greatest concern for this rotation: *Not knowing what to study so I can improve my performance.*

- Expectations of the preceptor: *Please give me feedback on my patient history skills to help me improve.*

Activity resources:	▶ The scenario provided (above).

Communicative activity 6	
Activity type:	Peer-to-peer
Activity title:	Clinical teaching: Preparation 2: The day is here
Suggested study time:	120 minutes
Suggested location (chapter/screen):	Chapter 2	Knowing your learner
Implementation description:	This activity can be implemented face-to-face or via an online discussion board.
Learning outcome:	This activity will help participants to develop a teaching plan for a specific student.
Guidelines for the instructor:	The clinical scenario (see the 'Guidelines for the participant' section) provides the participant with details of their 'student', along with the self-assessment outline. The participant should apply this scenario-based student to their specific clinical environment.
	▸ Each participant should review and interpret the scenario. They should be able to develop the plan for a clinical teaching day based on the self-assessment.
	▸ The initial review and development should be completed independently. Encourage participants to access the resources provided in the online course to complete the activity.
	▸ The rest of the activity can be done in pairs or small groups.
	▸ Final completion would entail a general plan for the day, including a timeline. Note appropriate patient assignments and activities for this student. Details should be included (e.g. specific paperwork or notes outlining expectations for the student).

Guidelines for the participant:	Utilizing the provided student self-assessment document, plan a clinical day for this specific student:

▶   What kinds of patient assignment will be best?

▶   What learning activities will be best?

▶   What expectations can you have for this student?

▶   Are there any specific areas that you think need to be covered?

▶   Without ever meeting this student, what are your impressions?

▶   How might you confirm or refute your impressions to ensure that your expectations are feasible and aligned with the student's goals for the rotation?

You are the clinician educator – provide a rich, fulfilling clinical experience for this student.

Scenario:
Gilbert is a third year medical student who should be in his third rotation of the clinical year (about one third of the way through). You do not know what rotations he has completed before joining you on your inpatient service/in your clinic. You meet with him on the first day of his rotation to have the 'setting expectations' meeting. He shares his self-assessment:

▶   From previous clinical experiences:

- Strengths developed from other clinical experiences: *I have completed rotations in surgery, family medicine, and emergency medicine. I feel much better about my physical exam skills, and gathering patient histories.*

- Areas he wants to work on in this rotation: *Get better at ordering the right labs. I err on the side of 'I should order more', but our classes on cost-conscious care showed me I should focus on being as specific as possible.*

▶   His expectations for the current rotation:

- My personal learning objectives or outcomes for this rotation include: *Being more confident in connecting patient history to investigations, so I order the right ones.*

	• My greatest concern for this rotation: *Being overwhelmed by the number of complicated patient presentations.* • Expectations of the preceptor: *I hope you will give me clear, timely feedback, especially around ordering the right investigations.*
Activity resources:	▸ The scenario provided (above).

Communicative activity 7	
Activity type:	**Instructor-led**
Activity title:	**Clinical teaching: Preparation 3: Oh no… the unexpected has occurred!**
Suggested study time:	**60 minutes**
Suggested location (chapter/screen):	**Chapter 2 | Knowing your learner**
Implementation description:	**This activity can be implemented face-to-face or via an online discussion board. It is recommended that participants complete activities 5 and 6 (provided above) before engaging in this activity. However, this is not essential.**
Learning outcome:	**This activity will help participants to think more critically about the academic and clinical setting in which they will be teaching.**
Guidelines for the instructor:	▶ Provide participants with the scenario and questions (provided below). ▶ Participants can complete them as group work or can complete the questions individually. ▶ The goal is to have the participants think outside the box in an already complex environment. **Scenario:** *You sit down with Gilbert to discuss his goals and set expectations. You find out that he was delayed in the start of his clinical rotations and that he is only in his first rotation.* *Gilbert reveals that he has struggled throughout medical school, but especially since the beginning of his clinical rotations. He has repeated at least one block and is now near the end of his clinical year, but doesn't feel he is doing well. He has been told:* ▶ *His history taking is slow and his physical examination is disorganized.* ▶ *His oral presentations seem disorganized and too long.*

	If inpatient, team-based learning: *You are expecting to have a resident and intern on your team in addition to Gilbert. When you arrive, you discover that your intern is out on a personal emergency and you now have only a resident and Gilbert, your third year student.* ***If clinic-based learning environment:*** *You arrive to clinic to find your medical assistant out on a medical emergency. Your first patient is not roomed and your second patient has already arrived. They will not be able to get a temporary replacement until the afternoon.* *You arrive to rounds/clinic to find your first patient is in the midst of a medical emergency requiring your immediate attention.*
Guidelines for the participant:	Oh no… The unexpected has occurred! Refer to the scenario provided. Follow along as the instructor unfolds a day with your clinical group. ▶ What are your options? ▶ How do you maintain the integrity of the clinical experience? ▶ Who do you contact? ▶ What resources do you need? ▶ Next steps?
Activity resources:	▶ The scenario provided (above).

Communicative activity 8	
Activity type:	Instructor-led
Activity title:	Teaching in a logical sequence
Suggested study time:	45 minutes
Suggested location (chapter/screen):	Chapter 3 | Teaching in a logical sequence
Implementation description:	This activity will be best implemented online, either via a Google doc or via a discussion forum.
Learning outcome:	This activity will help participants to apply teaching in a logical sequence in their own clinical teaching practices.
Guidelines for the instructor:	This session occurs entirely online. ▸ Add participants to an online discussion forum or board with open-text entry boxes (e.g. Google Docs). ▸ Include different text boxes for each case scenario and the associated questions. Copy and paste the text, as in the 'Guidelines for the participant' section below. ▸ Check in on participant responses to the case scenarios, and provide specific feedback as needed.
Guidelines for the participant:	Your instructor will add you to an online discussion forum or board for this activity. Read through the cases (below) and add your responses in the open-text entry boxes online. **Case 1**: *Larry is the attending starting his first day on service this month. He arrives to find that two medical students, both early Year 3 students, will be his responsibility for the next week. He introduces himself to the learners, and asks them to join him on rounds.*

The learners watch as Larry speaks with patients. Larry ends the day by assigning reading for the students based on the key clinical problems they saw on rounds.

  ▸ **Question 1**: What elements of 'teaching in a logical sequence' did Larry do well?

  ▸ **Question 2**: Describe Larry's level of active learning with the students.

  ▸ **Question 3**: Name two elements you would add to Larry's teaching to make it more self-directed and active for the learners.

Case 2:

Susan is leading a mixed group of residents, medical students, one pharmacy student, and two nursing students in their final program year. She moves the group to a conference room down the hall from clinical practice to do introductions and ask each learner to identify their learning needs. As the group proceeds to the patient bedside, Susan asks different learners each time to lead the discussion and engage with the patient. At the end of patient rounds, Susan suggests several areas of reading for specific learners.

  ▸ **Question 1:** What elements of 'teaching in a logical sequence' did Susan do well?

  ▸ **Question 2**: Describe Susan's level of active learning with the students.

  ▸ **Question 3**: Name two elements you would augment, change or remove from Susan's teaching to make it applicable to your own teaching contexts.

  ▸ Check back into the online forum or board to view your peers' responses and your instructor's feedback.

Activity resources:	▸ The scenario provided (above).

Communicative activity 9	
Activity type:	Peer-to-peer
Activity title:	Becoming a 'Guide on the Side'
Suggested study time:	45 minutes
Suggested location (chapter/screen):	Chapter 3 | Self-directed, independent and active learning
Implementation description:	This activity is best implemented in a face-to-face session.
Learning outcome:	This activity will help participants to explore their identities as clinician educators and how they can work towards becoming 'Guides on the Side'.
Guidelines for the instructor:	The goals of this session are to: 1. Review the characteristics of an effective clinician teacher. 2. Review the concept of 'Guide on the Side' teaching. 3. Share practice knowledge around being a 'Guide on the Side' in clinical teaching experiences. 4. Critically appraise and identify when various 'Guide on the Side' practices are effective in clinical teaching experiences. 5. Apply lessons learned in this session to future clinical teaching experiences. ▶ Start with a short presentation on what the evidence says about being an effective clinic teacher. Review what it means to be a 'Guide on the Side' (5-10 minutes).

	▶ Opening reflection: Ask each participant to reflect on the ways in which they try to be learner-centered in their teaching. How do they act as a 'Guide on the Side' instead of a 'Sage on the Stage'? Learners write on paper, or reflect quietly (5 minutes).
	▶ Divide participants into small groups. Give each group the prompt: Identify ways to be a 'Guide on the Side' in clinical teaching environments (both inpatient and outpatient). Write the responses down on flip chart paper (10 minutes).
	▶ Debrief the groups and assimilate the ideas into a list. Discuss the pros/cons of the options, or conditions when the teaching strategies work/don't work (20 minutes).
	▶ Closing activity: Call to action. Go around the room and ask each participant to name one thing they learned during the session that they will apply in their 'Guide on the Side' practice (5 minutes).
Guidelines for the participant:	▶ Before class, think about the ways in which you have been learner-centered in your teaching. (Think 'Guide on the Side' vs. 'Sage on the Stage'.)
	▶ In small groups, identify the ways in which you incorporate patients into clinical teaching experiences (both inpatient and outpatient).
	▶ Then, assimilate your ideas into a list with the larger group and engage in a short discussion.
	▶ Finally, identify one thing that you've learned during the session that you will apply in your 'Guide on the Side' practice.
Activity resources:	▶ Paper for participants to note their reflections.
	▶ A flip chart for noting the responses of the group.
	▶ A flip chart or paper to adhere to walls for participants to write down their 'Guide on the Side' strategies.

Communicative activity 10	
Activity type:	**Instructor-led**
Activity title:	**When a professionalism issue arises…**
Suggested study time:	**45 minutes**
Suggested location (chapter/screen):	**Chapter 4	Professional misconduct**
Implementation description:	**This activity will be best implemented online, either via an online discussion board or open-text entry boxes.**
Learning outcome:	**This activity will help participants to reflect and act when professionalism issues arise with learners.**
Guidelines for the instructor:	This session occurs entirely online. ▸ Add participants to an online discussion forum or board with open-text entry boxes (e.g. Google Docs). ▸ Include different text boxes for each case scenario and the associated questions. Copy and paste the text, as in the 'Guidelines for the participant' section below. ▸ Check in on participant responses to the case scenarios, and provide specific feedback as needed.
Guidelines for the participant:	Your instructor will add you to an online discussion forum or board for this activity. Read through the cases (below) and add your responses in the open-text entry boxes online. **Case 1**: *Jennifer is the attending starting her first day on service. She will have the responsibility of supervising two medical students, both early third year students, who are in the last week of their rotation and are studying for the end-of-rotation exam. One*

learner brings her a series of 'practice questions', though Jennifer instantly recognizes these as the questions from the exam! Internally, her mind is racing. How did the learners get the final exam questions? What should she do?

▸ **Question 1**: Describe two or three possible explanations the student might provide for having a copy of the exam.

▸ **Question 2**: Describe what you would do, in your particular school and clinical supervision context, if you were Jennifer.

▸ **Question 3**: What other resources or colleagues are available at your institution for you to consult with in cases like Jennifer's?

Case 2:
Manuel is leading a mixed group of residents, medical students, one pharmacy student, and two nursing students in their final program year. He moves the group to a conference room down the hall from clinical practice to do introductions and ask each learner to identify their learning needs. As the group proceeds to the patient bedside, one resident and one pharmacy student are chuckling and pointing to something on the resident's cell phone. Their actions are drawing the attention of some of the other learners away from introducing the patient, and instead, to the cell phone.

▸ **Question 1:** What would you identify as the primary professionalism concern in this case?

▸ **Question 2**: How would you address the issue, realizing you are at the patient bedside, with the patient and other learners looking to you for leadership?

Check back into the online forum or board to view your peers' responses and your instructor's feedback.

Activity resources:	The scenario provided (above).

Clinical assessment, evaluation and feedback

Communicative activity 1	
Activity type:	**Instructor-led**
Activity title:	**Thinking about the mini-CEX/OSATS**
Suggested study time:	**60 minutes**
Suggested location (chapter/screen):	**Chapter 2 | Types of workplace-based assessment: Direct observation**
Implementation description:	**This activity is best implemented in a face-to-face classroom environment, with the instructor leading the discussion.**
Learning outcome:	**This activity will help participants to consolidate their knowledge of direct observation tools and create an effective learning environment.**

Guidelines for the instructor:	▸ Invite participants to define and list the pros/cons of mini-CEX and OSATS.
	
	▸ Review and debrief the participants' definitions and lists:
	
	    • Where are the gaps in their understanding?
	
	    • What needs to be reviewed or explained before moving forward?
	
	▸ Divide participants into groups. Assign each group a setting (e.g. surgical skills, outpatient clinic, inpatient clinic). Ask participants to describe:

- What resources they need (e.g. tablet, notepad, pen).

- What considerations for effective assessment they need (e.g. timing, patient permission, appropriate patient clinical presentation, clinic business/ load, etc.) to effectively implement mini-CEX and OSATS.

- Give them 10–15 minutes to complete their lists.

▸ Review the examples as a large group:

  o What is achievable to implement in their own practice?

  o Where might they run into issues?

  o As a group, discuss the feasibility of implementing the examples.

▸ Consider tying in the theme of giving effective feedback (Ask-Tell-Ask).

▸ Closing the session: Your next faculty development steps. Ask participants what they want to learn more about (e.g. feedback, resources, etc.).

Guidelines for the participant:	▸ This will be an interactive, active learning session. ▸ You will be invited to follow the instructor's directions in group discussions and brainstorming (provided above).
Activity resources:	▸ Pen and paper, or tablet, for each participant to record their ideas.

Communicative activity 2	
Activity type:	Peer-to-peer
Activity title:	Implementing effective workplace-based assessment
Suggested study time:	45 minutes
Suggested location (chapter/screen):	Chapter 2 | Chapter summary
Implementation description:	This activity is best implemented as an online forum and/or webinar.
Learning outcome:	This activity will help participants to understand and apply elements of effective workplace-based assessments to their own instructor experiences. The first part of this activity reviews elements of an effective workplace-based assessment. The second part asks participants to reflect on their own practice.
Guidelines for the instructor:	▸ Set up a short online poll or open-text question to ask participants about their past experience with mini-CEX or OSATS. Based on the responses, you may want to direct participants to re-read Chapter 2 in the online course, or, if they have past experience, to continue to the next online activity. ▸ Next, ask participants to identify ways they have successfully applied workplace-based assessments to their clinical teaching environments (both inpatient and outpatient, and if applicable to participants, surgical). ▸ Then, assimilate their successful ideas into a list. Encourage participants to discuss pros and cons of the options with their peers, as well as conditions when these applications do or don't work. ▸ Closing the session: Call to action. Ask each participant to tell their peers one thing they will apply in their future clinical teaching practice.

Guidelines for the participant:	▸ You will be asked to join an online forum or webinar. Before joining, reflect on ways that you have successfully completed assessments of learners in your clinical teaching environments (both inpatient and outpatient, and/or surgical).
	▸ You instructor will provide you with a series of questions and facilitate online discussion.
	The questions might include:
	• Have you had successful experiences with mini-CEX assessments or OSATS?
	• In which ways have you successfully applied workplace-based assessments to your clinical teaching (inpatient/outpatient/surgical)?
	▸ Share your answers with your peers and discuss the pros and cons of workplace-based assessments.
	▸ Have you had similar experiences to your peers? Are there any strategies you can share?
	▸ Finally, tell your peers one thing which you want to apply, based on the online discussion, to your future clinical teaching practice.
Activity resources:	N/A

Communicative activity 3	
Activity type:	Instructor-led
Activity title:	Giving effective feedback
Suggested study time:	50 minutes
Suggested location (chapter/screen):	Chapter 3 | Delivering feedback
Implementation description:	This activity will be best implemented in a face-to-face environment.
Learning outcome:	This activity will help participants to reflect and refine their ability to give feedback to learners.
Guidelines for the instructor:	- This session is best done in a face-to-face environment, with full group and small breakout group discussions within the overall session. - There is a difference between feedback and general comments. Divide the participants into two groups. Assign one 'feedback' and the other 'general comments'. Ask each group to provide a definition, a few examples, and the known impact on learners. - Debrief as a group to ensure all participants understand that specific, targeted feedback is key to improving learner performance (10 minutes). - Review the Ask-Tell-Ask method (see Chapter 3 in the course). Ensure participants understand the components. - Have participants pair up: one is the instructor, one is the learner. Have the 'instructor' lead the 'learner' in assessing their participation in the session so far. Give them 5 minutes. Then ask the pairs to switch roles and repeat the exercise (20 minutes).

	▸ Next, ask participants to reflect on the key hurdles that hold them back from giving specific, targeted feedback. Make a common list for the full group to see (5 minutes).
	▸ Divide the hurdles and assign one per pair. Ask each pair to come up with solutions to the hurdle of giving feedback and write the hurdle and solution on a piece of paper. Post the pages on the walls of the room – allow all participants to circulate and read the hurdle-solution lists ('gallery walk').
	▸ Closing the session: Call to action. Ask participants what one aspect of the session they will use in their practice. Listen to responses – either reply helpfully or direct participants to resources available at your institution.
Guidelines for the participant:	▸ This will be an interactive, active learning session. ▸ Your instructor will lead you through group activities and discussions on giving effective feedback. ▸ Come prepared to reflect on your past experiences with giving feedback to learners.
Activity resources:	▸ Paper, pens, the facility to post pages to the wall of the room and perform a 'gallery walk', whereby participants can circulate and read the pages.

Communicative activity 4	
Activity type:	**Peer-to-peer**
Activity title:	**Giving effective feedback (version 2)**
Suggested study time:	**45 minutes: 20 minutes on one day, followed by 25 minutes a week later.**
Suggested location (chapter/screen):	**Chapter 3 | Chapter summary**
Implementation description:	**This activity is best implemented as an online forum and/or webinar.**
Learning outcome:	**This activity will help participants to understand and apply elements of effective feedback to their own instructor experiences. The first part of this activity reviews elements of effective feedback. The second part asks participants to reflect on their own practice.**
Guidelines for the instructor:	▸ Set up an open-text question: 'What makes for effective feedback?' (Or post this question in an online forum). Ask participants to be as specific as possible – i.e. Note also that feedback is not general comments like 'good job'. Encourage participants to read and respond to the responses of their peers. ▸ Next, provide participants with the Ask-Tell-Ask method as a review. Ask them to post a short example of where they have had difficulty giving feedback to a learner (with enough context that others might understand the issue sufficiently); and how the Ask-Tell-Ask method might have overcome the hurdle. ▸ One week later, ask participants to pick one peer's online example. Participants should review the post, ask any questions to clarify context/issues, and then provide constructive comments to help their peer overcome their hurdle with giving feedback. ▸ You should moderate posts and also provide insights to help participants.

	▸ Closing the session: Call to action. Ask each participant to name one thing they will apply in their clinical teaching practice.
Guidelines for the participant:	▸ You will be asked to join an online forum or webinar – before joining, reflect on how you have given feedback to learners in the past, and particularly what hurdles you have experienced in doing so. ▸ You will be asked to post one short example of where you have had difficulty giving feedback to a learner. ▸ One week later, you will be asked to provide constructive comments to a peer, regarding the difficult scenario which they posted online.
Activity resources:	N/A

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.

Technical matters
technical@epigeum.com

Editorial matters
editorial@epigeum.com

Implementation matters
implementation@epigeum.com

Epigeum Ltd.
Transforming higher education
through exceptional online learning

www.epigeum.com

1 Kensington Cloisters
5 Kensington Church Street
London W8 4LD
United Kingdom

Tel: +44 (0) 20 3440 2220