

Clinical Teaching

Resident Educator and Life Long Learner Program

Objectives

- Describe teaching strategies common to different settings
- Identify the challenges of teaching in various settings
- Consider the time commitment of one-on-one didactic teaching
- Apply knowledge and skills when teaching residents or students

Strategy for Success in Resident Precepting

- Orient the learner(s)
- Adapt to the experience level of the learner
- Integrate the patient into the learning experience
- Observe the learner
- Allow time to debrief the learning experience
- Reinforce areas of strength
- Target areas for improvement

Orient the Learner/Adapt the Experience

- Logistics
 - How is the day/week/month organized
- Your expectations of the Learner
 - Vary by level of experience
- What are the Learner's needs?
 - Elicit learning goals from the learner
- When will feedback occur

Integrate the Patient into the Learning Experience

Multiple opportunities to integrate the patient

- Bedside presentation
- Patient education
- Patient medication history
- Rounds

Observe the Learner

Inpatient

- New admission – ? Medication history
- Daily "pre-rounds" – focused interaction
- Work rounds – select identified medication-related problems
- Discharge counseling or transfer continuity

Clinic

- Start of clinic visit – focus on initial history
- Middle of clinic visit – identified medication-related problems
- End of clinic visit – patient education

Allow Time to Debrief the Learning Experience (feedback and patient teaching)

- **Inpatient**
 - Feedback based on observation
 - Run the list of patients after a work-rounds session
- **Clinic**
 - Reinforce learning goals
 - Run the list of patients
 - ? After each patient
- **Feedback**
 - Reinforce Areas of Strength
 - Targeted Areas for Improvement
 - Ask-tell-ask

Feedback: ASK-TELL-ASK...

- **ASK**
 - Ask for the student/resident's self-assessment
- **TELL**
 - Acknowledge and address their concerns
 - State your observations
 - Provide feedback on at least one thing that the student/resident did well
 - Address a maximum of one – two other areas for improvement
 - Provide focused teaching
- **ASK**
 - Check student/resident's understanding
 - Discuss a "Plan for Improvement"

Feedback: ASK-TELL-ASK...

- **ASK**
 - How did you do on your patient list today - well I missed the amiodarone drug interactions, but otherwise ok
- **TELL**
 - That's right - amiodarone has a lot of interactions that you need to be aware of
 - You did pick up most of the renal dosing issues, but you also missed the high dig level and a couple other interactions
 - Provide focused teaching about dig, and drug interactions, particularly amio
- **ASK**
 - Is there anything about these issues that you don't understand?
 - Remember, when you have any drug you are not familiar with, you need to read about them and recognize drug related issues (interactions, adrs, etc)

Benefits of Bedside Teaching

- **Observe and role model:**
 - Communication skills
 - Model professionalism
 - Emphasizes humanism, personalizes patient
 - Clinical reasoning
- **Direct observation of patient and learners**

Potential Challenges of Bedside Teaching

- **Patient related**
 - Fear of their discomfort
 - Lack of privacy, confidentiality
- **Learner related**
 - Fear of embarrassment
 - Distracted
- **Teacher related**
 - Not confident in their skills
 - Too time consuming
 - Context
- **Environmental**
 - Crowded, noisy rooms- little space or privacy
 - Interruption of other activities

Prepare and Plan

- **Teacher issues**
 - Early on consider planning the questions you will ask in advance
 - Theme of the day common to all patients versus different for each
 - With time, ask your learners what they want to discuss
- **Patient issues**
 - Choose someone appropriate
 - Ask permission (some patients will decline)
 - Review purposes with patient
 - Both patient care and teaching?

Prepare and Plan

- **Learner issues**

- Establish learner goals in advance
- Create supportive environment
- Define roles
- Content of the session: issues to avoid
- Set time limit

In the Room

- **Respect the patient**

- Introductions, talk to them, layman's terms, answer their questions, keep comfortable

- **Targeted teaching: Limit to 1-2 points**
- **Provide reinforcing feedback**
- **Manage time**
- **Closure and thanks**

The Teaching

- Identify the most teachable moments
- Tell the patient what you are doing
- Appropriate questioning
- Articulate your thinking process out loud
- Demonstrate humility
- Balance your involvement
- Things to avoid
 - Marginalizing the patient
 - Sensitive topics
 - Guess what I am thinking questions
 - Too many hypotheticals
 - Deflating the learners
 - Too lengthy a discussion

Strategies to Engage the Experienced Learner

- How can I help you with this case?
- Let the experience learner lead the team
- Give the learner a chance to shine

Teaching: Ask-Tell-Teach-Ask

- **Ask**
 - What is the learner impression of the case? Probe for understanding and gaps in knowledge.
- **Tell**
 - Share your observations, impressions
- **Teach**
 - Teach general rules
- **Ask**
 - Future learning goals, next steps

Reflection

- **Reflection in action**

- Why we are doing something
- "We check the platelet count because she was started on heparin yesterday"
- "This rash follows a dermatome pattern which is highly suggestive of shingles"

- **Reflection on action**

- Why we did something
- "When we told the patient the risks of warfarin if she goes on another drinking binge, she agreed to cut back"
- "when we told the patient the risks of the flu in patients like him with emphysema he agreed to take the shot"

- **May be better to ask than tell...**

Common Pitfalls

- Spectator sport
 - Teacher demonstrates while learners watch
 - Focus only on single learner (challenging when you have a PGY2, PGY1, and a student)
- Ill-timed mini-lecture
- Teacher interest dictates content
- No debriefing of experience
- Didactic Teaching – do we do too much??

Didactic Teaching

- One residents on rotation for 10 months each
- Spend 2 hours/day in topic discussions
- 20 workdays in a month
- $20 \times 2 = 40$ hours/month for a single resident
 - 0.25 FTE

Didactic Teaching

- How is it done (lecture, case based, chapter review)?
- Who leads the discussion?
 - Student/resident vs preceptor
- How much is necessary?
 - Adult learners – 2 hours/day is probably at least 1 hour too many
 - Socratically, hit the high points that are most important. If they don't get those, there is no need to continue.
- Case based whether at bedside or in a room
- Have them teach someone else

Bedside vs. Not

- Not all topics conducive to a single method
- Take time to discuss cases
 - Add the teaching points into the case discussion
- Didactic is time consuming
 - May want to find a way to consolidate with other preceptors
 - Lecturing is probably not the best venue one-on-one
- Residents should take responsibility to be prepared, with reading assignments completed

Clinical Teaching

- Goal is to make great practitioners out of our residents
- Teach by example
- Give the resident the opportunity to perform independently
- Teach approach as well as fact
- Professionalism and relationship-building are key components
- Be a guide and a mentor