

**Muhimbili University of Health and Allied Sciences**



**CLINICAL TEACHING GUIDELINES**

July 2021

## 1. GLOSSARY OF TERMS AND DEFINITIONS

<b>Apprenticeship</b>	Learning on the job, applicable to higher level learning like in residency and some junior level clinical learning.
<b>A Learner(s)</b>	This/these is/are student(s), both undergraduate and postgraduate, at any level, and any field who is/are partaking in clinical based learning that requires special skills related to provision of patient care.
<b>Clinician(s)</b>	This is(are) non university employees with expertise in a clinical field (medicine, nursing, pharmacy, laboratory etc) based in the designated MUHAS teaching hospitals, who offer daily patient care and are in regular contact with the learner(s).
<b>Designated teaching hospital</b>	This is/are hospital(s) which are used by MUHAS learners and faculty to practice and offer clinical teaching.
<b>Faculty</b>	This is a university employee, with expertise in a clinical field, offering clinical skills based training meant to offer skills based competencies.
<b>Skills laboratory</b>	Are specific practical skill training facilities offering the possibility of training clinical procedures in a safe and fault-forging environment prior to real life application at bedside or in the operating room i.e. bowel anastomosis, wet laboratories with live animals, knot tying etc.
<b>Simulation laboratory</b>	This is a facility where a simulated clinical environment, patients and/or situations can be offered to the learners to learn as an individual or within a team of providers.

## **2. PURPOSE**

This guideline enhances and enriches both Learners and faculty experience during clinical teaching at MUHAS. It guides both the faculty, clinicians, and Learners in ensuring that learning is well coordinated, monitored and achieved in relation to the expected learning outcomes.

## **3. SCOPE**

The guideline covers all activities where clinical learning is taking place, in the simulation/skills laboratories and in real patient care sites. The guideline shall be applicable to all MUHAS faculty, clinicians and learners undertaking clinical roles in all designated MUHAS teaching hospitals.

## **4. INTRODUCTION**

### **4.1 Background**

Clinical teaching at Muhimbili University of Health and Allied Health Sciences (MUHAS), unlike non clinical teaching, is multi-faceted in nature ranging from lectures based on clinical cases, case-based learning, bedside teaching, and simulation/skills training in laboratory to full participation in the daily clinical practice (apprenticeship) in the designated teaching hospitals for the university. Activities related to patient care are offered 24/7 for the whole year during which times clinical teaching opportunities avail. Hence clinical teachers, faculty and clinicians, are constantly involved with patient care services beyond the regular working hours. To be effective, clinical teachers should have authority in their field of specialization. This will enable them to get actively involved in the day to day patient care activities and to command influence on clinical decisions including teaching in their designated hospitals.

With increasing number of Learners, leading to widening of the gap of student to faculty ratio, current concepts and modalities of offering clinical teaching need to be incorporated into the MUHAS existing clinical teaching modalities. These would include use of skills lab and simulation-based training. Skills laboratories are specific practical skill training facilities which are firmly established as part of medical education offering the possibility of training clinical procedures in a safe and fault-forging environment prior to real life application at bedside or in the operating room. Whereas a simulation lab is designed to provide immersive learning experiences for healthcare practitioners and learner(s). A simulation center typically consists of realistic looking clinical rooms, manikins and equipment, allowing learners to practice and develop clinical expertise without any risk of patient harm.

For effective clinical teaching to occur, there are more requirements beyond the available curriculum. Because the curriculum is a joint document defining competencies in a series of related events under different departments, it is rarely referred to by many teachers. To ensure the MUHAS curricular is adequately implemented, a course syllabus needs to be prepared for each taught course in the university i.e. surgery, internal medicine, orthopedic and trauma, etc. A syllabus, extracted from the curriculum, is an exhaustive list of topics that must be covered. It also shows how the topics will be covered, how long the course will run and when assessments will be carried out. Additionally, a jointly developed skills training manual and their checklists detailing how a skill should be performed and assessed to during progress monitoring and mastery.. Both course syllabi and skills documents must be shared by clinical teachers and learner(s) alike.

Additional document that is essential for clinical teaching is a session plan. This must be prepared for all official sessions like lectures; seminars, case-based learning, and skills based training. This ensures refinement of topics to bring active participation during the planned activities and shows minute by minute how the allocated time should be spent to complete the task ahead. It also serves as a guide for the peer reviewers to use during assessment of teaching to be carried out at the end of an audit year.

Clinical teachers and the learning activities need to fit into the business processes and functional units of the hospital where the training is conducted. This will ensure smooth flow of patient care, workload ease on the hospital, efficient utilization of resources and unhindered learning. Learners must never be left alone unsupervised in a patient care environment. Such a fitting will allow integration of clinical teaching into daily activities and hence minimize or eliminate conflicts of roles with the hospital action plans or staff. The university must avail its faculty for complete integration into the hospital duties for role sharing.

This guideline will ensure that the MUHAS vision of being a university that is excelling in quality training of health professionals along with its mission of providing quality training are achieved. MUHAS will excel in production of quality health professionals and the provision of quality public services in the country and beyond. Secondly, the guidance provided here will ensure sustainability of the communally beneficial relationship that MUHAS currently enjoys with its affiliated hospitals. It will also encourage growth in the number of affiliated hospitals derived from the benefits that the hospitals shall derive from engaging with MUHAS. This will be achieved by provision of quality training and services offered in the designated teaching hospitals while ensuring the learner(s) expectations are met amicably.

## **5. IMPLEMENTATION**

### **5.1 Clinical placement selection and orientation**

Clinical teaching requires that learners are placed in a patient care facility corresponding to their level of training. Such placement must ensure that the learners' objectives can be met. Towards this end, quality of the clinical sites is an important factor to be considered when deciding a placement.

#### **5.1.1 Criteria for clinical placement sites selection:**

- i. Adequate number of patients as shall be determined from time to time.
- ii. Availability of adequate patient care infrastructure that matches the level of training. This should include the following but not limited to: in-patients

areas, outpatient clinics, operating rooms, delivery rooms, laboratory, pharmacy, and radiology.

- iii. Adequacy of clinicians with the needed expertise for the clinical skills acquisition by learners, to student ratio as determined by regulators.

### **5.1.2 Clinical placement orientation**

- i. The Learners shall be required to be well oriented to the business processes of the placement sites, what is expected from them, what they are allowed to do and cannot do, when and where to seek help and any existing patient care documents that are in place.
- ii. Learners shall be well informed of the clinical placement periods in writing including full rotation schedule.
- iii. Learners shall be oriented to the placement before reporting to the clinical stations at the beginning of each placement.
- iv. Learners shall be issued with a logbook and any other materials that will be necessary for recording and monitoring learning progress.
- v. Learners shall be directed where to find course syllabi and any other related documents that will inform them of the course objectives and expected learning outcomes.

## **5.2 Preparations for clinical teaching**

- 5.2.1** Learner(s) shall be exposed to clinical practice gradually, beginning practice in a simulated environment or skills acquisition before being involved with real patients.
- 5.2.2** Faculty and clinicians must understand and be sensitive to the demanding nature of the patient care environment, both in terms of patient's expectations and the workload.
- 5.2.3** Patients' smooth flow (including shorter times of service) need to be observed and respected.
- 5.2.4** Faculty and clinicians shall adopt current evidence in conducting major ward rounds, outpatient services and organized bedside teachings while carrying out clinical teaching.

- 5.2.5 Faculty and clinicians shall undergo regular training and orientation on clinical teaching methods that suits their needs.
- 5.2.6 A guided inclusion of residents into the clinical teaching during practice shall be promoted.
- 5.2.7 Clinical teaching shall strive to adhere to the hospital business process and ensure that every teaching opportunity that avails is maximally utilized.
- 5.2.8 Learner(s) to be assigned roles to cover patient duties including night calls/shifts.
- 5.2.9 Faculty shall strive to avoid or minimize out of clinical activities like lectures or assignments that come in between patient's service activities.

### **5.3 Course Syllabus**

- 5.3.1 Each department/unit having clinical teaching shall prepare course syllabi and distribute to all faculty and clinicians.
- 5.3.2 A syllabus is derived from the main curriculum and contains course objectives, learning outcomes, exhaustive list of topics, learning activities and assessment strategies.
- 5.3.3 It allows learners and faculty/clinicians to be on the same page in the learning process.
- 5.3.4 It is used as a guide for learner(s) preparation for the clinical activities and duties.
- 5.3.5 It is essential when judging if the assessment of the student was fair and per curricular.
- 5.3.6 It should be reviewed annually at the end of each academic year and a report of performance and revisions to be considered for further improvement.
- 5.3.7 Cumulative revisions at the end of the curricula cycle informs changes needed in the parent taught curriculum.

### **5.4 Session plan**

- 5.4.1 All lectures, skills-based training, case-based learning and non-continuous clinical placements shall have a session plan.
- 5.4.2 The session plan shall have the following components.

- i. Time schedule: This state what time the activity will take place and how long it will last.
- ii. Content: entails expected learning outcomes to be covered by the end of the session.
- iii. Trainer activities: What the trainer will do to facilitate the session.
- iv. Learner activities: What the learners will be doing during the session including buzzing, group activity etc.
- v. Assessment strategies: How learning taking place will be assessed or checking of understanding during the session.
- vi. Assessment criteria: How the session will be assessed in continuous or summative period.
- vii. Resources and other materials that are needed to complete the session.

**5.4.3** The following steps shall be followed to develop a session plan

- i. Step 1: Define Learning Objectives. Your first step is to specify what you want your trainees to learn, and determine how you will measure this.
- ii. Step 2: Clarify Key Topics and Related Concepts
- iii. Step 3: Organize Material needed to meet the objectives
- iv. Step 4: Plan Presentation Techniques

## **5.5 Clinical simulation and skills training**

**5.5.1** Learners shall undertake simulation or skills based training in a laboratory before patient's exposure as shall be deemed appropriate by the faculty from time to time.

**5.5.2** Each unit/department offering clinical teaching shall develop a standardized checklist of skills to be acquired during the simulation/skills laboratory placement.

**5.5.3** Learner(s) shall have unrestricted access to the standardized skills checklist for practice and mastery of the skills.

**5.5.4** The faculty/clinicians shall ensure that the same standardized checklist used during training is the same one used in the event of an Observed Skills

Clinical Examinations (OSCE) and/or Observed Skills Practical Examinations (OSPE).

**5.5.5** The university shall ensure a functioning skill or simulation laboratory at all times and that faculty/clinicians have regular training to run the facilities.

## **5.6 Clinical apprenticeship**

**5.6.1** Clinical learning shall be based on apprenticeship in a MUHAS designated teaching hospital(s).

**5.6.2** Foreign learners shall have legal documents allowing them to practice for postgraduate based learning.

**5.6.3** Faculty and clinicians shall ensure that learners are supervised at all the times during their clinical apprenticeship.

**5.6.4** Faculty and clinicians shall maintain the highest order of professional and ethical standards to be effective role models for the learner(s) to emulate.

**5.6.5** Faculty and clinicians shall arrange regular bedside sessions, case based learning, and multidisciplinary sessions to cement certain elements of learning acquisition.

**5.6.6** Learner(s) shall take an active role towards their learning by preparing for major patient care activities. This shall involve but not limited to the following as shall be determined from time to time:

- i. Preparation of summaries of all admitted patients for major ward rounds.
- ii. Preparation of preoperative summaries.
- iii. Preparation of patient management plans.
- iv. Review of all patients' medications and comment on the prescription.
- v. Involvement in daily minor procedures and major procedures in the functional units during placement.

## **6. MONITORING OF CLINICAL TEACHING**

### **6.1 Monitoring of teaching**

- 6.1.1** Each department shall have clinical teaching coordinator(s) to ensure that teaching is well coordinated.
- 6.1.2** The teaching coordination role can be either held by the faculty or the clinician or shared through assistance.
- 6.1.3** There shall be assessment of clinical teaching conducted by peers as per the MUHAS teaching assessment guidelines.
- 6.1.4** Faculty and clinicians shall maintain a signed register of learner(s) involved in the clinical learning activity.
- 6.1.5** Faculty and clinicians shall sign student logbooks of completed assignments in real time.
- 6.1.6** There shall be assessment of session plans for all organized clinical learning encounters like skills/simulation training, case-based learning, bedside teaching and procedures.
- 6.1.7** There shall be regular reviewing of individual teachers' assessments, planning and written feedback to learners.
- 6.1.8** There shall be learner(s) feedback on their learning on a fairly regular basis, especially mandatory for learner(s) with poor progress.

### **6.2 Monitoring of learning**

- 6.2.1** There shall be regular Course based monitoring tests or quiz offered at the end of session.
- 6.2.2** There shall be regular faculty or clinicians Observation and interaction with learner(s) to identify their progress.
- 6.2.3** There shall be frequent evaluations to identify snags towards achieving course outcomes and address them timely. These shall include:

- i. Log of cases and procedures duly signed to indicate learning progress and mastery.
- ii. Learners marked portfolios and skills checklists demonstrating mastery of skills.

**6.2.4** There shall be formative assessment to monitor student's learning processes to provide ongoing feedback that can be used by clinicians or faculty to improve their teaching and by Learners to improve their learning.

### **6.3 Clinical assessment and feedback**

**6.3.1** There shall be regular assessment of learning and signing off when a competency has been achieved.

**6.3.2** Formative and Summative assessment shall be conducted as stipulated in the parent curriculum.

**6.3.3** Structured feedback shall be provided to Learners not progressing well towards the course learning outcomes.

## **7. RESPONSIBILITIES**

### **7.1 Faculty/clinicians**

To ensure smooth coordination of learning, the faculty/clinicians shall:

**7.1.1** Maintain appropriate professional educator-student relationships and boundaries based on a reasonably prudent educator standard.

**7.1.2** Refrain from inappropriate communication with a student, including, but not limited to electronic communication such as cell phone, text messaging, email, instant messaging, blogging, or other social network communication.

**7.1.3** Ensure that the clinical environment is well prepared for the learner(s) to learn and meet their objectives.

## **7.2 Learner(s)**

To ensure smooth coordination of learning, the learner(s) shall:

- 7.2.1** Avail themselves at all times for clinical teaching
- 7.2.2** Take the leading role during clinical teaching
- 7.2.3** Maintain log of evidence of learning in place

## **7.3 The university**

To ensure smooth coordination of learning, MUHAS shall: -

- 7.3.1** Quantify the work done by Faculty by introducing time sheets to monitor the work load taken by Faculty engaged in clinical practice.
- 7.3.2** Ensure learner(s) to faculty ratios are manageable by employing adequate staff and recruiting and motivating clinicians.
- 7.3.3** Ensure faculty development sessions that address clinical teaching are available on a regular basis.

## **8. STATUS OF THE GUIDELINES**

These are new Guidelines.

## **9 KEY STAKEHOLDERS**

8.1. The stakeholders who were consulted during the development of these guidelines include:

- a. Heads of Departments
- b. Deans and Directors

8.2. The main stakeholders of these Guidelines are:

- a. All MUHAS academic staff
- b. Quality Assurance and Examination Officers
- c. Heads of Academic Departments

- d. Deans and Directors
- e. All MUHAS clinical students

## **10 APPROVAL DETAILS**

The MUHAS Guidelines for clinical teaching was approved by the MUHAS Senate on 13<sup>th</sup> July 2021.

## **11 RELATED GUIDELINES**

- a. MUHAS Prospectus
- b. MUHAS Guidelines for Quality Assurance
- c. MUHAS General Regulations and Guidelines for Postgraduate Programs

## **12 RELATED DOCUMENTS**

12.1 MUHAS Prospectus and MUHAS General Regulations and Guidelines for Postgraduate Programs

## **13 NEXT REVIEW DATE**

The MUHAS Guidelines for clinical teaching will be reviewed after every three years. The periodic review will ensure the guidelines are in line with national and international changes that might have taken place in academic, health, science and technology.

## **14 OWNER OF THE GUIDELINES**

The University Council shall own the MUHAS Guidelines for clinical teaching.

## **15 CONTACT PERSON**

The Contact Person for issues related to the MUHAS Guidelines for clinical teaching shall be:-

The Deputy Vice-Chancellor – Academic Research and Consultancy,  
Muhimbili University of Health and Allied Sciences,

P.O. Box 65001,  
9 United Nations Road, Upanga West, Dar es Salaam, TANZANIA.