Clinical Teaching

Prepared by Maria Alejandra Blanco, Ed.D.
Tufts University School of Medicine

Overview

- Clinical teaching strategies
- Bedside teaching
- Teaching in the OR
- Constructive feedback
- Evaluation of clinical performance

Clinical Teaching Strategies

- Five microskills - One minute preceptor
- “Don’t know the answer”
- Review of roles and expectations
- Management
- Motivation
- Cognitive strategies
- Skills/Procedures
Clinical Teaching Strategies
Five Microskills - One minute Preceptor

• Get a commitment – what’s the diagnosis, what’s the plan.
• Probe for supporting evidence – knowledge, understanding.
• Teach general rules – take home points.
• Reinforce what was done well.
• Correct mistakes – constructive feedback with recommendations for improvement.

Clinical Teaching Strategies
“Don’t know the answer”

“We are going to help each other learn”

• Acknowledge that you do not know (you do not have to be an expert to teach!).
• Direct where to find the answer.
• Turn the question back and follow-up.
• Read up before teaching and/or after and report back.

(Deza et al., 2009)

Clinical Teaching Strategies
Review of Roles & Expectations

Explain/clarify/determine:
• Learner’s schedule.
• Time/place.
• Day’s agenda.
• Day end (where/how).
• Call schedule.

(Deza et al., 2009)
Clinical Teaching Strategies
Review of Roles & Expectations

- Note-type and assessment & plan.
- Presentation types and time.
- Team dynamics.
- Evaluation and formative assessment (continuing feedback) approaches.

(Deza et al., 2009)

Clinical Teaching Strategies
Review of Roles & Expectations

- Suggest readings and follow-up.
- Promote self-learning (research and report back).
- Have the learner pre-round: see patients, critical labs, notes, assessment and plan, vitals, overnight events.
- Assign patients to the learner rather than having the learner shadow the teacher.

(Deza et al., 2009)

Clinical Teaching Strategies
Management

- Plan ahead (organize # patients, afternoon clinic, learner’s needs).
- Hold work rounds early.
- Make a work list.
- Group and divide tasks for efficiency.
- Meet with team at the end of day to plan next day.
- Tell learners to ask for help when needed.

(Edwards et al., 2002)
Clinical Teaching Strategies

Motivation

• Set a good example (role model).
• Appeal to current and future interest:
  - Place learners in role of practicing physician.
  - Remind students to prepare broadly, regardless of specialty interest.
• Arouse conflicting thoughts.
• Display high expectations.

(Edwards et al., 2002)

Clinical Teaching Strategies

Cognitive

• Use patient whenever possible.
• Associate and elaborate ideas.
• Organize ideas.
• Encourage readings.
• Think and reason aloud, e.g. "I am debating whether we should cath this patient or treatment…"
• Have learners independently gather patient data and formulate the differential diagnosis.

(Edwards et al., 2002)

Clinical Teaching Strategies

Cognitive

• Pose hypothetical cases, e.g. "If this patient’s creatinine was 3 instead of 1, how would we rule her out for a PE?"

• Ask questions and explain:
  - Address questions first to the learner responsible for patient.
  - Wait 5-7 seconds for learners to think.
  - Consider setting: patient present or not.
  - Use strategy of open-closed-open questions to discuss case.

(Edwards et al., 2002)
Clinical Teaching Strategies
Skills/Procedures

• Explain the procedure.
• Demonstrate the procedure.
• Provide supervised support.
• Give feedback.

(Edwards et al., 2002)

Bedside Teaching

• Planning
• Patient involvement
• Participation

(Ramani, 2003)

Bedside Teaching

• PLANNING
  -Review case mix ahead of time.
  -Determine conference vs bedside time.
  -Define possible learning goals.
  -Clarify expectations.
  -Brief the team.

(Ramani, 2003)
Bedside Teaching

• PATIENT INVOLVEMENT
  - Prime team before going to bedside.
  - Determine who will lead the interaction.
  - Involve the patient in the discussion.
  - Teach to the goal at various levels of need.

(Ramani, 2003)

Bedside Teaching

• PARTICIPATION
  - Create a comfortable environment.
  - Engage all members of the team.
  - Debrief the team on leaving the bedside.

(Ramani, 2003)

Teaching in the OR

OR Environment

• Noisy, busy, sometimes tense.

• Confronting, unpredictable and disorienting for medical student as learners.

• Challenging place to teach.

(Lyon, 2004)
OR Learning Environment Variables

- Attending positive role model/tone/teaching.
- Quantity of attending-student interaction.
- Quantity of resident teaching.
- Resident positive role model.
- Quantity of resident-student interaction
- Quality of feedback to student.
- Student perception of knowledge/skills improvement.
- Student performed history and physical prior to surgery.
- Nurse helpful and courteous.

(Schwind et al., 2004)

Teaching in the OR

- Participation and involvement (including peripheral participation).
- Learner/Teacher motivation.
- Trust and legitimacy (useful learning opportunity).

(Lyon, 2004)

Teaching in the OR

- Student preparation:
  - handwashing, scrubbing, gloving.
  - infection control measures and OR protocols.
  - basic surgical skills (“must-see procedures”).
  - knowledge of common instruments.
  - what typically annoys team members.

(Lyon, 2003)
Teaching in the OR

• Student preparation through:
  - Interactive orientation session.
  - Statement of learning objectives.
  - Briefing the staff (preparing staff for students).
  - Template for guiding learning during observations.

(Lyon, 2003)

Constructive Feedback

• Set it up as an expectation and announce it (timely and continuous).
• Focus on behavior rather than on person:
  “You’re doing a great job. You write great H&Ps.”
  Alternative: “Your differential diagnosis for Mrs. P’s anemia was very thorough. I like how the differential diagnosis was organized by organ system – this helps us to not forget a potential diagnosis.”

Constructive Feedback Steps

1) Explain the purpose.
2) Invite self-assessment, e.g. “Tell me how you think you did.”
3) Reinforce positive with specific examples.
4) Suggest areas for improvement with specific examples.
5) Create action plan together (follow-up).
6) Ask for questions.
7) Ask for feedback on your feedback.
Evaluation of Clinical Performance

• Find out evaluation responsibilities.
• Observe student performance periodically (conduct short focused observations).
• Write evaluation note periodically.
• Advise attending of problem students.
• Evaluate attainment of the objectives.

(Edwards et al., 2002)

Thank you!

References


