

6. Teaching Skills & Procedures

Teaching Skills: Effective Practice

- Assure learners know what capabilities they need to practice
- Model & demonstrate the capabilities learners need to practice
- Arrange practice in steps. Number them if possible to aid memory
- Encourage peer practice with discussion
- Allow for an initial awkwardness, “functionally grotesque”.

FIVE STEP APPROACH

Step 1

An expert provides a complete demonstration of the skill at normal speed while talking to the patient. Little or no explanation is given. This step gives the learner an idea of how long the skill or procedure normally takes, it role models patient interaction & it provides a holistic example. This step could also involve students watching a video or an animated simulation. See <http://www.webmedtechnology.com/physician/video.html> or <http://note3.blogspot.com/> for examples of procedural videos.

Step 2

Pre-planning: Remember that you do the skill automatically & may have forgotten how you learned the skill. It's important for the instructor to break down the number of steps required to complete ahead of time. If there are more than seven steps, break the process of learning into stages, where students complete one stage at minimal competence before moving onto the next. A written checklist will improve retention of complex steps. See <http://meded.ucsd.edu/clinicalmed/introduction.htm> for examples of procedural guides & BMJ Learning module on evidence based learning.

The instructor provides demonstration of the skill with full explanation, encouraging the learner to ask questions. Counting out the number of steps as you do them is very important; don't assume that if you say there are six steps that the students know what those six steps are. If a patient isn't available, you may choose to do this step on a simulation dummy.

Step 3

The demonstrator performs the skill for a third time with the learner providing the explanation of each step & being questioned on key issues. The demonstrator provides necessary corrections. This step may need to be repeated until the demonstrator is satisfied that the learner fully understands the skill. This step is a very important safety check before the learner works with a patient.

Step 4

The learner now carries out the skill under close supervision describing each step before it is taken. You may need to guide the student's hands to help them transfer the knowledge from their brains into their hands (adapted from Peyton 1998, 174-77). The more guided practice the learner has, the more proficient they will be. See one, do one may not be a useful adage when trying to develop proficiency.

Step 5

The learner practices under loose supervision until they have reached an appropriate level of skill to perform independently.

For some short video examples, please visit:

<https://usask.cloud.panopto.eu/Panopto/Pages/Sessions/List.aspx?folderID=031247e9-cf73-461d-9738-a88d013ba0ba>