Maximise Ward-based Learning

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The balance between safe service delivery and ongoing postgraduate medical education is delicate. Teaching and learning in the presence of patients adds another layer of tension, which has to be managed. Learning and teaching on the ward remains a powerful context as it provides an authentic experience of the complexity of patient care and professional practice. Ward-based teaching and learning has been a cornerstone of medical education through the ages and is highly valued by teachers and learners alike. However, it is rarely used to its full potential. This guide will identify some of the unique opportunities ward-based learning provides and the obstacles that have to be overcome in order for it to be a useful learning experience. It will also provide some strategies for maximising learning in the ward environment.

Potential learning opportunities on the ward

The ward-based environment provides some unique learning opportunities that are underpinned by the idea that skills are best learned by 'doing'. Students can develop skills associated with clinical history taking and examination:

◗ Decision making skills including clinical reasoning
◗ Clinical management
◗ Use of appropriate investigations
◗ Safe prescribing
◗ Risk management
◗ Record keeping

Ward-based learning is also particularly useful for developing interpersonal and leadership skills and provides an excellent platform for gaining teaching experiences:

◗ Teamwork
◗ Communication skills
◗ Professionalism
◗ Role modelling
◗ Time management and prioritisation

Potential obstacles or barriers to ward-based learning

There are a number of potential barriers when considering teaching and learning within the ward environment. Many can be overcome with due attention to the learning environment, targeting the general culture within the workplace and supporting the individual learners with the appropriate level of supervision. However, there remain to be some obstacles that require thought and consideration to attempt to overcome:

Time – this genuine constraint needs prior thought. Consider how much time will be required, allowing for expected interruptions, and discuss with the team. Ask yourself whether you could use an alternative strategy to involve more team members and see the patients in a more timely fashion.

Administrative tasks – record keeping, medication charts and discharge summaries are frequently considered lowly and dismissed in the clinical learning environment. However, these contain a wealth of information and, when used appropriately, reinforce the importance of clear documentation and provide learners with a realistic, authentic understanding of a clinician's role and responsibilities.

Patient factors – unsuitable clinical problems, patient refusal and communication barriers could hinder teaching and learning. Again, ask yourself whether you could change your approach to make these situations into an unexpected learning opportunity.

Untimely emergencies – these can frequently impinge on teaching and learning in the ward environment, but with clearer understanding of roles, delegation of tasks, sharing of uncertainty and debrief, the event can be transformed into a positive educational experience.

Strategies for maximising learning in the ward environment

Consider the learning environment

It is widely recognised that in order for a learner to maximise the potential opportunities in on-the-job learning there must be certain aspects in the culture and context that support them. The National Association of Clinical Teachers (NACT) faculty guide for the Workplace Learning Environment in Postgraduate Medical Education states that "the culture within the workplace environment is key to the safe and successful learning of all learners" (page 2). A good learning environment depends on four domains within which the faculty has roles:

1. Learning culture in the workplace – being open, sharing values and understanding and involving the whole team.
2. Supporting the individual learner with appropriate clinical and educational supervision.
3. Having a department faculty group who are consistent, have an interest in medical education and attend the appropriate CPD.
4. Provide Safe Service – allowing the trainee to take responsibility whilst teaching and role-modelling efficiencies.

Be innovative in your approach to teaching

Below is a list of some practical tips aimed at enhancing the learning experience of students during the ward-round.

Upside-down ward round – this trainee-centred approach allows a more junior team member to lead the round under the supervision of a more experienced colleague.

Roundabout round – by assigning each team member a role, which rotates at each patient, this collaborative approach encourages appreciation of roles and responsibilities, encourages teamwork and disables the frequently problematic hierarchy.

Domino – this dual pronged approach allows for a more efficient yet autonomous teaching round to occur. By splitting the team in two, simultaneous rounds can go ahead following a prior trolley/board round and return to discuss any common learning needs.

Stratified learning – being aware of individual learner needs and using appropriate questions directed at each learner group you can engage all team members at their educational level.

Preparation

The learning experience of students will be influenced by the extent to which you prepare and plan your teaching. In order to make the most of this learning environment it is best to be well prepared and maintain a flexible and innovative approach to teaching:

◗ Know your patients and prime for teaching

◗ Have a structure and expected time frame but have a contingency plan for the unexpected interruption i.e. be flexible

◗ Take time to find out about your learners and be aware of their curriculum to make learning relevant

◗ Consider providing learners with suggested topics or recommended reading prior to the ward round to facilitate a useful educational experience

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References and Further Reading

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