



## Clinical Teaching

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## Overview

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

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## Clinical Teaching Strategies

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

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### **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.

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### **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)

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### **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)

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### **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)

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### **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)

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### **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)

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### 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)

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### 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)

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### 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)

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### **Clinical Teaching Strategies Skills/Procedures**

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

(Edwards et al., 2002)

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### **Bedside Teaching**

- Planning
- Patient involvement
- Participation

(Ramani, 2003)

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### **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)

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## 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)

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## Bedside Teaching

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

(Ramani, 2003)

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## 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)

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## 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)

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## Teaching in the OR

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

(Lyon, 2004)

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## 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)

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## 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)

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## 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.”

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## 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.

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## 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)

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## THANK YOU!

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