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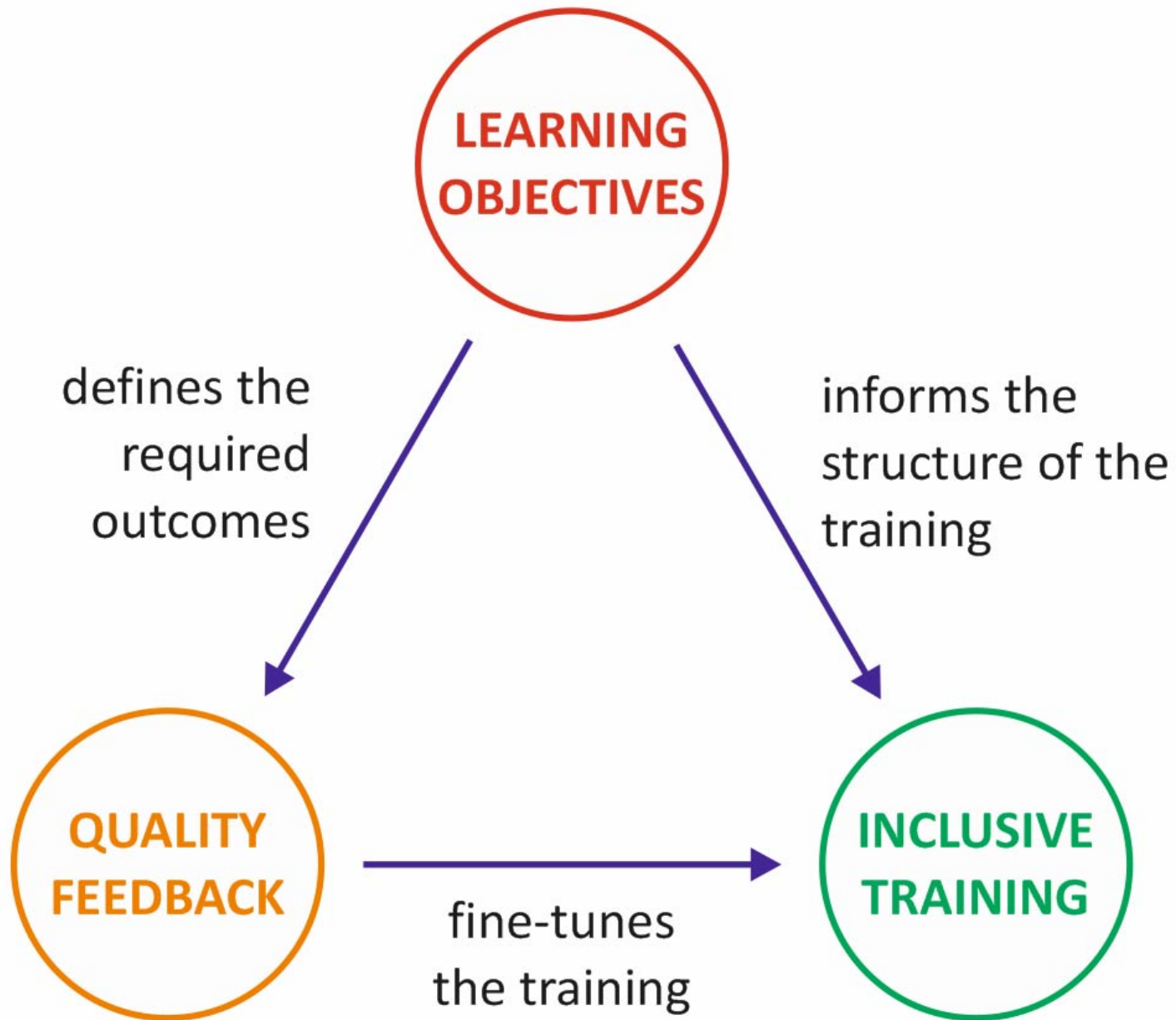
# Educational Skills

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Learning Design Business Partner AND Associate OD Business Partner  
NHS Blood and Transplant  
Watford

# Overview

- A session exploring the nature of knowledge and learning to create a more effective and enjoyable learning environment.
- We will look at what constitutes **effective feedback** for learners and how the writing of **SMART learning objectives** can streamline the training process.



# What is the purpose of your training?

- Do not underestimate this!
- If you want funding from Health Education England (HEE) then they will ask
  - HEE holds *the* training budget (~£5 billion)
- NHS England and HEE want 5 year departmental / Trust training and development plans
- Do we currently have the skills to produce and produce these?

# My first development plan

- Number of support staff (ATP)
- Number of graduate staff (PTP)
- Number of postgraduate staff (STP)
- Number of senior staff (HSST)
- Multiply by your staff turnover rate

# Example

- Support staff (ATP)                      12      0.60 pa
- Graduate staff (PTP)                      11      0.55 pa
- Postgraduate staff (STP)                7        0.35 pa
- Senior staff (HSST)                      2        0.10 pa
  
- Staff turnover rate                      0.05

# Training / Development Requirement

- Support staff (ATP)                      approx 1 every 2y
  - Graduate staff (PTP)                      approx 1 every 2y
  - Postgraduate staff (STP)                  approx 1 every 3y
  - Senior staff (HSST)                      approx 1 every 10y
- 
- To advance staff internally – these are the training requirements on a yearly basis

Because of Modernising Scientific  
Careers (MSC) at least we will have a  
“standard” graduate

Now we need to define what graduates  
with the standard MSC qualification  
require to transform them from a  
graduate into a member of staff



# RCI – tutorial list for PTP graduates

RCI Tutorials

Title	Name	Date	Local
1 Antibody structure and function			
2 The indirect antiglobulin test (IAT)			
3 Factors affecting agglutination			
4 Complement			
5 Direct agglutination			
6 Antibody identification			
7 The ins and outs of centrifugation			
8 Cell washing			
9 Quality control			
10 ABO grouping and complications			
11 Provision of blood for patients with atypical red cell alloantibodies			
12 Provision of blood for transfusion-dependent patients			
13 The direct antiglobulin test (DAT) and what it means			
14 Patient identification			
15 Red cell alloantibodies and their clinical significance			
16 SHOT			
17 Saline and buffers			
18 Lectins			
19 Substances and their uses			
20 Sample urgency			
21 Haemolytic disease of the newborn (HDN)			
22 Introduction to the ABO System			
23 Introduction to the Rh system			
24 Peculiarities of the ABO system			
25 Peculiarities of the Rh system			
26 Null phenotypes and deletions			
27 Duffy blood group system			
28 Kidd blood group system			
29 Kell blood group system			
30 Lutheran blood group system			
31 MNSs blood group system			
32 P blood group system			
33 Lewis blood group system			
34 ChITg blood group system			
35 Adsorption and elution			

Title	Name	Date	Local
36 Titrating antibodies			
37 Quantification of anti-D and anti-c			
38 Management of pregnant women with atypical red cell antibodies			
39 Autoantibodies			
40 In vivo red cell destruction			
41 The RhD antigen			
42 The principles of CPA accreditation			
43 Sickle cell anaemia			
44 Thalassemia			
45 Myelodysplastic syndrome			
46 Cell salvage during surgery			
47 Investigation of a positive red cell antibody screen			
48 Investigation of AIHA			
49 Warm AIHA			
50 Cold AIHA			
51 Drug-induced AIHA			
52 Pathophysiology of an immediate HTR			
53 Pathophysiology of a delayed HTR			
54 Investigation of a suspected HTR			
55 Use of drugs to reduce blood usage			
56 Haemopoiesis			
57 Oxygen delivery to tissues			
58 Quantitative RBC defects			
59 Qualitative RBC defects			
60 Uses of red cells			
61 Effects of delaying transfusions			
62 Cryoprecipitates			
63 Antigen structure and function			
64 Effects on the body of too few red cells			
65 Effects on the body of too many red cells			
66 Effects on the body of unusual blood volumes			
67 Structure and function of haemoglobin			
68 "Different" types of haemoglobin			
69 Blood in fetuses and neonates – differences from normal adult			
70 Blood clotting			
71 Clotting disorders			

Title	Name	Date	Local
72 Massive transfusions			
73 Principles of enzyme use in red cell serology			
74 Principles of column technologies			
75 Differentiating between IgG and IgM antibodies			
76 Alternatives to red cell transfusion			
77 IgA and IgA deficiency			
78 Different immunoglobulin types			
79 Different IgG isotypes – form and function			
80 Immunosuppression in disease			
81 Immunosuppression in treatment			
82 ABO in HSCT			
83 Transfusion and Jehovah's Witnesses			
84 Effects of red cell contents (after destruction) on the body			
85 Principles of flow cytometry			
86 Kleihauer test and its principles			
87 Effects of FMH and its measurement			
88 History of blood transfusion			
89 The actual transfusion process			
90 Handling high-risk samples (incl sending them through the post)			
91 Cleaning and decontamination			
92 Blood pack technology			
93 Cryopreservation of red cells			
94 Racial variations in red cell antigens			
95 Effects of storage on blood products			
96 IUTs			
97 The crossmatch			
98 HTLA antibodies			
99 Eluting antibodies			
100 Absorbing antibodies			

100+

created by John Eggington, Malcolm Needs and Andy Miller

# Example

- **Pathophysiology of a delayed HTR**
  - What does this mean?
    - Level / type / depth / breadth of knowledge
  - Don't say “everybody knows” – they don't
  - What do we even understand by the words “know” and “understand”?
  - There are as many different opinions in this room as there are people

# Levels of Knowledge



Mary, Mary, quite contrary,  
How does your garden grow?  
With silver bells, and cockle shells,  
And pretty maids all in a row.

Do we know this rhyme?  
Do we all know it the same?

Let's look at this nursery rhyme  
more closely



# Who is Mary?

- Mary Tudor (Catholic queen of England)
  - Lived: 1516-1558
  - Reigned: 1553-1558
  - Predecessor: Edward VI (Protestant)
  - Successor: Elizabeth I (Protestant)
  - Father Henry VII excommunicated by the Pope for making England Protestant, himself head of the C of E and dissolving the monasteries

# “Bloody Mary”

- Repealed religious laws made by her father and brother
- Persecuted Protestants (very “contrary” indeed!)
  - 300 dissenters burned at the stake for heresy
    - Many high-level clergy (incl. bishops and arch-bishops)
    - Whole families burned together – couples and children
    - Others beheaded
  - Many exiled
  - Extensive use of torture to “extract confessions”

*Mary the queen*

# Lack of “Issue”

- “Garden” was slang for *the womb* and *cemetery*
- Mary had two phantom pregnancies
- Had thanksgiving services in London for her “pregnancies”
  - Must produce an heir (preferably male)
  - Deep sense of shame and humiliation
- No successor (her “garden” does not grow well!)
  - The rhyme is mocking Mary’s barrenness



# What about the flowers?

- Silver bells
  - Early for of thumbscrews / Catholic bells used in mass
- Cockle shells
  - Devices designed to crush the testicles
- Maids
  - Predecessor of the guillotine
  - Used in Scotland and N England
  - Introduced a couple of years earlier by Edward VI

Mary, Mary, quite contrary,  
How does your garden grow?  
With silver bells, and cockle shells,  
And pretty maids all in a row.

Mocking Mary's barrenness

Drawing attention to State torture and executions

We now know the rhyme  
differently than we did before

Different levels of knowledge give  
different outlooks on the same piece  
of information (rhyme)

What about applying that knowledge  
to other things?

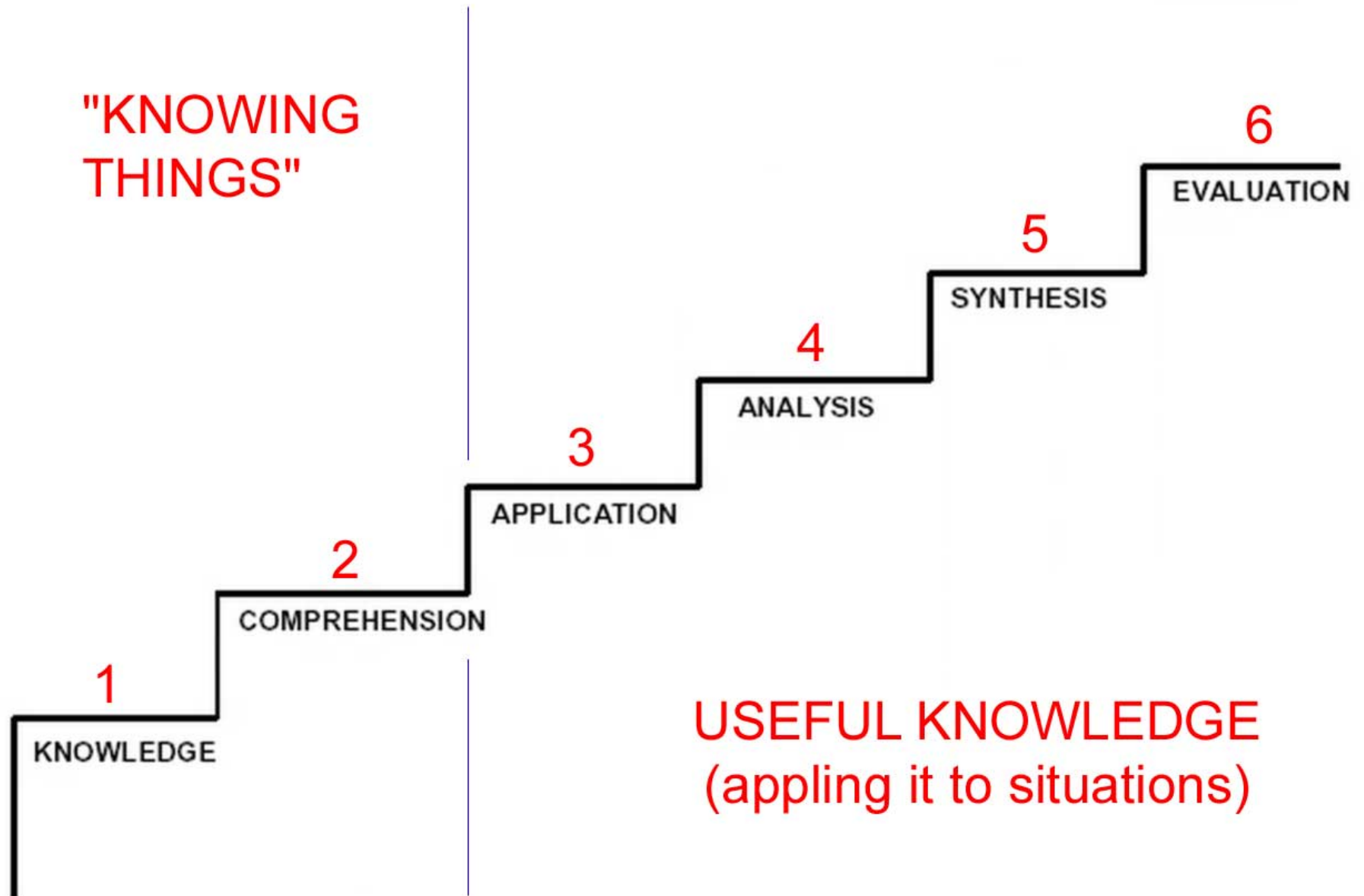
# Is there a way of classifying knowledge?

Bloom's Taxonomy

Benjamin Bloom (1956)

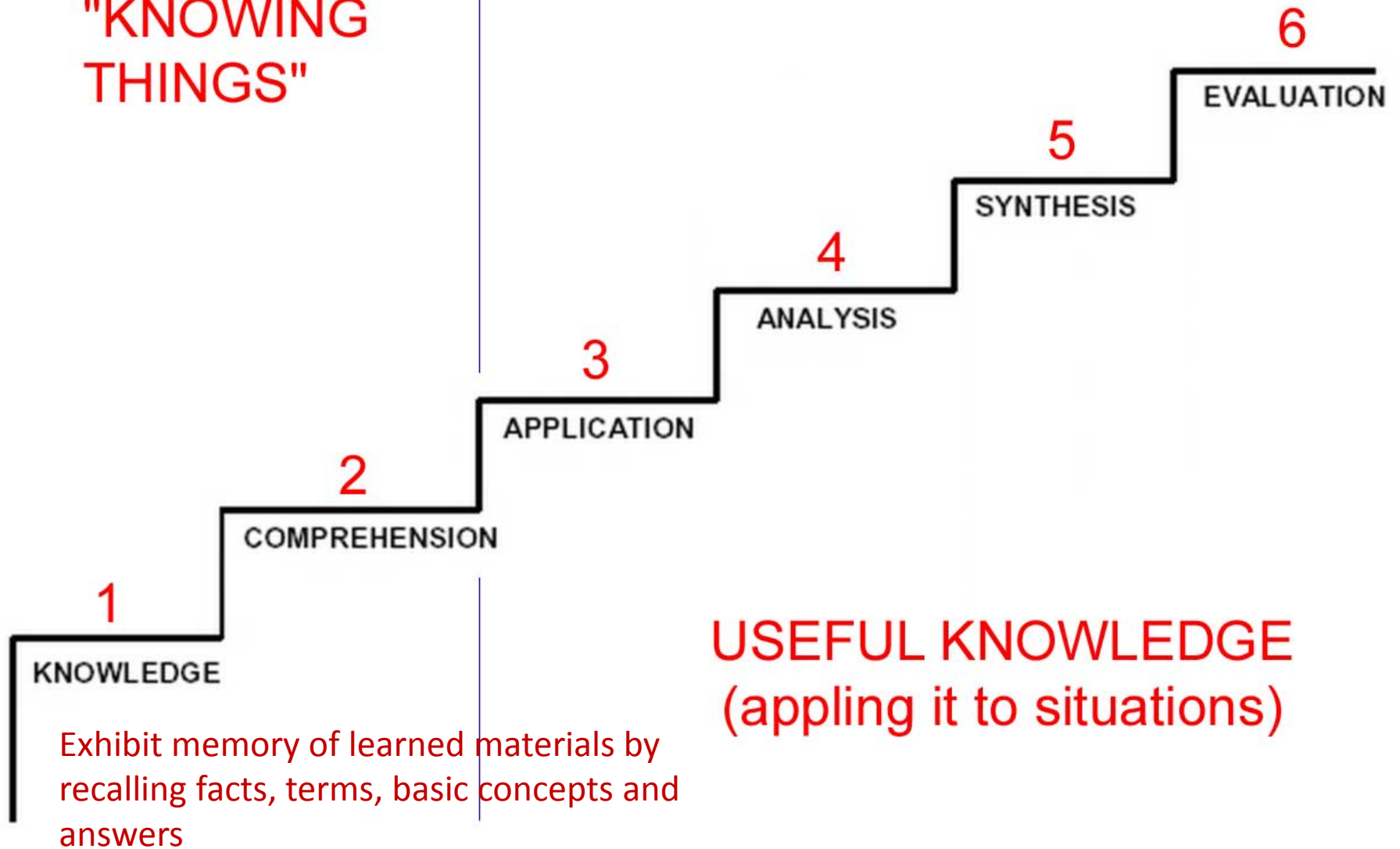
More info: [Wikipedia](#)

"KNOWING  
THINGS"

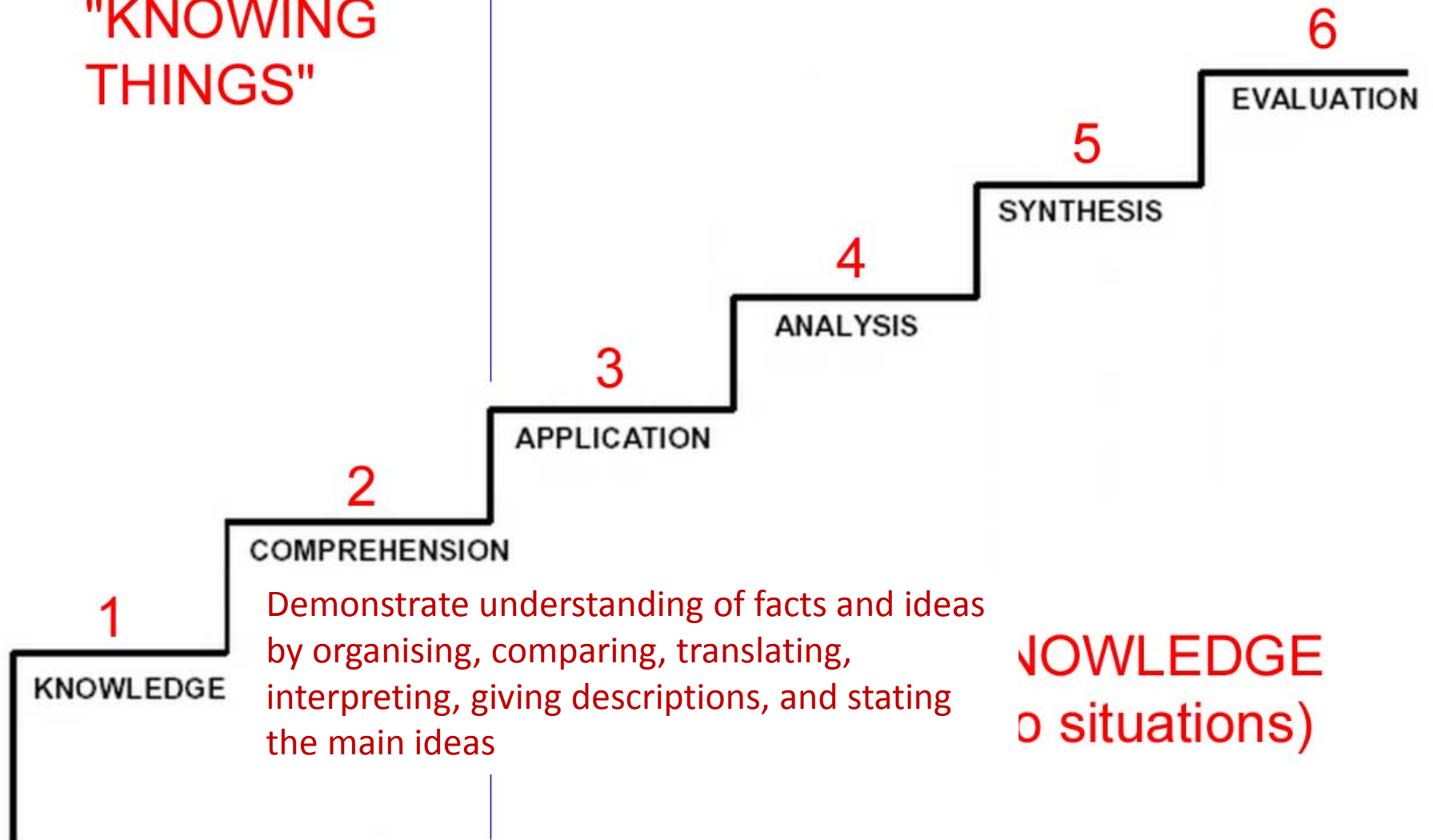


USEFUL KNOWLEDGE  
(applying it to situations)

"KNOWING  
THINGS"



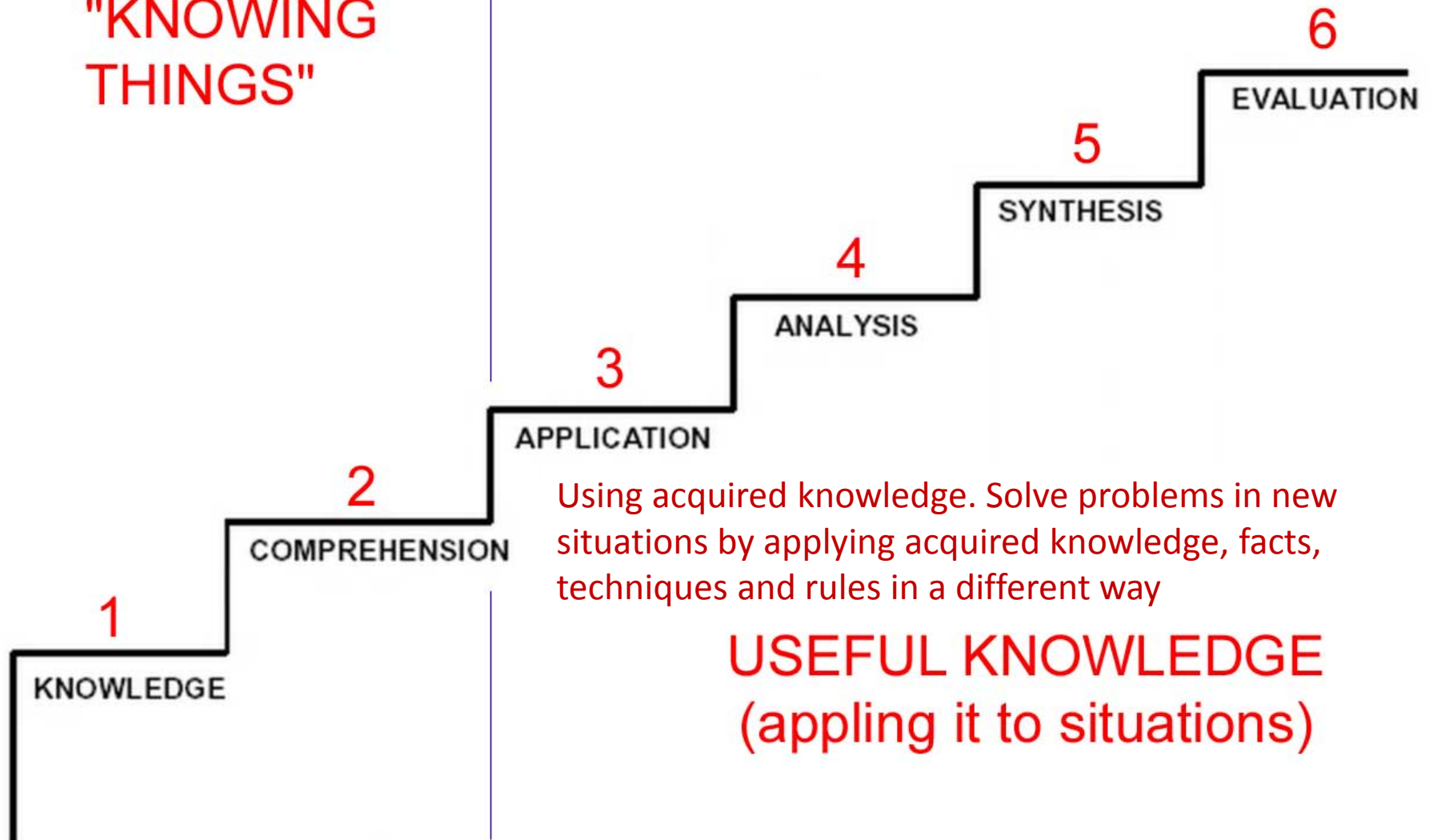
"KNOWING  
THINGS"



KNOWLEDGE  
(of situations)



"KNOWING THINGS"

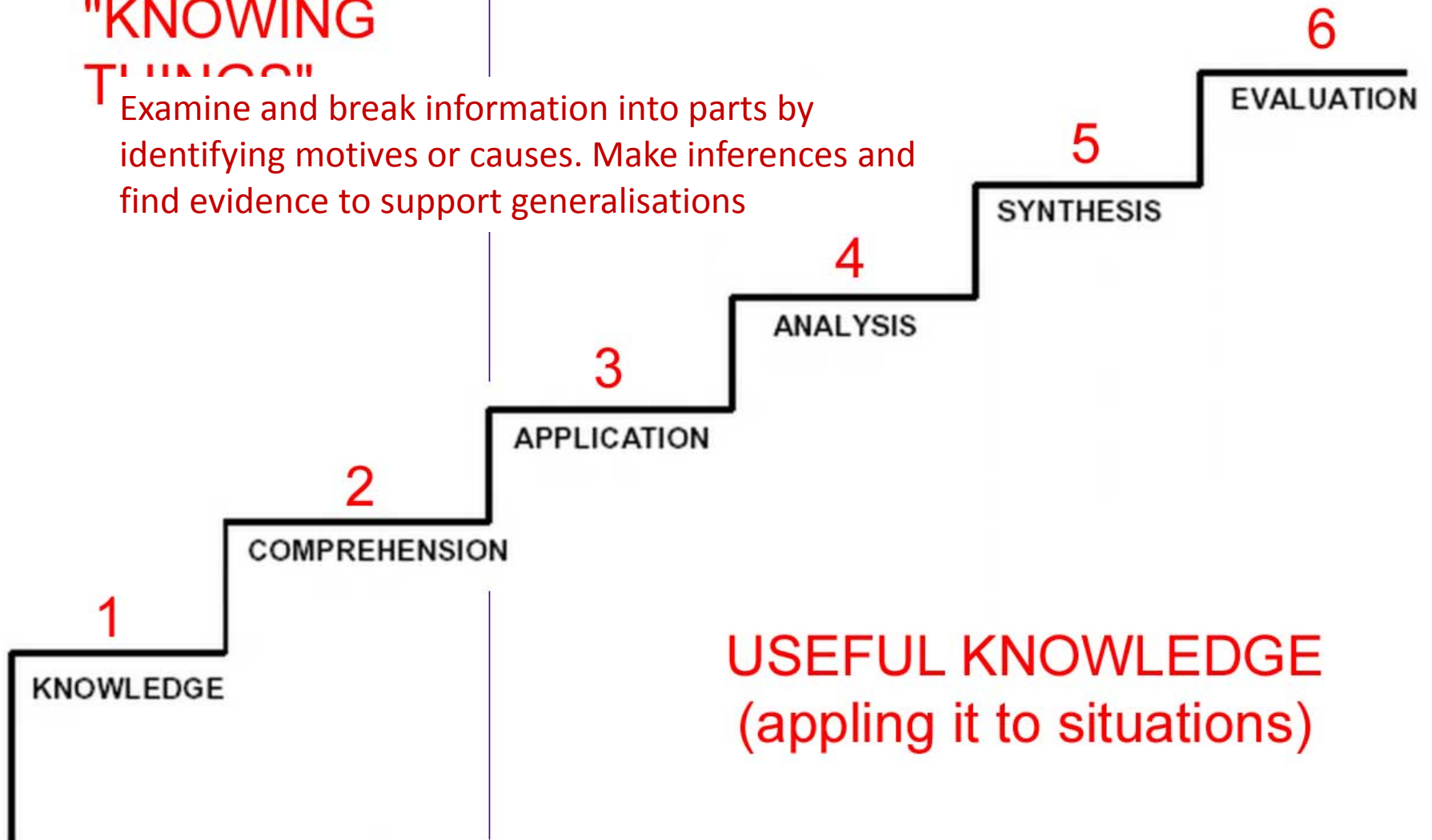


Using acquired knowledge. Solve problems in new situations by applying acquired knowledge, facts, techniques and rules in a different way

**USEFUL KNOWLEDGE**  
(applying it to situations)

# "KNOWING THINGS"

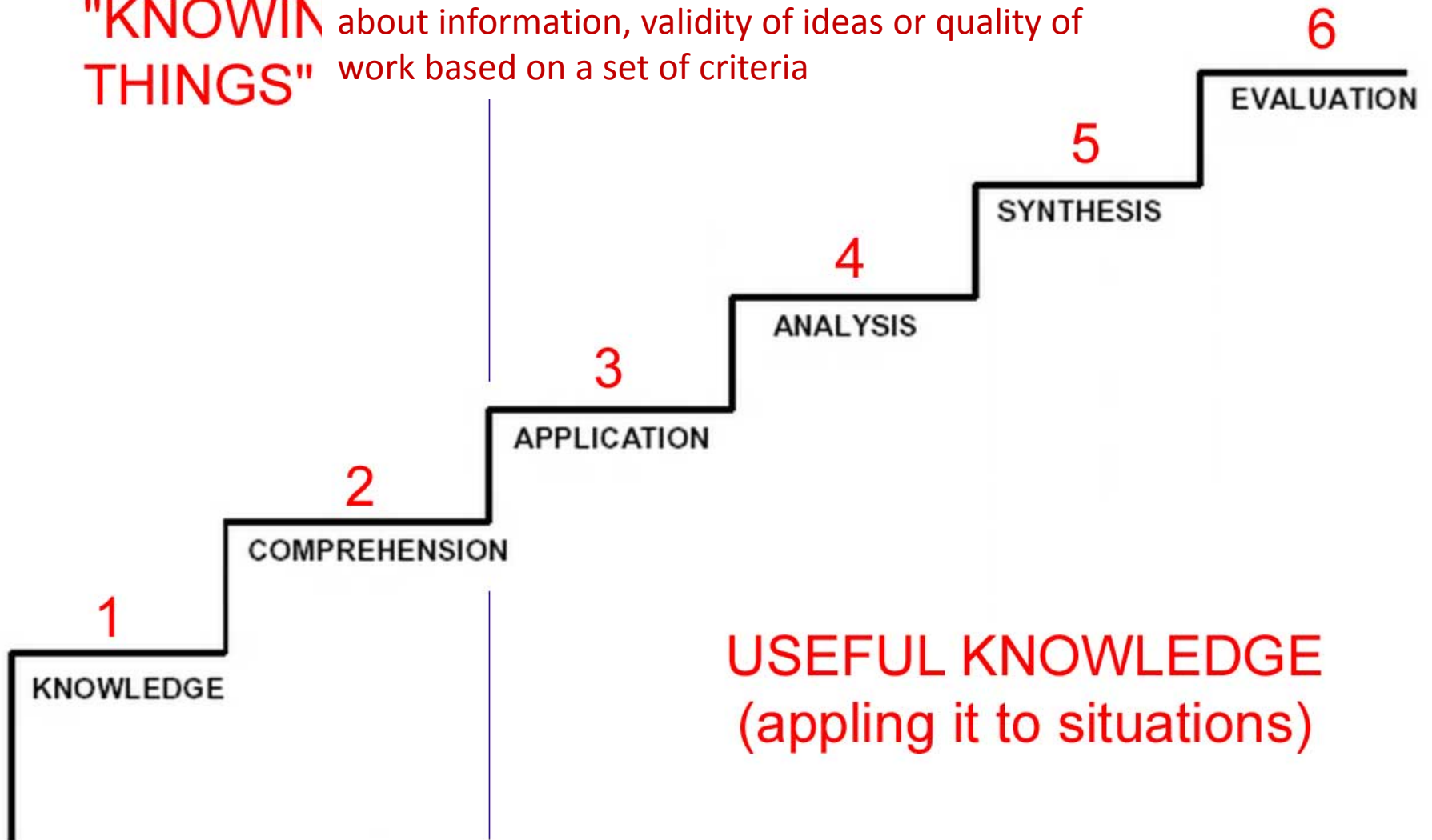
Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalisations



USEFUL KNOWLEDGE  
(applying it to situations)

# "KNOWING THINGS"

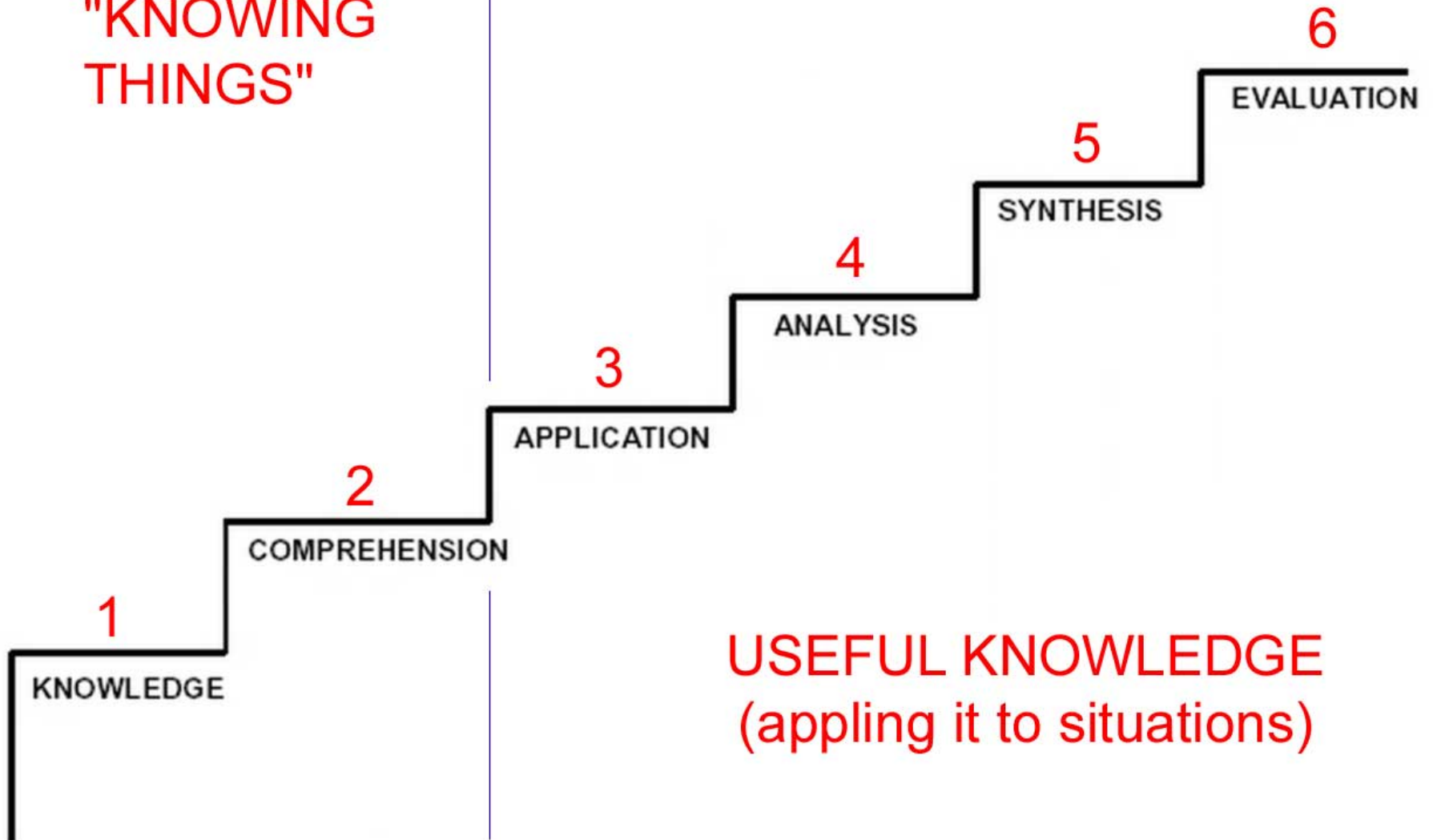
Present and defend opinions by making judgments about information, validity of ideas or quality of work based on a set of criteria



USEFUL KNOWLEDGE  
(applying it to situations)

Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions

"KNOWING THINGS"



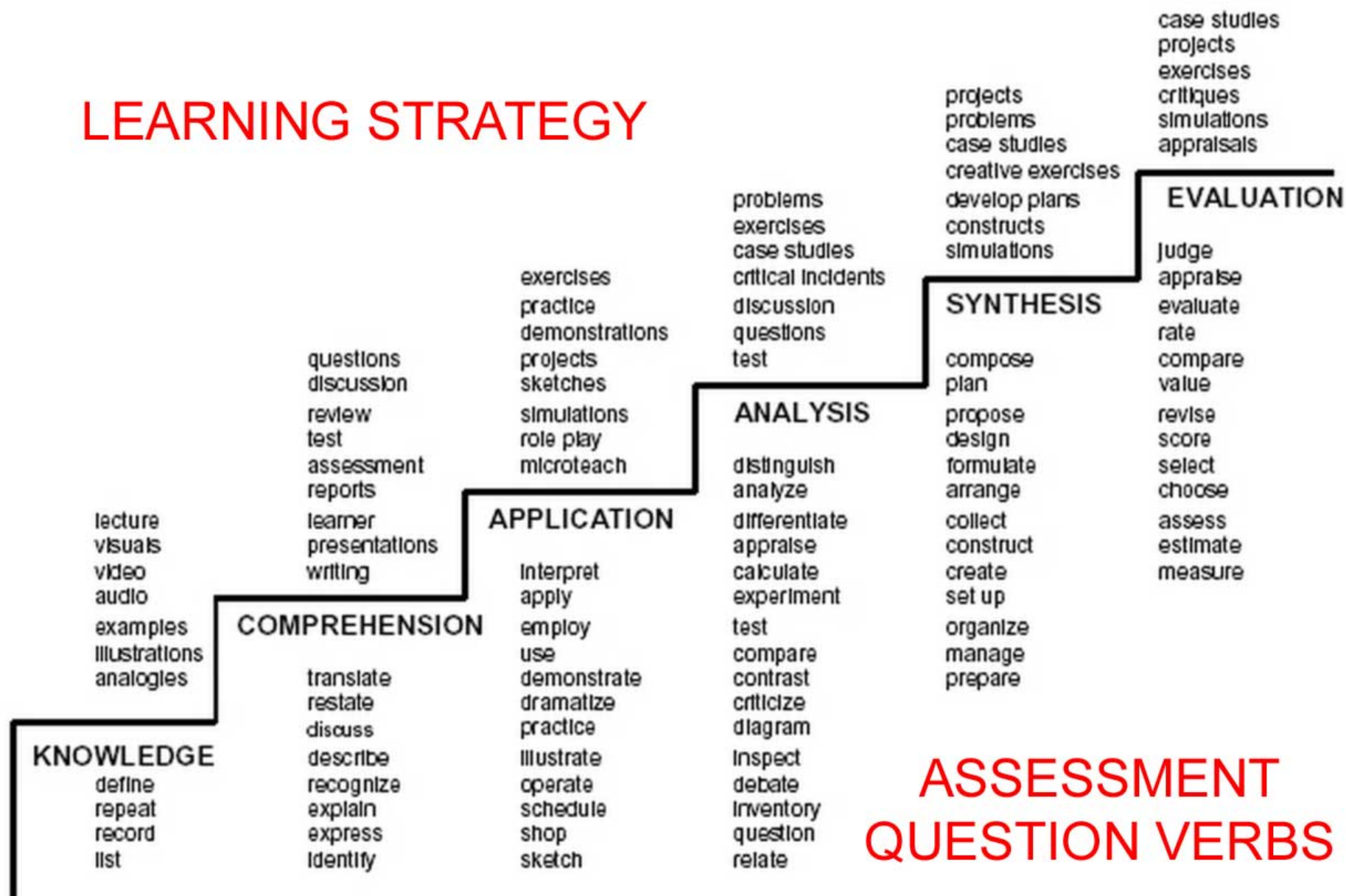
USEFUL KNOWLEDGE  
(applying it to situations)

How do we differentiate  
between these levels?

Good news!

The work has already been done

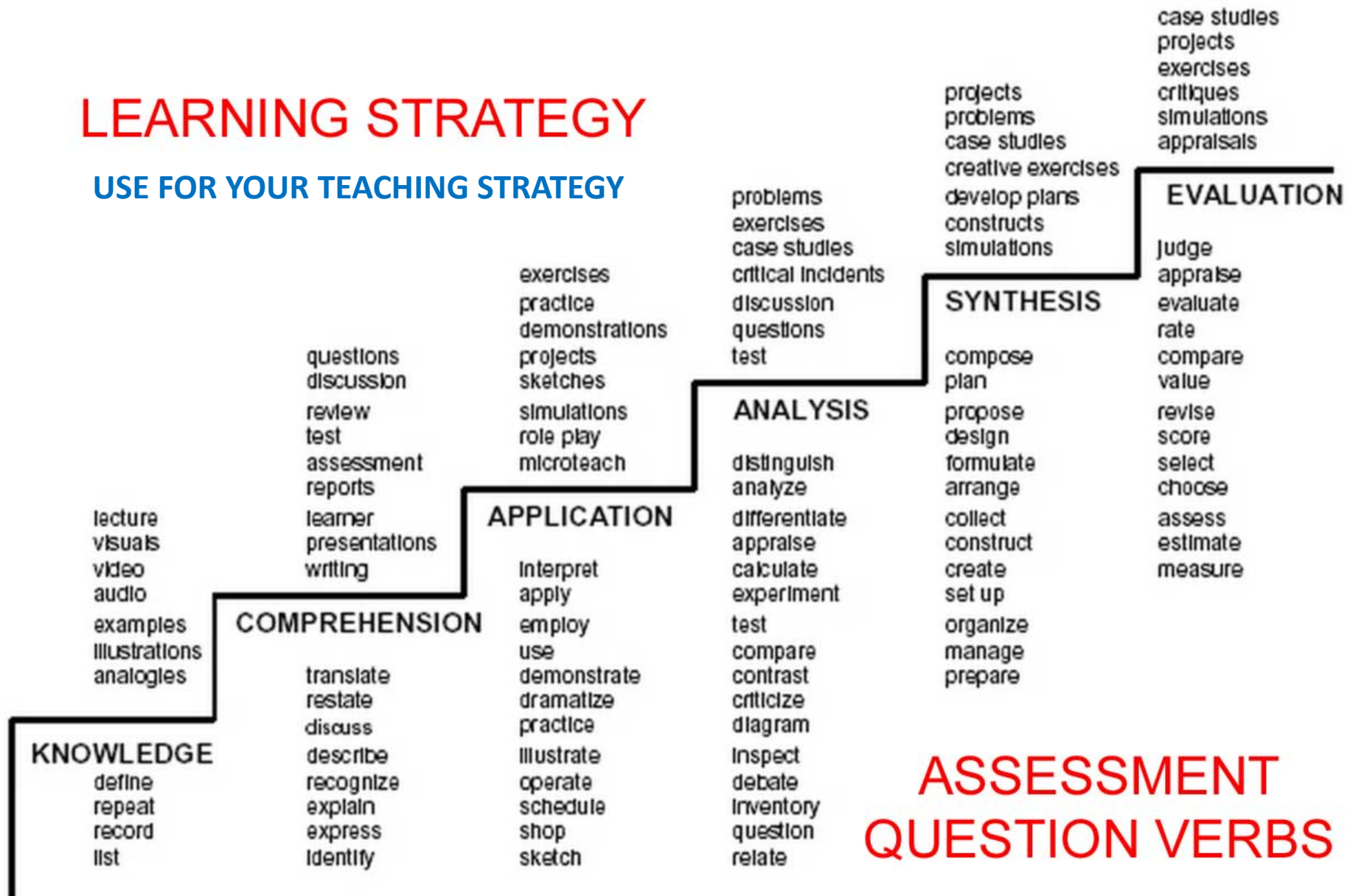
# LEARNING STRATEGY



**ASSESSMENT  
QUESTION VERBS**

# LEARNING STRATEGY

USE FOR YOUR TEACHING STRATEGY



## ASSESSMENT QUESTION VERBS

USE FOR YOUR LEARNING  
OUTCOME WORDING

# Pathophysiology of a delayed HTR

- *What* needs learning?
  - At which level?
  - At what depth for each level?
  - What will the trained person be able to **do** with that knowledge?
    - Just knowing “stuff” without knowing what to do with it is frustrating and dangerous
    - If we don’t know what they are going to do with the knowledge then is it really useful?
  - Do the learners need to know other things before starting on this? (or *visa versa*?)
  - What will you see when the learner has completed the learning?



# Pathophysiology of a delayed HTR

- *What* needs learning? **Specific**
    - At which level?
    - At what depth for each level?
    - What will the trained person be able to **do** with that knowledge?
      - Just knowing “stuff” without knowing what to do with it is frustrating and dangerous
      - If we don’t know **Relevant** do with the knowledge then is it really useful?
    - Do the learners need to know other things before starting on this? (or *visa versa*?)
    - What will you see when the **Time-related** learning?
- Measurable**

# Learning Models

Where does effective learning take place?

# the 70:20:10 model



## LEARNING FROM EXPERIENCE

secondments  
projects  
assignments  
secondments  
exposure  
delegating  
new roles  
job expansions



## LEARNING FROM OTHERS

coaching  
mentoring  
sounding boards  
networks  
modelling others  
work shadowing



## FORMAL LEARNING

courses  
training programmes  
reading

# Types of Learning

- Shallow
  - Cramming before exams
- Strategic
  - Predicting what will come up in tests / pleasing the tutor
- Deep
  - A full understanding of the concepts, how they relate to each other and apply to real life

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*'Working Together –  
Learning Together'*

A Framework for Lifelong Learning  
for the NHS

# Leaning Styles

- VAK
  - Visual, Auditory, Kinaesthetic
- Peter Honey and Alan Mumford's model
  - Activist, Reflector, Theorist, Pragmatist
- Cognitive approach to learning styles
  - Avoidant, Participative, Competitive, Collaborative, Dependent, Independent
- ...and the list goes on

# IMPORTANT

- These styles of learning are just preferences
- We can all learn from by any means
  - It just takes more effort on the part of the learner
- As far as teaching goes – we need a mixture
- We need our learners to “make the effort”
- Learning is not *done* to people
- Self-directed learning is to be encouraged and to become the norm (DH)

# Making the Effort

- Getting “buy-in” from the learners
  - Know what I am going to learn
  - Know how long it should take
  - Know what use it will be
- These will be in your new Learning Objectives
- Encouragement – **feedback**
- Do we teach those who don't want to learn?

Effective / Quality Feedback



# Good Feedback Experiences

- Discussion immediately after an event to ascertain why what happened happened
- Confirmation that desired knowledge had been attained
- Clear verbalisation of goals with enthusiastic support from an expert willing to share their knowledge
- Clearly formulated constructive feedback

# Bad Feedback Experiences

- Lack of knowledge of what is expected
- Being “tested”
- Being put “on the spot” in front of your peers to either succeed or fail
- When assessment is just a tool to achieve something else (like evidence for CPD)
- Praise without supporting evidence of why something was good

# The Seven Principles of Good Feedback Practice

Enhancing student learning through  
effective formative feedback

Charles Juwah, Debra Macfarlane-Dick, Bob Matthew, David Nicol,  
David Ross and Brenda Smith

Facilitates the development of self-assessment (reflection) in learning.

Encourages teacher and peer  
dialogue around learning.

Helps clarify what good performance is (goals, criteria, expected standards).

Provides opportunities to close the gap between current and desired performance.

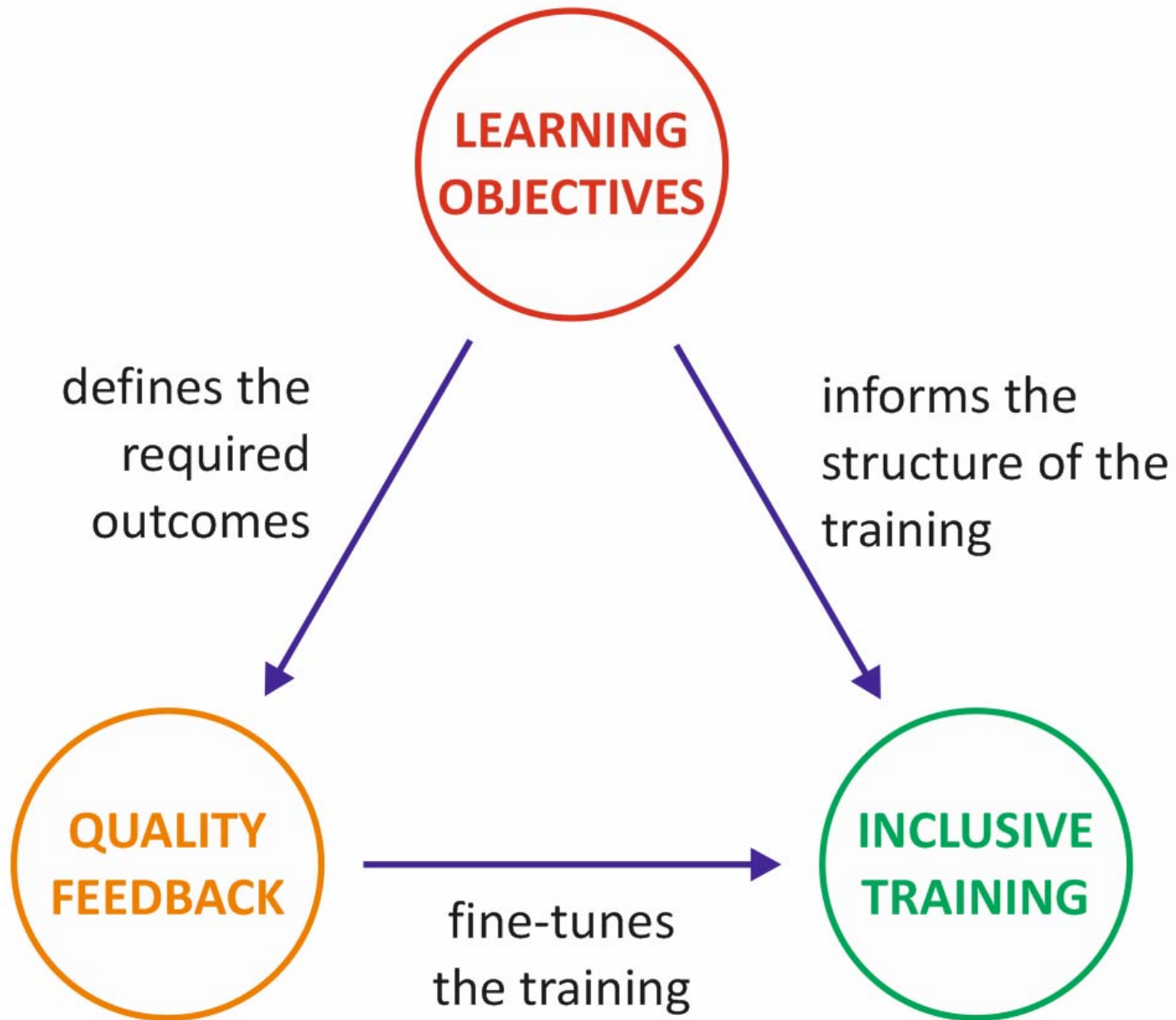
Delivers high quality information  
to students about their learning.

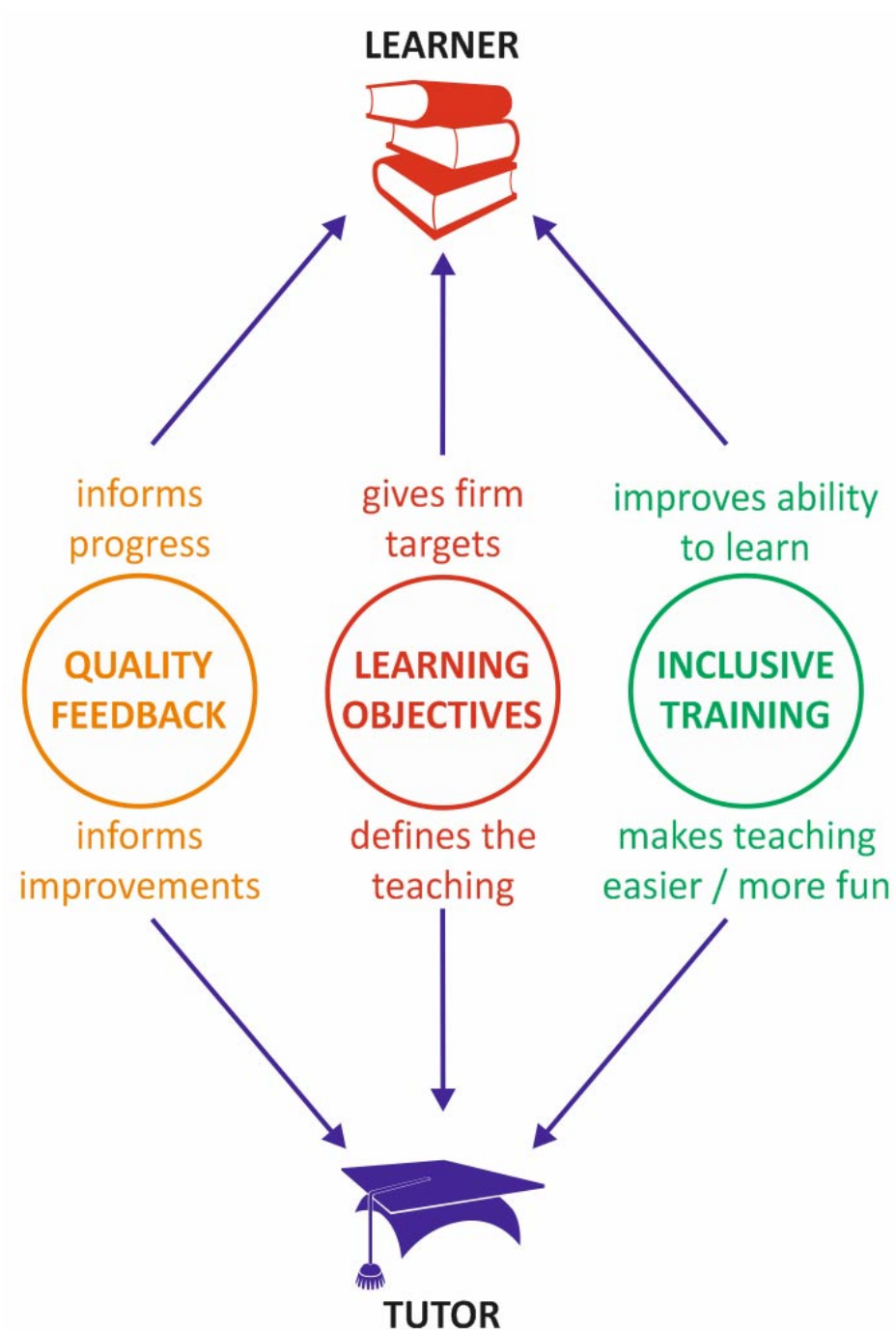


Encourages positive motivational beliefs and self-esteem.

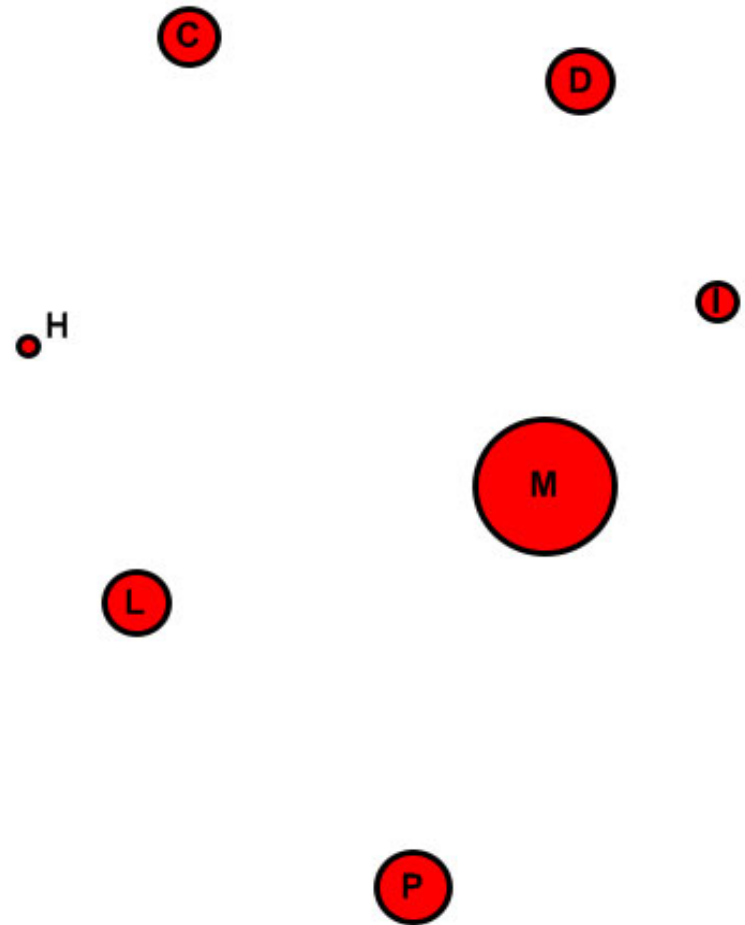
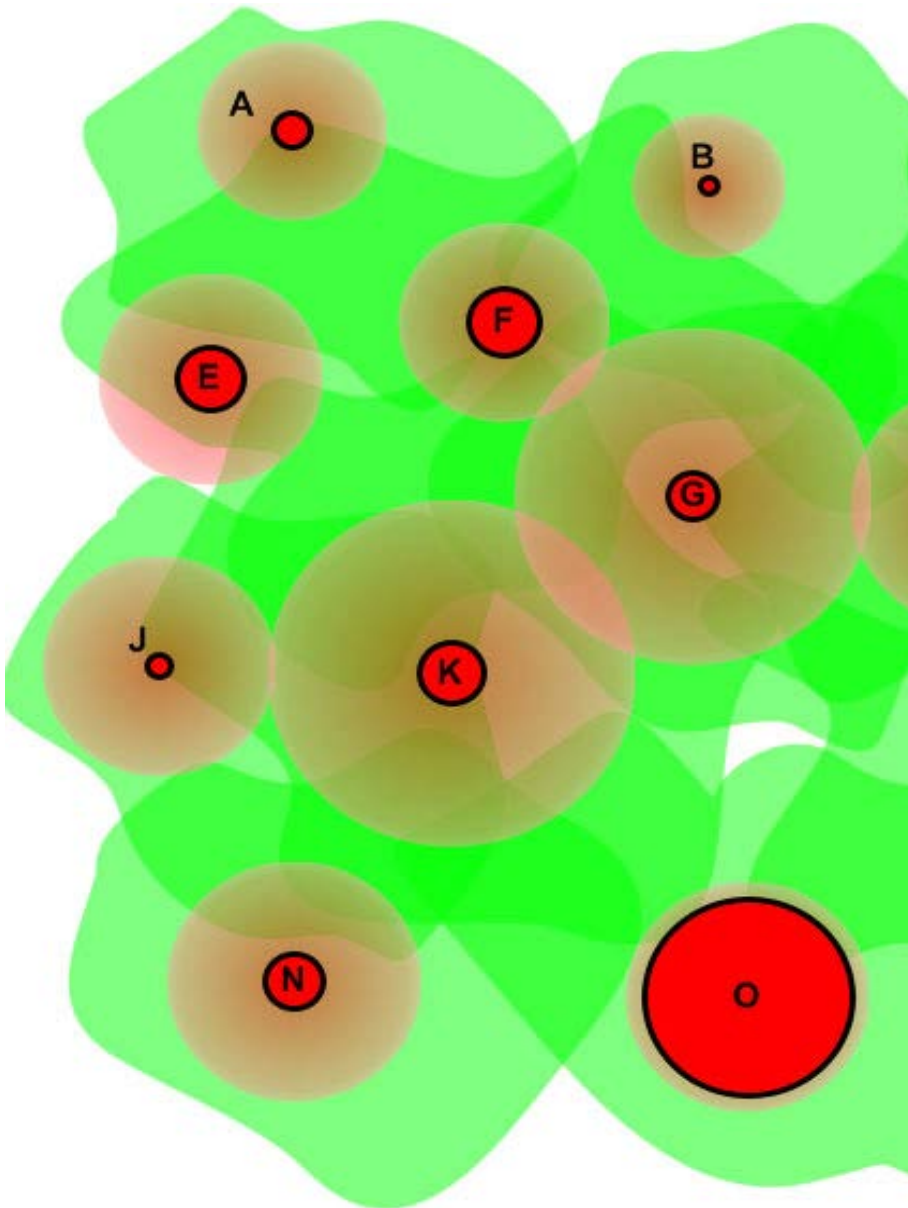
Provides information to teachers  
that can be used to help shape the  
teaching.

# Summary





# THE FUTURE!



Knowledge vs Knowing things

# THANKS

Any additional questions – see you at  
the tea stand!