The ideal clinical teacher?
The ideal clinical teacher

- Is stimulating and challenging
- Encourages active participation
- Demonstrates positive attitude
- Emphasizes applied problem solving and patient-oriented teaching
- Integrates basic and clinical science
- Closely supervises students and gives feedback
- Provide opportunities for practice
- Serves as a good role model
- Is friendly, helpful and available

Newble and Cannon, 2000
The Effective Office-Based Teacher

- Communicates expectations
- Stimulates interest with enthusiasm
- Involves learner in teaching process
- Interacts skillfully with patients
- Role models desired behaviors

Four Key Roles of Clinical Teacher

- Intentional Role Model
- Practice Supervisor
- Medical Expert
- Practical Teacher
Self-Assessment Time
Why is it so hard?
The Teaching Interaction

- Challenges
  - Time constraints
  - Variable Student Population
  - Variable Student Preparation
Students’ Observations

- I didn’t know what the objectives were.
- I spent a lot of time doing tasks that didn’t make sense to me because they seemed like time fillers (paperwork, fetch and carry, other tasks).
- I was left out of clinical decision-making.
- I received feedback that was too vague to be useful.
- I have no idea what my evaluation was based on.
Translating ideal to practical

- Set a good example
- Involve students
- Observe students
- Provide a good teaching environment
Teaching with Limited Time

- Thorough orientation
- Positive learning environment
- Use teachable moments
- Think and reason aloud
- Use Modeling
- Ask better questions
- Encourage self-directed learning
- Use readily available teaching aids

Resident Teaching Development Program, Mount Sinai School of Medicine
The Teaching Moment

- Admitting a patient
- Rounds
The Teaching Interaction

- Admitting a patient
- In surgery or procedures
- Rounds
The Teaching Interaction

- Admitting a patient
- Interpreting data
- Making treatment decisions
- Writing a prescription
- Planning client communication
- Preparing discharge instructions
- Rounds
- ...and on and on and on
Teaching with Limited Time

- Think and reason aloud
- Use Modeling
- Ask better questions
  - Use higher order questions
  - Clarify the question
- Encourage self-directed learning

Resident Teaching Development Program,
Mount Sinai School of Medicine
Teaching with Limited Time

- Ask better questions
  - Diagnose the learner
  - Use higher order questions
  - Clarify the question
- Encourage self-directed learning

Resident Teaching Development Program, Mount Sinai School of Medicine
Five Steps (Microskills) Method
“Teaching CPR Right and Wrong”

- Get a Commitment
- Probe for supporting evidence
- Teach general Rules
- Reinforce what was Right
- Correct Mistakes (“Wrong”)

Gordon and Meyer
Five Steps (Microskills) Method

Diagnosis and Treatment

- Get a Commitment
- Probe for supporting evidence
- Teach general Rules
- Reinforce what was Right
- Correct Mistakes (“Wrong”)
1. Commitment

- What do you think?
- How do you interpret this data?
- What other information do you need?
- Why do you think this happened?
What are you going to do?
How might you deal with that?
What it’s not...

470 BC: Socrates addresses life's difficult questions.

So, if the player receiving the ball is past the last defender when the ball is played...

© Original Artist
What it’s not

“What am I thinking?”
2. Probe

- Ask what evidence supports student’s thinking
- Ask what else was considered and what evidence supported or refuted other hypotheses
- Help student reveal thought process
What it’s not...

- Data seeking
- Differential list making alone
- “Grilling” or “Pimping”
- Judgmental
- Your own opinion
“Gotcha!” a.k.a. Let me show you that I know more than you do.
3. Teach General Rules

- What is the teaching value here?
- What are the generalities, concepts or important considerations to emphasize? (Targeted instruction)
What it is not...

- The “answer”
- An unsupported, idiosyncratic approach
4. Reinforce what’s Right

- Tell them what they got or did right
  - The specific action or thought process
  - The impact of being right

Example: “You astutely noticed that the respiratory rate was increasing. That allowed us to diagnose the problem early and start treatment.”
What it is not..

- Vague praise

- Example: “Good job” “You are right”
5. Correct Mistakes

- Specifically discuss what was wrong
- Specifically discuss how to avoid or correct the error in the future
What it is not...

- Vague statements
- Judgmental statements
- Avoidance
Five Steps (Microskills) Method  
“Teaching CPR Right and Wrong”

- Get a **Commitment**
- **Probe** for supporting evidence
- Teach general **Rules**
- Reinforce what was **Right**
- Correct Mistakes (”**Wrong**”)
Five Steps (Microskills) Method Translated to the Rounds Room

- Get a **Commitment** (the Case Presentation)
- **Probe** for supporting evidence (Engage the entire group in discussion/questions; Engage different levels of learners)
- Teach general **Rules** (Consider brief teaching presentations and illustrations)
- Reinforce what was **Right**
- Correct Mistakes (**“Wrong”**) This is the feedback part!
Teach
3. Teach general rules
4. Provide positive feedback
5. Correct errors

Diagnose Patient

1. Case Present

2. Inquiry

3. Discussion

Diagnose Learner
1. Ask for a commitment
2. Probe for underlying reasoning
Asking better questions

- Challenge learner’s knowledge base
- Stimulate critical thinking
- Diagnose level of understanding
- Engage learners to grasp key concepts
Bloom’s Taxonomy

- Evaluation
- Synthesis
- Analysis
- Application
- Comprehension
- Knowledge
Recall

What are the 3 most common causes of hepatomegaly in the cat?

Analysis/Synthesis

How can we discriminate between them?

Application

How will you confirm a diagnosis in this cat?
Clarifying Questions

Vs.

Probing Questions
Examples

- “Sounds like pneumonia, do you agree?”
- “Did you think about heart failure?”
Examples

- “Sounds like pneumonia, do you agree?”
- “Did you think about heart failure?”
- “What do you think is going on with this patient?”
Examples

- “Can you think of anything else?”
- “What are the possible causes of dyspnea?”
Examples

- Can you think of anything else?
- What are the possible causes of dyspnea?

- “What about the presentation made you think about pneumonia first?”
Ok, but what if they didn’t get it?
Ok, but what if they didn’t get it?

“I agree that pneumonia may be possible, but heart failure and collapsing trachea are much more common causes of coughing in an older poodle. Next time, think about your possible rule-outs in these major categories…and rank your rule outs based on the most common possibilities and on your auscultation findings. “
Generally unhelpful comments

- “I can’t believe you don’t remember this..”
- “Well, you got most of it, but you need to review this topic tonight”
- “Ok, sounds good. Let’s go see this dog.”
- “Good job”
“What do you recall about the connections between kidney disease and proteinuria?”

“What do you think would happen if we didn’t treat the wound today?”

“It seems you are uncertain about the best approach to treatment. Is that right?”
Suggestions for Teaching with Cases

- Prime what will come next..
  - What would we expect the WBC count to be if this is a case of pyometra?
  - What do you think you will see on ultrasound of the liver?

- Extend the case..
  - What if.. the cat’s bilirubin had been normal?
  - What if.. we had chosen KBr instead of phenobarbital?
Suggestions for Teaching with Cases

- Use consults and decisions as teaching moments
  - What do we want to know from the surgeon in this case?
  - I’m thinking that we should choose cephalexin because…
Other Suggestions

- Review charts ahead of rounds
- Consider teaching students at different times
- Consider involving different levels of learners as teachers
  - Self-critique
  - What’s your major concern?
  - What holes do you see?
  - What do we need to know/find out?
Some pitfalls to avoid

- Taking over the case
- Not allowing enough “wait time” for answers
  - Asking another question too quickly
  - Answering your own question
- Asking leading questions
- Pushing learners past ability level
- Inappropriate lectures instead of short “small bite” teaching
Feedback is the Key

- Ask what the learner is thinking
- Probe what the learner is thinking
- Be specific about positive and negative behaviors
- “Sandwich” positive and negative behaviors
- Work in a context of respect without judgment
Summary Model for Feedback

- Create structure for timely feedback
- Find appropriate time and place
- Ask permission
- Invite the recipient’s input and assessment
- Check accuracy of what you’re hearing
- Respond with positive and negatives (sandwiched)
  - Identify specific behaviors without judgment
- Create realistic plan to correct or improve
- Ask for feedback
- Follow-up
Communication is the Key

- Active listening
- Open ended questions
- Reflective listening
- Clarifying objectives, agendas
References and Resources


- Bensinger L, Meah and Simon. Resident Teaching Development Program. Institute for Medical Education, Mount Sinai School of Medicine.