# How To…Teach Medical Students on the Ward

It’s barely been five minutes since you were one and now you’re expected to teach medical students. Contrary to popular belief teaching does not equal standing in front of a screen reading to a group of students from your PowerPoint slides. As you’ll know from experience, some of **the best learning experiences come from being in the clinical environment.**

You’re not that far removed from being a student, so you’ve probably got a fair idea of what makes for good and bad workplace teaching, but here are some tips to help you and the students to make the most of it.

**Step 1: Get them involved**

Remember how shy and awkward you were on your first day on a new ward? The idea of marching up to the nurse in charge or consultant and saying the words “Hi, I’m one of the medical students” can be pretty intimidating. Helping to break the ice **by introducing the students and suggesting tasks for them** can be really effective. Consider:

* inviting them to join the ward round
* Clerking a patient
* Writing in the notes
* Holding and updating the jobs lists
* Reading out or documenting the obs for each patient
* Taking a collateral history

**Step 2: Ask them what they want to do**

They’re adult learners so they should have an idea of what would be beneficial for them. They should also be familiar with the rotation learning outcomes, so base your teaching around those where possible.

Spend time with the students and **come up with a plan together**. Think about:

* What are their learning outcomes?
* What do they know already?
* What do they want to get out of their ward teaching today?

This will help you all make the most of the learning experiences. It’ll help the students to feel valued as they’ve been involved in planning their own teaching, and it’ll be easier for you to observe or assess them if you’ve got an idea of the level they’re at and what they should be able to do.

**Step 3: Purposeful observation**

Sometimes you’ll be rushed off your feet, it’s just inevitable, and on those days teaching the medical students can easily fall to the bottom of your priority list. But don’t leave them stood in the corner like a broken obs trolley.

If you haven’t got time to do “proper” planned teaching, ask them to **observe you while you’re seeing patients**. This can be really useful when done well, just remember to **give them something specific to look out for**; standing there observing nothing in particular will lead them to losing interest fairly quickly. This is a useful tip if students are tagging along on a ward round too.

e.g. “The next patient we’re going to see has severe COPD. While I’m talking to them, see what end-of-bed signs of respiratory disease you can identify” or “Listen to the types of questions I ask when I’m discussing alcohol history”. No matter how small it might seem, make sure there’s a learning point from each patient and spend time discussing them afterwards.

**Step 4: Don’t abuse them**

It sounds obvious, but they’re not there to be your jobs monkey when you’re busy. Often they’ll be keen to help out, and absolutely get them involved in the day-to-day of ward life, but sending your final year students off to do all your bloods for you is a bit exploitative. If you need help getting a couple of jobs done so you can then spend time teaching then fine, let them know that’s the case. “If you could help by doing those two bloods while I finish a discharge letter and TTO, then we can go and see Mr Smith together and you can review him” is a much fairer deal!

**Step 5: Expect the Unexpected**

**The wards are unpredictable places**. One minute you can be twiddling your thumbs because it’s so quiet, and the next minute all hell has broken loose. It’s unavoidable that medical students will experience this too. The patient who had consented to bedside teaching has become unwell/gone for a CT/has relatives visiting, or there’s been a sudden influx of admissions and you’re too swamped to do the teaching you’d planned. There are so many variables that it’s not possible to consider all of them, so don’t feel bad when your ward based teaching doesn’t go to plan. If you have a Plan B then brilliant, but sometimes you really just have to do things on the fly.

**Step 6: Debrief**

This follows on from expecting the unexpected. Unplanned learning events happen all the time and the most important thing to remember about them is that **if something significant happens or something goes wrong, debrief the students afterwards.** I cannot stress enough how important this is. It’ll help the students (and probably you) process what happened, make sense of it, reflect on it and learning something from it for the future.

Say a patient crashes on the ward when the student is with you. You’ve done ILS/ALS and you’ve been to a few crash calls before. The medical student hasn’t. Taking the time to chat to them afterwards will make a huge difference to their learning and wellbeing, rather than just sending them off on their way after they’ve just witnessed the chaos of an arrest scenario.

**Step 7: Read this article – Teaching When Time Is Limited by Irby & Wilkerson**

I’d like to say you can get all the tips you need from us, but even Medisense has to defer to the experts and this article is well worth a read. It’s a really **concise summary of tips and teaching strategies** to use when you’re pushed for time. They might work for you, they might not, or you might even find you’d been using them already without realising it. So give it a read. It’s less than three pages so you’ve got no excuse.