

10 tips for in-hospital education

Surgeons and nurses are increasingly faced with the obligation to organize and run regular in-hospital education sessions for their staff. Having recognized the value and opportunities offered by such programs, the AO Education Institute shares some tips to help save time and energy while ensuring top quality, high impact training.



1. Plan your program.

Have a sound plan for your program, based on performance gaps that you have identified and that are relevant to your clinic's requirements. Consider your target audience, assess your learners, and develop appropriate learning objectives for what you'd like them to transfer into practice.



2. Plan specifically for your hospital.

Check for internal guidelines, checklists, or protocols that affect your content. Including local requirements in your educational event may motivate learners by putting theoretical or top-down rules and protocols into context. Extend the scope and think outside the box to shape the education you offer according to changing needs or based on observed gaps in clinical performance, e.g. infection rates, soft-tissue management, or emerging technologies such as intraoperative anatomy or 3D imaging.



3. Locate the available AO resources.

For AO Trauma topics, options exist to support you in implementing point-of-care education sessions. Make use of a range of assessments, pre-readings, interactive materials, clinical cases for small group discussions, lectures, practical exercise recommendations, organizational checklists, and certificates of attendance.

AO In-Hospital is aimed at AO Trauma faculty who need to plan and implement clinical trainings for junior orthopedic trauma surgeons and residents. The library of modules can be easily accessed via an [online dashboard](#).

The AO Trauma Clinical Training Modules (CTMs) support operating room personnel (ORP) with local continuing nursing education with interactive sessions that promote reflection, discussion, and hands-on demonstration. More information can be found [here](#).



4. Include all stakeholders.

In planning your in-hospital training, you have an idea who to include, but are they willing to join? Do you need to check with their supervisors? Can your hospital administration help you with locating a suitable room, information technology (IT) support, or clinical equipment? You may need to consult an ethics committee when involving patients in your training. The in-hospital setting gives you a unique opportunity to provide authentic learning but be aware that it requires careful and thorough planning and involving and getting the right people on your side.



5. Allow protected time.

It's essential to actively carve out time and space for both teaching and learning in the clinical schedule. Learners need to have a protected time allowance and the teaching staff should be given additional time to prepare and get familiar with the materials, develop their skills, plan teaching sessions, and evaluate their impact. Forward planning and resource input are both essential for genuine availability of protected time. It is also important to specifically allocate time for feedback.



6. Establish a safe learning environment.

Be aware of and communicate a safe and respectful learning environment. The concept of "supervision" may not in itself be conducive to learning for the incoming generation requiring active guidance and high-quality feedback. Teachers need to be open to the power of—and always on the lookout for—unanticipated teachable moments that, together with context, will allow learners to make their own meaningful connections. Promote self-directed learning by facilitating learning initiated by learners' own goals, interests, and pace—always stressing the importance of validating sources and discussing any uncertainties.



7. Build a strong faculty team.

Being an expert clinician is no guarantee of good teaching ability. When selecting your co-faculty, look for a track record as faculty, AO faculty development experience, interpersonal skills, effective role models, and rapport with trainees. Consider giving more advanced residents a role in teaching and/or make good use of interdisciplinary colleagues to emphasize the importance of pathways and teamwork. Don't forget to plan a faculty pre-course session to align on the teaching and make sure all faculty are prepared and on the same page.



8. Focus on engagement.

Based on your defined learning objectives and all that you know about your learners, build an engaging event. What will particularly motivate your participants? Think about the sequence and flow of the activities. Make a special effort to ensure that the instruction has maximum interactivity, promotes reflection, and allows sufficient space for feedback.



9. Create authentic learning experiences.

Learners should see how the new knowledge or skills relate to their everyday work; make use of personal learning stories to make this link. The in-hospital learning setting also lends itself particularly well to training interdisciplinary teams. Involving consenting patients where appropriate (e.g. grand rounds, bedside, or in/outpatient teaching) offers rich learning opportunities. At the very least, you can integrate real patient journeys known to your learners into highly authentic discussion cases.



10. Assess and follow up.

Pre-event assessments are foremost a learning tool; they also give insight into motivation levels and prior knowledge. The in-hospital setting lends itself to continually evaluating learning and needs with formative assessments based on real-life situations, so making time for private feedback conversations with learners is key.

Post-event self-assessments are a form of reflection for learners and provide an indication of what was learned. Conclude your event with a commitment to change, where learners define individual or team-related practice changes as a result of the training and define realistic timelines for them. Follow up, addressing any barriers or challenges to implementation. Lastly, evaluate your event by analyzing available data and debriefing with co-faculty on what to do differently next time you run something similar.

References

- Ramani, S. & Leinster, S.** (2008) AMEE Guide No. 34: Teaching in the clinical environment. *Medical Teacher*, no. 30, pp. 347–364.
- Kilminster, S. et al.** (2007) AMEE Guide No. 27: Effective educational and clinical supervision. *Medical Teacher*, no. 29, pp. 2–19
- McKimm, J.** (2010) Involving patients in clinical education. *British Journal of Hospital Medicine*, vol. 71, no. 9, pp. 524–527
- Sheehan, D. et al.** (2005) Interns' Participation and Learning in Clinical Environments in a New Zealand Hospital. *Academic Medicine*, vol. 80, no. 3, pp. 302–30