

Faculty Development – Assessing educational needs

The role of the clinical teacher

The role of a clinical teacher is complex: complex in terms of combining teaching activities with clinical commitments and complex in terms of contextualising the activities within different programmes, professional requirements and individual learners's needs.

Harden and Crosby (2000) defined 12 different teacher roles, summarised in the table below.

Roles that require more expertise and understanding about education principles	Roles that require more content expertise or knowledge
<p><i>Examiner</i></p> <ul style="list-style-type: none"> • planning or participating in formal examinations of students • curriculum evaluator 	<p><i>Information provider</i></p> <ul style="list-style-type: none"> • lecturer in classroom setting • teacher in practical or clinical setting
<p><i>Planner</i></p> <ul style="list-style-type: none"> • curriculum planner • course organiser 	<p><i>Role model</i></p> <ul style="list-style-type: none"> • on-the-job role model • role model in the teaching setting
<p><i>Resource developer</i></p> <ul style="list-style-type: none"> • production of a study guide • developing resource materials in the form of computer games, video or print 	<p><i>Facilitator</i></p> <ul style="list-style-type: none"> • mentor, personal advisor or tutor • learning facilitator

One of the main tasks of a clinical teacher is to support students or trainees in their professional development. This includes helping learners to acquire knowledge and clinical skills, and develop appropriate attitudes, i.e. working in the 'information provider', 'role model' and 'facilitator' roles above. It also includes helping students to become self-directed and lifelong learners. To do this effectively, clinical teachers need to use a range of teaching and facilitation skills and techniques, and locate these within a sound knowledge and understanding of the programmes of study in which their learners are engaged. This will help avoid what Grow (1991) calls 'the mismatch between student and teacher' and help the shift from a 'teacher-centred' to a more 'learner-centred' approach. If you are interested in learning more about the broader educational context and the roles of teachers, the

[Further reading](#) section includes suggestions of some useful publications.

The learning context

One way of thinking about the teacher's role in relation to students or trainees is to think in terms of the 'learning journey' upon which trainees or students are engaged. We mentioned the idea of planning in relation to a journey earlier in the module and it is a helpful metaphor around which to consider some of the elements of assessing learning or educational needs.

Because learners are working towards a professional qualification in the course of their studies, clinical teachers have to understand what this programme comprises in terms of the defined learning outcomes, content and assessment. So in one sense, the learning needs of students or trainees are already pre-defined in terms of a curriculum, syllabus or programme of study. The curriculum will be written down and each teaching or learning event needs to be relevant to the overall programme. Familiarising yourself with the intended or expected learning outcomes is a vital first step in assessing learning needs and planning teaching/learning activities. We look in more detail at this in the sections on setting learning objectives.

Although each student or trainee on a defined programme (e.g. undergraduate medical course, Foundation programme or specialist training programme) will be following a broadly similar programme of study leading to a common assessment and professional qualification, their individual experiences, learning styles and expectations from the programme will vary. This means that their individual learning needs will also be different and if the teacher is to help each learner achieve the defined learning outcomes, attention needs to be paid not only to the learning programme, but also to the needs and abilities of individuals. So, teachers are involved in assessing learning needs in the classroom, at the bedside or in the consulting room, in both formal and informal ways. But clinical teachers are often also involved in supporting learners in their professional and personal development and in other guidance and supervision activities such as appraisal and career advice.

There are many opportunities for assessing learning needs and setting learning outcomes with learners on a day-to-day basis. Spencer's article 'Learning and teaching in the clinical environment' (2003) describes a range of aspects and activities concerned with helping clinical teachers to optimise teaching and learning opportunities that arise in daily practice, such as planning, using appropriate questioning techniques and teaching in different clinical contexts. Such techniques often involve discussing learners' performance or understanding, but the techniques are built into everyday practice.

In this module, we will look at two main aspects of assessing learning needs: in teaching situations and as part of continuing professional development (CPD) or personal and professional development.

What are we trying to achieve?

One of the main tasks of the clinical teacher in working with students or trainees is to support the learner in raising their awareness of their own strengths and areas for further development. One widely used model which summarises self-knowledge at any one time is the the Johari window (1955).

	Known to self	Unknown to self
Known to others	Open arena	Blind spot
Unknown to others	Hidden (faÃ§ade)	Unknown

The task of the clinical teacher through feedback, formative (developmental) assessment, and appraisal and support is to help the learner expand the ‘open’ arena (in which a person feels able to ‘be themselves’, is authentic and behaviours are routinised) so that they start to become aware of or feel able to reveal those aspects that fall in the other three areas:

- ‘blind spot’ – i.e. where others can see their deficiencies or gaps but the learner cannot. This is where formative assessment techniques and a trusting relationship can help the learner become aware of learning needs
- ‘hidden’ or ‘faÃ§ade’ – those aspects where the learner is aware of needs, gaps or deficiencies but others are not. This requires trust to be developed between the clinical teacher and the learner so that the learner feels able to admit weaknesses or deficiencies or reveal fears
- ‘unknown’ – this is where the teacher and learner work together to identify areas for development.

There are many opportunities for assessing learning needs and setting learning outcomes with learners on a day-to-day basis. Spencer’s article ‘Learning and teaching in the clinical environment’ (2003) describes a range of aspects and activities concerned with helping clinical teachers to optimise teaching and learning opportunities that arise in daily practice, such as planning, using appropriate questioning techniques and teaching in different clinical contexts. Such techniques often involve discussing learners’ performance or understanding, but the techniques are built into everyday practice.

Those assessing educational needs can help the learner to move through the stages in the ‘competency model’ of professional development (Proctor, 2001, Hill, 2007) as shown in the table below.

	Unconscious incompetence	Conscious incompetence	Conscious competence	Unconscious competence
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Learner	Low level of competence. Unaware of failings	Low level of competence. Aware of failings but not having full skills to correct them	Demonstrates competence but skills not fully internalised or integrated. Has to think about activities	Carries out tasks with little or no conscious thought. Skills internalised and routine. Little or no conscious awareness of detailed processes involved in activities
Clinical teacher: assessing learning or educational needs	Supportively helps learner to recognise weaknesses, identify areas for development and become aware of learning/development needs and thus conscious of 'incompetence';	Uses range of skills and techniques to assess learner's development in relation to defined expectations for the level and stage of learning. Helps learner to develop and refine self-assessment skills. Reassures and supports	Helps learner to develop and refine skills, reinforces good practice and competence through positive regular feedback and a focus on areas for development and refinement of skills, additional knowledge required and an integration of competences	Raises awareness of detail and unpacks processes for more advanced learning. Helps learner to identify any areas of weakness/bad habit that they may not be aware of

When to assess?

One of the goals of professional education is to facilitate the learner towards being independent and self-directed, so that they have the capability to learn throughout their professional lives. This does not happen automatically; teachers have a key role in helping to facilitate this and one way to embed it into the learning process is to involve learners in identifying their learning needs.

In the [How to give feedback](#) module, we look at how feedback given to the learner is a key part of the overall learning cycle. Working with learners to assess their own educational needs is also a key part of this cycle. Learners need to be made aware and be reminded of the overall learning outcomes of the programme, teaching session or clinical activity in which they are engaged. Identifying and assessing learning needs is part of the experiential learning process (Kolb, 1984). See [Learning theories](#) in [Explore around this topic](#);

Kolb suggests that learning happens in a circular fashion, that learning is experiential (learning by doing), and that ideas are formed and modified through experiences. These ideas underpin the idea of the [reflective practitioner](#); and the shift from [novice](#) to [expert](#), which occurs as part of professional development.

This cycle is similar to the [plan - do - reflect - review](#) cycle which is often used in appraisals.



We can see that the ideas underpinning both these models are that the learner and teacher work together to identify shared needs, plan learning or development activities to meet those needs, carry out activities and then reflect and review against the needs or identified learning outcomes. The process is cyclical, iterative and learner-centred.

In practical terms, the teacher will identify when to assess the learning needs of individuals or groups of learners. Certainly, this should be at the start of a programme, meeting or teaching session, but time should also be built in during the course of a programme or session to review progress, to ensure effective and appropriate learning is taking place, and at the end of a session or course of study to plan the next steps and link the learning to where the learner is going next.

Teaching and learning situations

Hill suggests that teachers need to start with an understanding of where the learner is in terms of their learning, the level they have reached, past experience, and understanding of learning needs and goals (2007).

As part of the overall planning process for a teaching session you will have defined the aims of the session, the learning outcomes or objectives and possibly an assessment (see the 'Setting educational objectives' module for more detail on these aspects).

At the start of the session these should be explained to the students or trainees to set the context for the learning. As discussed earlier, one of the responsibilities of the teacher is to help align the stated, formal learning outcomes with the individual learner's educational needs. So how can we do this in busy clinical sessions when we might be involved in teaching many different groups of students or trainees?

Assessing learning needs can be done relatively informally at the start of a teaching session simply by asking the learners what they would like to or what they expect to get out of the teaching session. Making this a routine part of any teaching session helps to avoid those situations where the teacher is gamely plodding on regardless, even though the learners are clearly disengaged with the process.

The first step is to establish a good rapport with learners so that you can work together towards what should be a shared objective. If you have planned your teaching session thoughtfully and learners are aware of the curriculum, the learners' needs and your plans for the teaching should be well aligned and there will be no need for more than minor adjustments. Sometimes, although the learners' needs are somewhat different or additional to the stated learning outcomes, it is important to teach the session according to the overall curriculum or timetable. Explain this to the learners, acknowledge their needs and find ways to meet their needs outside the current teaching session. This may involve recommending reading, setting extra teaching sessions, setting up learning sets or speaking with course co-ordinators.

On the occasions you are asked to teach a session without much background or with a fuzzy remit, you may find that there is very little alignment between what you plan to teach and the learners' needs. Again, discussing this and making a sensible plan to meet needs is the best strategy.

During and towards the end of the teaching session we need to keep in sight how far the learners have travelled towards the learning goals, where they may have gone off track and what further learning or practice may be required. Teachers need to keep an eye on the tasks they want learners to achieve as well as the process of learning, as both elements are required to ensure that learning needs are met. If we go back to the learning journey model, the journey (process) will be very different if you are flying, travelling by car or by boat; if you travel alone or in a

group; if you are all setting off from the same place; or if you are being led by a guide who is very familiar with where you want to go and has a good route map to hand.

Who assesses?

In the previous section we looked specifically at assessing learning needs in teaching situations and suggested that ideally this should be a shared endeavour by students or trainees and the teacher. Assessment of learning needs is a key step in the formative assessment processes that ideally are included within a learning programme.

As Wood notes: 'formative assessment can play a major role in the acquisition of lifelong learning skills by helping students to self-regulate their learning activities...; formative assessment is a two-way process between learner and teacher, placing the student at the centre of the activity' (2007, p. 4).

Assessment (both formative and summative) is often teacher-led. However, there are other groups, individuals and activities that contribute to how students' or trainees' learning needs are assessed, both in teaching situations and in the course of professional development planning.

Self-assessment by the learners themselves

One of the overall goals of medical education and training is to develop learners' capabilities to carry out critical self-reflection of their own performance. This helps them become more effective self-directed and independent professionals. Teachers play a key role in helping learners develop these skills by providing opportunities for self-assessment of their clinical competence, knowledge, understanding and attitudes, and by pointing out where there is a mismatch between self-perception and observed behaviours. So building in simple questions such as 'how do you think that went...?' opens up opportunities for the learner to routinely reflect on and review their performance.

Assessment by teachers

Wood (2007) suggests that 'assessment is usually seen as the province of teachers' (p. 4). This includes assessment of educational needs. The advantages of teacher assessment of needs is that highly competent teachers have experience of the programme, and 'can evaluate work (or performance) against a reference framework that reflects the pre-set learning objectives and the level expected of students or trainees at a particular stage in a course...; (teachers can then) make a judgement on the work and provide...; feedback...; on that judgement' (p. 4).

Highly competent teachers (Wood, 2007, citing Sadler, 1998) are knowledgeable and have a positive attitude towards their teaching practice. They are able to empathise with learners, are reflective about their own and others' skills and want to see learners improve and develop. However, there is often variability between different

teachers' skills, experience and expertise, and not all teachers have the same level of interest in and empathy towards learners.

Assessment linked to the course/programme/professional or regulatory body

These are the formal means (examinations, clinical assessments, etc.) by which the learner is assessed at regular points against defined criteria. Passing allows them to progress to the next stage. Well-designed assessments provide opportunity for feedback to the learner, which helps them identify where their learning has been effective and also where they have a particular area for improvement, further study or weakness. Teachers responsible for learners can use assessment results as one of the means to measure learners' progress and identify and agree learning needs.

Thinking point

- Can you think of any other individuals who may be involved or other means by which educational needs might be assessed? And what the advantages and disadvantages might be?

If you are registered on the site, you can write your answers in the 'reflections area'. Click on the 'my area' link at the top of the page to access your personal pages. Please note you must be logged in to do this.

Tools for assessing educational needs

We have considered some of the approaches to assessing learning needs in earlier sections and the links with the way in which students and trainees learn through experiential means (e.g. Kolb, 1984), as well as through a variety of teaching and learning methods. Learners also have different learning styles and strategies (Honey and Mumford, 1982; Felder and Silverman, 2002), which means they react and respond to different situations or teaching methods in individual ways.

This section summarises some of the most commonly used tools to assess learning or educational needs (Garcarz et al., 2003). Many of the tools described were developed in different contexts; however, they can all be used and adapted to fit a range of situations involving students, trainees or qualified doctors.

In the clinical environment, the generic tools and techniques described above are supplemented and focused towards developing clinical competence and confidence in a range of contexts. A number of formative (developmental) workplace-based assessment tools can be used to help identify and clarify learning needs. Here is a list of some of the most widely used:

- confidence and competence rating scales
- case analysis
- clinical audit
- peer observation of practice
- professional conversation
- feedback from patients, staff and other health professionals (e.g. 360° appraisals)
- consultation analysis
- joint consultations, clinics or surgeries
- log books, diaries and journals
- personal development plans
- portfolios
- significant incident/event analysis.

Many of these methods may also be used in summative assessment and, of course, any summative assessment can be used as a means of assessing learning needs. In practice, the distinction between formative and summative assessment is blurred; what is important is that the purpose and intended future use of any assessment tool is clear to both learner and assessor from the outset.

The 'Workplace-based assessment' module describes a number of specific structured tools for defining learning needs. In this module we shall take just two examples from the list above and consider them in more depth, namely [professional conversations](#) and [significant event analysis](#).

Professional conversations

“Even for established professionals, groups learn together through an often asymmetric co-participation in practice. Clinical practice is littered with tales told in conversations about difficulties and disasters; which can lead to reconsideration of practice, reflection and adaptive learning by the wider audience” (Pitts, 2007, p. 14)

Increasingly, the professional conversation is being formalised in medical education and used as a stimulus and process for ongoing professional development. It aligns with reflective practice, enabling both “reflection in action” and “reflection on action”.

Launer (2002) identified the “7 Cs” of narrative-based supervision in primary care as:

- conversation
- curiosity
- contexts
- complexity
- creativity
- caution
- care.

Fundamental to this model is the idea that by encouraging story-telling, narrative and conversation in a structured way, the teacher can work with the learner to help them identify significant elements, learning points and areas for further reflection or development. The idea of “developmental dialogue” is very common in educational activities such as peer review or observation, where experienced colleagues take the opportunity to engage in discussion around professional development. It is important, however, that care is taken to avoid the conversation turning into a chat between friends, a paternalistic debate or an opportunity for unfounded criticism. Defining outcomes, a structure, prompt questions and a time frame helps to set clear boundaries around the conversation.

One way of structuring a professional conversation is around a significant or critical incident.

Significant event or critical incident analysis

“The structured and deliberate review of significant events has been advocated as a useful way to encourage reflection” (Brookfield, 1990).

This method has been widely used in medical education and professional development as a way of helping learners to make sense and meaning of events that for one reason or another evoke an emotional response, cause them to take stock, expose a gap in understanding or capabilities, or cause them to think differently about something. The event need not cause anxiety or distress, it can be positive. It can be a useful tool for students or trainees to use with their teacher to identify learning needs, or to reflect more deeply about an issue or situation.

A common framework is as follows:

- ask the learners to think about something beforehand and be prepared to describe it to the teacher or a small group
- each learner describes their event in their own way without interruptions (what happened)
- the teacher asks them to identify their initial thoughts and feelings (how did you feel about it?)
- then move into an analysis or evaluation of the event (why do you think it happened this way or what do you think was going on?)
- conclusions and implications for learning and development (what do you take forward from this? what do you think you’ve learned from this?).

Because these events are often seen as negative by learners, the session must be handled with sensitivity and care.

Henderson et al. (2002, p. 124) identified 12 tips from their research into students’ and teachers’ perceptions of being involved in significant event analyses, these are paraphrased below.

1. Take time to introduce the process to learners. Make it relevant to everyday life by drawing on the learners’ past experiences.
2. Explain the use of significant event analysis and its importance as a lifelong learning tool.
3. Provide a framework for thinking about significant events and discuss possible emotional conflicts that may arise.
4. Explain the language and process used, as this may be unfamiliar to learners.
5. Acknowledge that feelings might be evoked and their recognition is part of the learning process.
6. Explain that there are no right or wrong answers.
7. Encourage ownership of the process.
8. Ensure that teachers are adequately briefed and trained.
9. Teachers need to foster a trusting and open relationship with learners.

10. Teachers who discuss their own significant events with learners provide a positive role model.
11. Ensure learners have the opportunity to discuss the events in a peer group.
12. Help learners to see the role of significant incident analysis in their ability to cope with difficult or demanding situations and their ongoing personal development.

Personal or professional development plans

The personal or professional development plan (PDP) is a formal means by which an individual (normally working with a teacher, mentor or supervisor) sets out the goals, strategies and outcomes of learning and training. Again this is in alignment with the professional programme of study and is often written to meet requirements from regulatory or statutory bodies around continuing professional development (CPD) and revalidation to retain a licence to practise, stay on a professional register and demonstrate professional standing.

The plan should clearly define time frames, activities and outcomes to meet the defined goals, and specify dates for review and meetings with teachers, supervisors or line managers. Plans will vary between individuals. Learning activities may include formal and informal training, reading, attending meetings, observing colleagues, practising clinical skills, refreshing or learning new study skills, or developing new skills to meet a career goal.

For a critical review of PDPs in relation to contemporary medical education and revalidation, see Jennings's (2007) article in the *Journal of Postgraduate Medicine*.

Portfolios

The requirements of NHS appraisal and, in future, revalidation, reflect a more general movement in most professions towards the use of portfolios which pull together ‘evidence’ and information from a range of sources to demonstrate continuing professional development. Evidence collected is commonly linked together by a reflective log, diary, reflective commentary or account of development over a specified time frame (annually, three years, five years, etc.) enabling the reader to ‘make sense’ of the portfolio in terms of the individual’s professional development and their specific context. Portfolios have now been introduced for Foundation and specialty training and will be one of the main ways through which individual practitioners at all levels will justify their continued inclusion on the general practice and specialist registers.

A portfolio or folder might include a development plan, appraisal records (including academic appraisals, 360° appraisals, multi-source feedback forms from patients, colleagues and others), research papers or other publications, conference papers, critical or significant incident analysis, attendance certificates from training events, clinical meetings, conferences, assessment results from training courses and other evidence requirements. There are formal links to the appraisal process and a requirement for a personal development plan, and the Royal Colleges are engaged in setting out specific requirements for different clinical specialties, including elaboration of what revalidation means for specialties, as well as formats for revalidation folders, some of which are electronic.

Increasingly, medical students are also required to maintain a learning portfolio; many of these are electronic and designed to a structured format. These will be clearly linked to enabling the student to achieve the stated learning outcomes of the programme, and in some medical schools they form part of the assessment process.

To sum up

Assessing the learning needs of students and trainees is an activity that clinical teachers carry out on a day-to-day basis, both formally and informally. The skills required to do this effectively are embedded in the core characteristics of highly competent clinical teachers listed below:

- empathy with students and trainees, ability to communicate educational goals, desire to help learners improve and develop, shows concern for integrity of own judgements
- uses varied assessment tools to develop different skills in learners
- understands curriculum, assessment criteria and standards, and has appropriate expectations of learners' performance based on learning outcomes and experience of achievement
- can identify learners' strengths and weaknesses in relation to outcomes and assessment criteria, can advise learners on a range of strategies and different ways to achieve goals (Wood, 2007, p. 6, drawing on Sadler, 1998).

Congratulations

You have now reached the end of the module. Provided you have entered something into your log you can now print your certificate. To generate your certificate please go to 'my area' and click on 'complete' in the course status column. Please note, you will not be able to print your certificate unless you have entered something in your 'reflections area'.

Please now take a moment to evaluate the course and enter your comments below.

Further Information

This module was written by Judy Mckimm, Visiting Professor of Healthcare Education and Leadership, Bedfordshire & Hertfordshire Postgraduate Medical School. The module relates to areas 1, 3, 4 and 5 of the Professional Development Framework for Supervisors in the London Deanery.

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Further reading

Professional development in medical education

Challis M (1999) Portfolio-based learning and assessment in medical education. *AMEE Medical Education Guide No 11 (revised)*. *Medical Teacher*. 21: 370–86.

Evans A, Ali S, Singleton C, Nolan P and Bahrami J (2002) The effectiveness of personal education plans in continuing professional development: an evaluation. *Medical Teacher*. 24: 79–84.

Launer J (2006) *Supervision, Mentoring and Coaching: one-to-one learning encounters in medical education*. Association for the Study of Medical Education, Edinburgh.

Newman P and Peile E (2002) Valuing learners' experience and supporting further growth: educational models to help experienced adult learners in medicine. *British Medical Journal*. 325: 200–2.

Snadden D and Thomas M (1998) The use of portfolio learning in medical education. *Medical Teacher*. 20: 192–9.

Woodward H (1998) Reflective journals and portfolios: learning through assessment. *Assessment and Evaluation in Higher Education*. 23: 415–23.

General resources on learning needs, appraisal and professional development

Hesketh EA and Laidlaw JM (2004) Developing the teaching instinct: appraisal. *Medical Teacher*. 26: 106–9.

The Scottish NHS Virtual Learning Centre has a number of general resources about identifying learning needs and planning training and development; www.learningcentre.scot.nhs.uk/

The CIPD (Chartered Institute of Personnel Management) website contains a wide range of resources and fact sheets about personal and professional development, including: Identifying learning and training needs; Training; Learning and development; and Performance management and appraisal; www.cipd.co.uk/subjects

The Learning Needs Analysis toolkit developed by the Continuing Professional Development ad Begbroke Science Park at the University of Oxford; <http://tall.conted.ox.ac.uk/lnat/>

Course Glossary

Aim

An aim in educational terms, is a brief statement of intent, indicating the scope and range of intended learning outcomes that the educational episode has been structured to address.

Appraisal

A positive and ongoing process to provide feedback on performance, review progress and plan action. The appraisal interview or discussion is a key part of the process where strengths and areas for improvement are summarized and agreed and a formal development plan is made.

Assessment

Assessment is the term used to indicate an appraisal of students' performance. Typical formal assessments in medicine include written examinations, Multiple choice questionnaires (MCQ), observations of clinical or communication skills, Objective Structured Clinical Examinations (OSCEs) and Multi-Source Feedback (MSF). Assessments may be summative (where the marks gained contribute to a formal grade or award) or formative (where the focus is on providing feedback for ongoing development).

Career Advice

Providing an immediate response to the needs of clients who present an enquiry or reveal a need that requires more than a straightforward information response. It is usually limited to helping with the interpretation of information and with meeting needs already clearly understood by the client and may include signposting to a guidance interview where a more in-depth response can be provided.

Class

Class refers to hierarchical differences between individuals or groups in societies or cultures . Factors that determine class may vary widely from one society to another. However, economic disadvantage and barriers to access services are major issues within class discrimination.

Competences

Competences are similar to objectives and outcomes in that they provide a means of specifying and detailing practical skills in relation to the ultimate intended performance that the competences underpin (Grant, 2007, p 21). The use of competences has been widespread in practical vocational subjects such as healthcare, management and engineering. Competence based curricula can be used as a basis for learning and teaching, for assessment and to help ensure professional accountability. Programmes for professions such as medicine usually include specific practical competences and the integration of more complex skills, knowledge and behaviours.

Curriculum

A detailed schedule of the teaching and learning opportunities that will be provided (GMC, 2004)

Curriculum

The GMC, 2004 described the curriculum as a detailed schedule of the teaching and learning opportunities that will be provided. A

curriculum is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organization, processes and methods of teaching, learning, assessment, supervision, and feedback.

Learning Outcomes

Learning outcomes are similar to learning objectives in that they specify the intended outcomes of the programme of study. These should be stated in clear and specific terms and should be developed along with a specification of the learning experiences that will allow the outcomes to be achieved.

Learning objectives

Grant describes learning objectives as "the specific knowledge, skills and attitudes that the student will display at the end of (a) course" (p20, 2007). The earliest (and very pervasive) objectives models of education were linked to behaviourist theories and 'transmission' models of learning, emphasizing measurable, observable behavioural achievements that can be clearly and rigorously assessed. Later models considered problem solving or expressive outcomes as being more flexible than behavioral objectives.

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Lifelong learning

Lifelong education is a form of learning that often takes place through distance learning, e-learning or continuing education. It also includes postgraduate programmes for those who want to improve their qualification, bring their skills up to date or retrain for a new line of work. The concept of lifelong learning is underpinned by the idea that scientific and technological change means that learning has to continue throughout life if people are to keep their knowledge current. It is also an approach to learning that emphasises that learning is something that continues throughout life, in many domains and is not simply related to work. (adapted from Wikipedia, http://en.wikipedia.org/wiki/Lifelong_learning)

Supervision

Usually a formal one-to-one relationship, focussed around professional conversations to help the supervisee develop reflective professional practice, learning and skills with the aim of improving patient care.

Learning Activities

Select one or more of the activities below to develop your skills in assessing educational and learning needs and setting educational objectives.

If you are registered on the site, you can write up your reflections in the 'reflections area'. Click on the 'my area' link at the top of the page to access your personal pages. Please note you must be logged in to do this.

1. Significant incident analysis

Either:

Select one or two occasions when you are formally required to work with a student or trainee to help them identify their learning or educational needs. Examples might be appraisal, review with a medical student at the end of a clinical placement, a learner failing a written or clinical assessment or a Foundation Programme assessment.

With the learner:

1. Ask them to choose a significant event that has made them think 'this is what being a doctor is all about', has caused distress or anxiety, has reinforced their sense of being an 'good' or 'effective' clinician, or has evoked another type of emotional response. Be prepared to deal with any anxiety or distress as they recall and recount the incident.

2. Guided reflection: ask the learner to reflect on the chosen significant event and note:

- their initial thought and feelings
- what they think was happening (evaluation and/or analysis)
- what they think are the immediate implications for their learning/development.

3. Next steps: with the learner:

- identify specific learning/development needs
- consider how these map on to broader programme or professional outcomes
- identify and list learning opportunities and activities that might help the learner to ensure their development needs are addressed.

List some of the advantages and difficulties you encountered.

Or:

You might wish to use the Significant Incident Analysis as a development tool for you to reflect on your teaching. Use the steps above and apply these to a teaching situation (it need not be a recent event), clearly identifying your learning or development needs and the activities you

will set in place to ensure these are addressed.

2. Assessing educational/learning needs

While working with students or trainees you will have many opportunities, both formal and informal, when it is important to assess the learners' educational needs.

Use the 'plan – do – reflect – review cycle' to identify changes that you will make to your teaching practice.

1. Using some of the background learning and techniques covered in this module, plan how you will build in opportunities in day-to-day clinical teaching for assessing learners' needs.
2. Build these opportunities into two or three teaching sessions or set up an opportunity to observe another clinical teacher.
3. Reflect on how this worked in practice. Did it help to make the learning more effective? Did it make your teaching more difficult? What were the key practical effects on the teaching?
4. Review your teaching practice and plan how you will change your teaching to incorporate the learning from this activity.