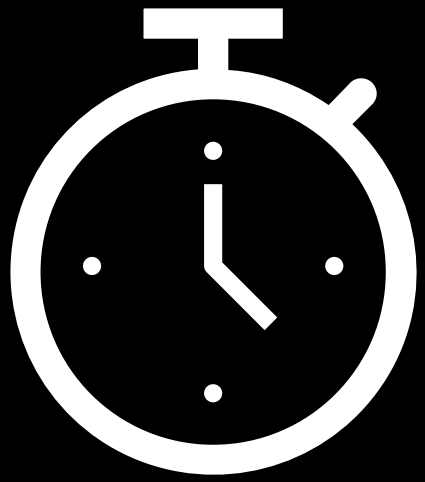


Time is Ticking

Tips For Efficient Clinical Teaching

Karim Hanna, MD

Department of Family Medicine

Learning objectives

By the end of this session, you will be able to:

- Review some characteristics of teachers
- Explore the benefits of and barriers to bedside teaching
- Learn and discuss tips for effective clinical teaching
- Discuss challenges for bedside teachers and generate possible solutions in small groups
- Understand the principles and benefits of experimental learning and apply them to your own bedside teaching

My 4th grade teacher…

My 6th grade teacher…

My 12th grade teacher…

What word that comes to mind?

Qualities of a GOOD teacher

Teacher qualities that are NOT SO GOOD

My _____ teacher…

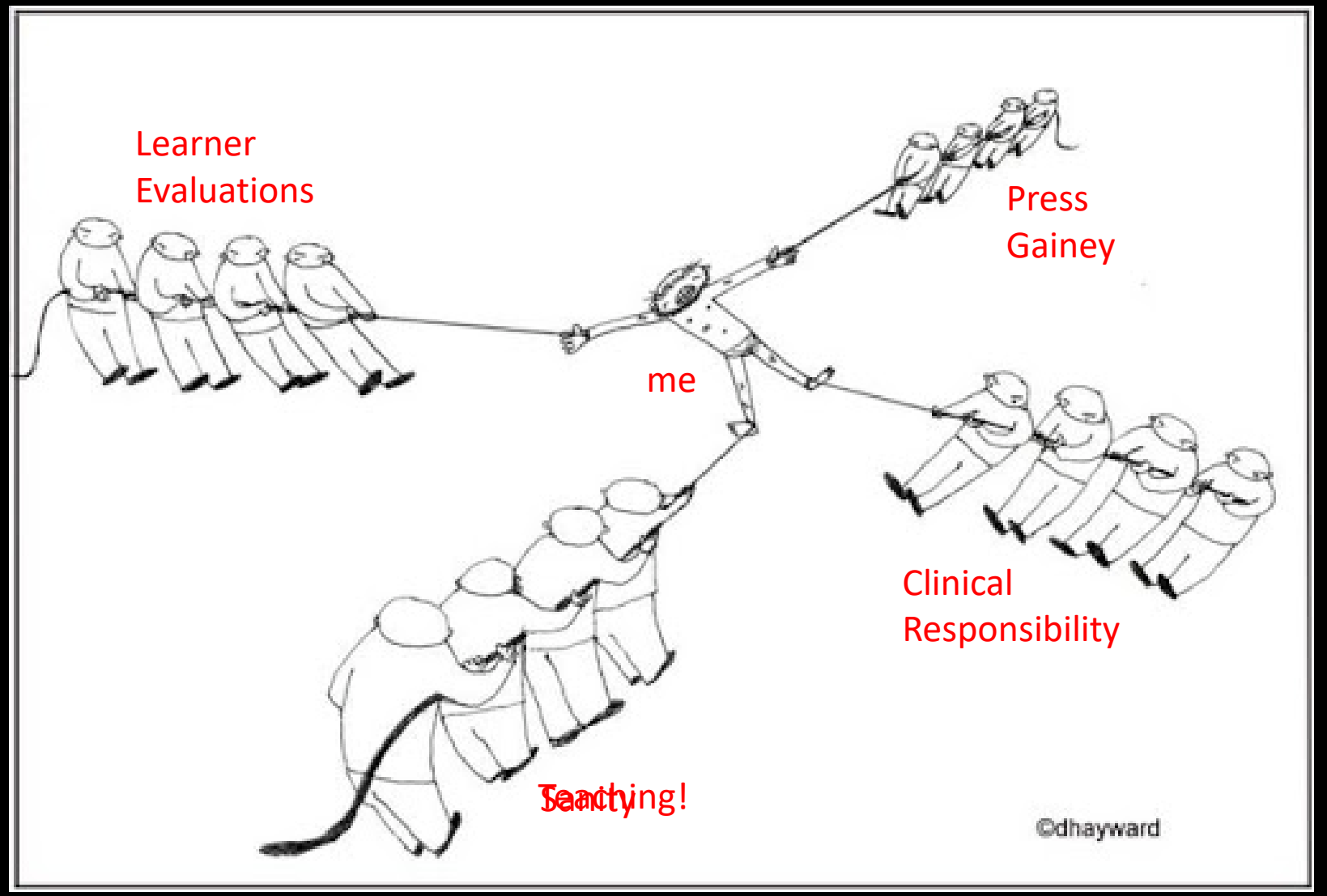
My _____ teacher…

Tell me, and I'll listen.
Show me, and I'll
understand.
Involve me, and I'll
learn.

Lakota Indian saying

Benefits and Barriers of Bedside Teaching

The Struggle

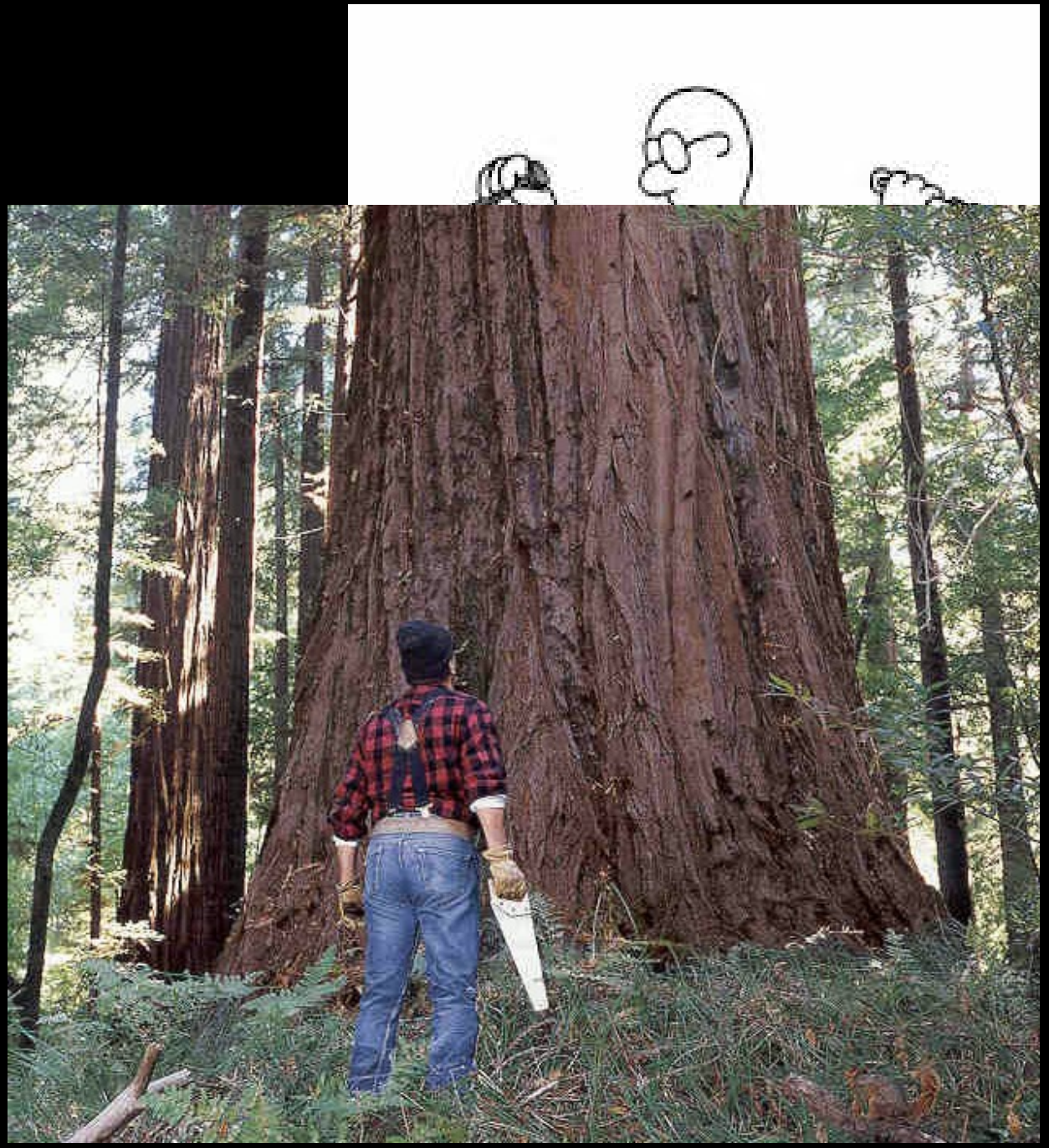


What are your biggest barriers to effective teaching?

Barriers to Bedside Teaching?

- Time
- Time
- Time
- Lack of a toolkit

What works well?



To-do

-Tips 1-5

-Small Groups + Exercise

-Few (4) More Tips

Traditional Model

- Direct attention toward patient care issues
- Ask low level questions
- Give mini lecture
- Provide little feedback

One-Minute Preceptor Model

1. Get a commitment from learner
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was done correctly
5. Correct mistakes

1. Get a commitment from learner

- Discovery phase: allows learner to create formulation of the clinical situation and encourages collaborative role in problem solving
- Failure to **commit:** learner has not processed information, reluctant to expose weaknesses, dependent on others → indicates a teachable moment
- Cues to engage:
  - "What do you think is going on with this patient?"
  - "What do you think are the medication-related problems with this patient?"
  - "What do you think are the learning outcomes of this encounter?"

1. Get a commitment from learner

2. Probe for supporting evidence

- Diagnosis phase: allows preceptor to determine any underlying deficits and further identifies critical thinking skills
  Helps learner **reflect** upon the process

- Cues: “Think out loud” vs. “Grilling”
  - “What were you trying to do here?”
  - “Explain to me how you reached your conclusion?”
  - “What evidence helped you make that choice?”

2. Probe for supporting evidence

3. Teach general rules

- Teaching will flow from the first two steps
- More memorable and transferable: application for broad patient populations

- Principles:

  o “The best available evidence demonstrates...”
  o “Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately there are some criteria that have been tested which help...”

  o “Given this patient’s renal function, standard antibiotic dosing is not appropriate. The best reference to find the information is...”

3. Teach general rules

4. Reinforce what was done correctly

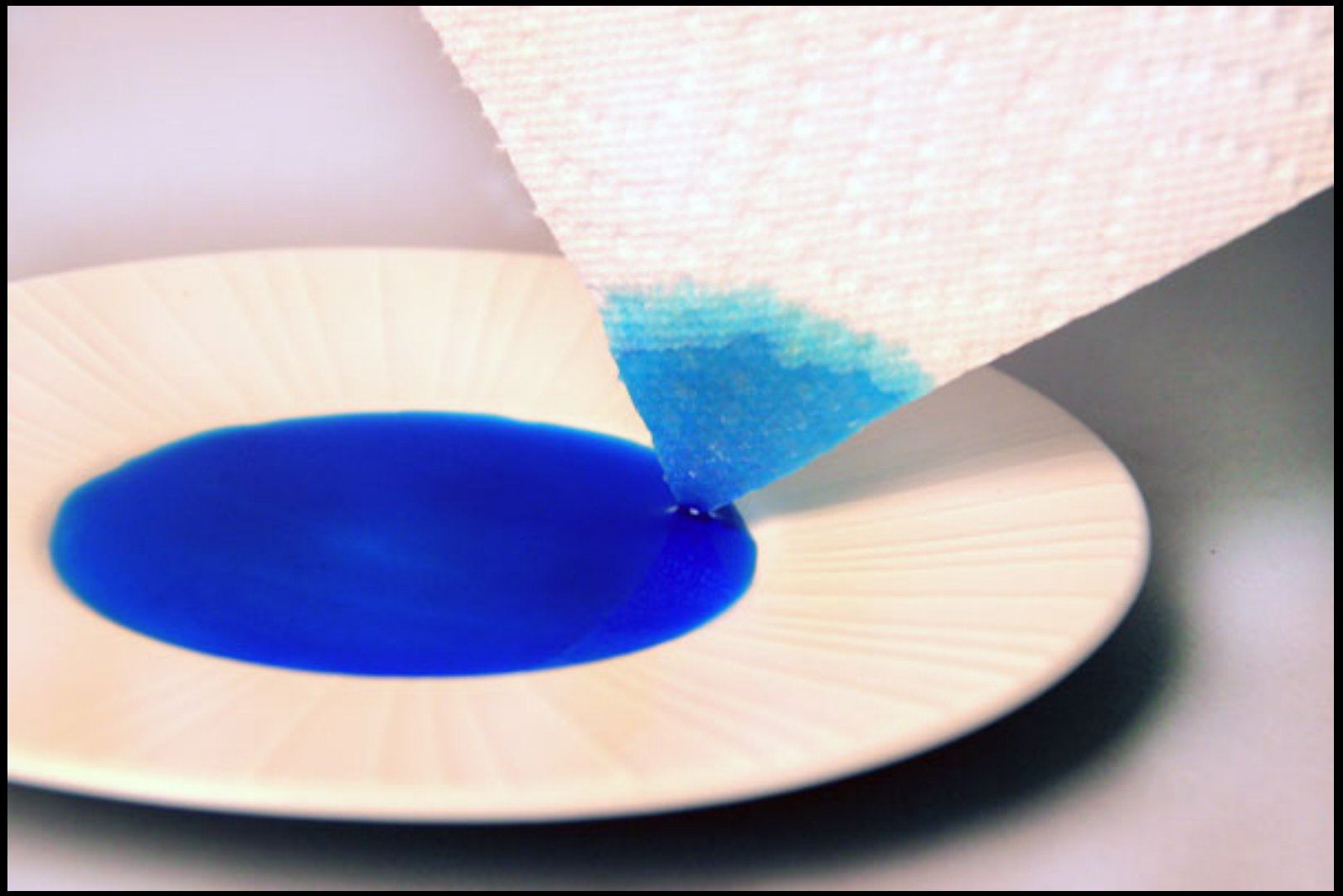
- Helps learner absorb and retain

- Key concept in behavior analysis:

  o “When recommending that medication, you appropriately considered the patient’s age and renal function. That will certainly decrease the risk of the patient falling because of over sedation.”

  o “Obviously, you considered the patient’s finances in your selection of therapy. Your sensitivity to this will certainly contribute to improving compliance.”

4. Reinforce what was done correctly



5. Correct mistakes

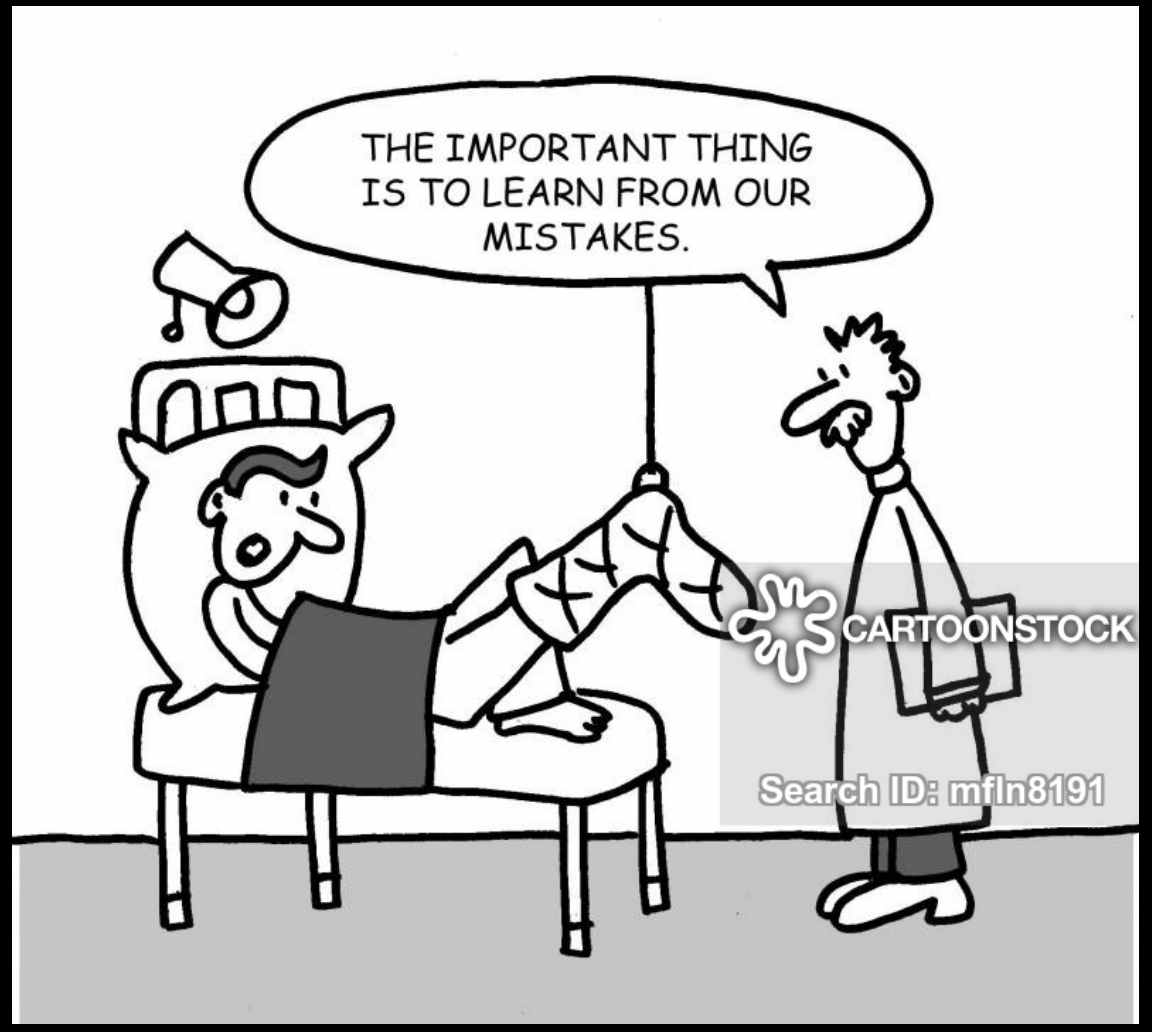
- Presents opportunity for self-assessment → uncorrected mistakes are often **repeated**
- Requires **tact** to be effective: time, place, conscious effort to wait
- Frame as “not best” or “less than optimal”: include suggestion for the future

  o “I agree that the patient is probably drug seeking, but we still need to wait for a careful history and physical exam.”

  o “Next time a patient becomes angry during the encounter, try this...”

  o “I agree that the patient’s cholesterol needs to be addressed, but achieving glycemic control first will decrease their length of stay...”

5. Correct mistakes



One-Minute Preceptor Model

Get a commitment from learner

Probe for supporting evidence

Teach general rules

Reinforce what was done correctly

Correct mistakes

Exercise

- Reflection

Most Clear/Least Clear Point:

- reveals overall understanding of materials and directs teaching efforts

Which of the steps was most clear?

Get a commitment from learner

Probe for supporting evidence

Teach general rules

Reinforce what was done correctly

Correct mistakes

A

B

C

D

E

Which of the steps was least clear?

Get a commitment from learner

Probe for supporting evidence

Teach general rules

Reinforce what was done correctly

Correct mistakes

A

B

C

D

E

Break out into groups

6 Channels are set up – join your group

Each group will have 5 minutes to review 2 methods

Give us a 1-minute presentation teaching those methods to the group

Group 1

- Tip 1: Preparation

- Tip 2: Road map

Group 2

- Tip 3: Orient

- Tip 4: Intro and Emphasize

Group 3

- Tip 5: Role-model

- Tip 6: Step out

Group 4

- Tip 7: Challenge the learners

- Tip 8: Tell the learners

Group 5

- Tip 9: Leave time

- Tip 10: What went well

Group 6

- Tip 11: Think and evaluate

- Tip 12: Preparation for the next encounter

Conclusions

Conclusion

Bedside teaching is an essential method of clinical teaching. There are many skills that cannot be taught in a classroom and require the presence of a patient, real or simulated. Although many clinical teachers find this an intimidating mode of teaching that bares their own deficiencies, they need to realize that all of them possess a wide range of clinical skills that they can teach their junior and far less experienced trainees. Some common-sense strategies combined with faculty development programs at individual institutions can overcome some of this insecurity and promote bedside rounds that can be educational and fun for teachers and learners alike.

It is appropriate to conclude this article with William Osler's words: "To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all" (Osler, 1903).

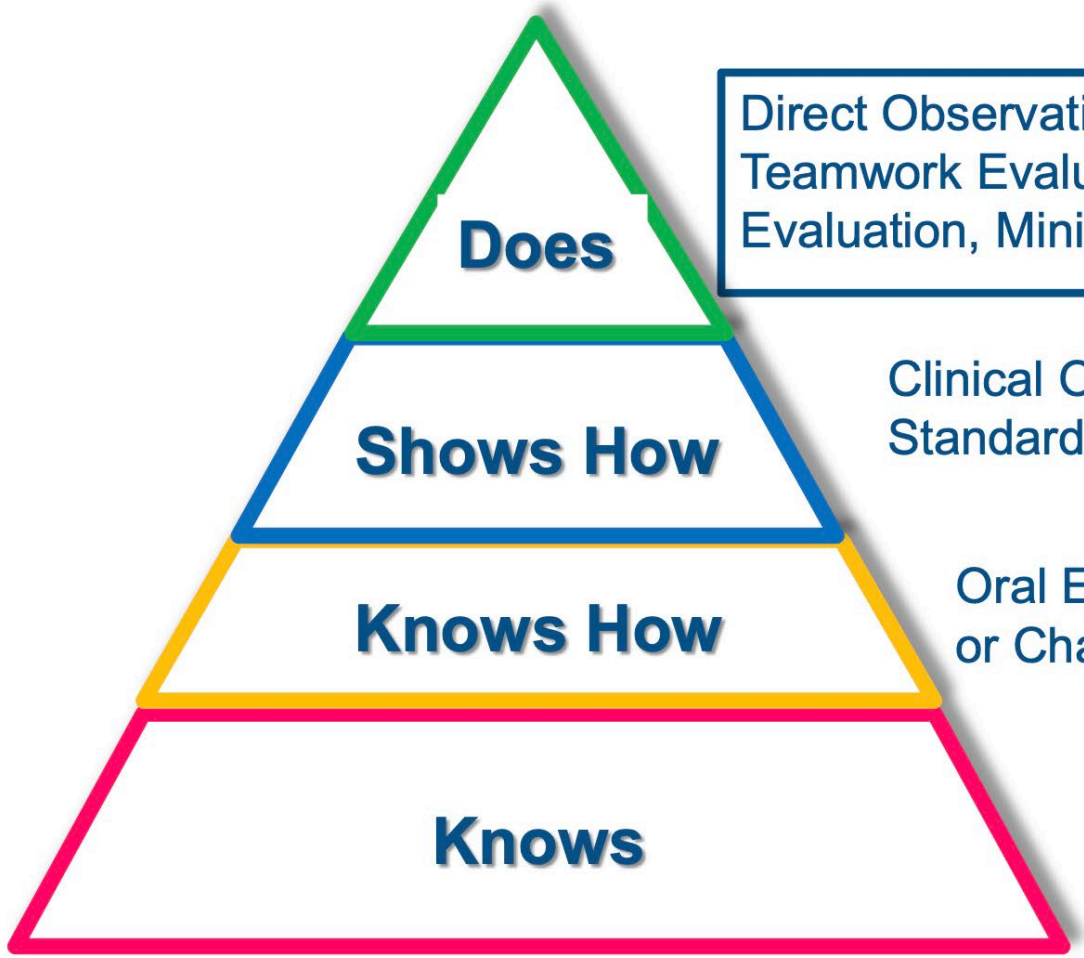
1 - End goal in mind

“Curricular design”

you’re building

- start with a a goal
- where do they stand

Miller's[1] Pyramid of Clinical Competence



Direct Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX

Clinical Observation, Simulation, Standardized Patients

Oral Examinations, Clinical Vignettes, or Chart Stimulated Recall for reasoning

MCQ

2 - Rounding Learning Environment:

2 - Rounding Learning Environment

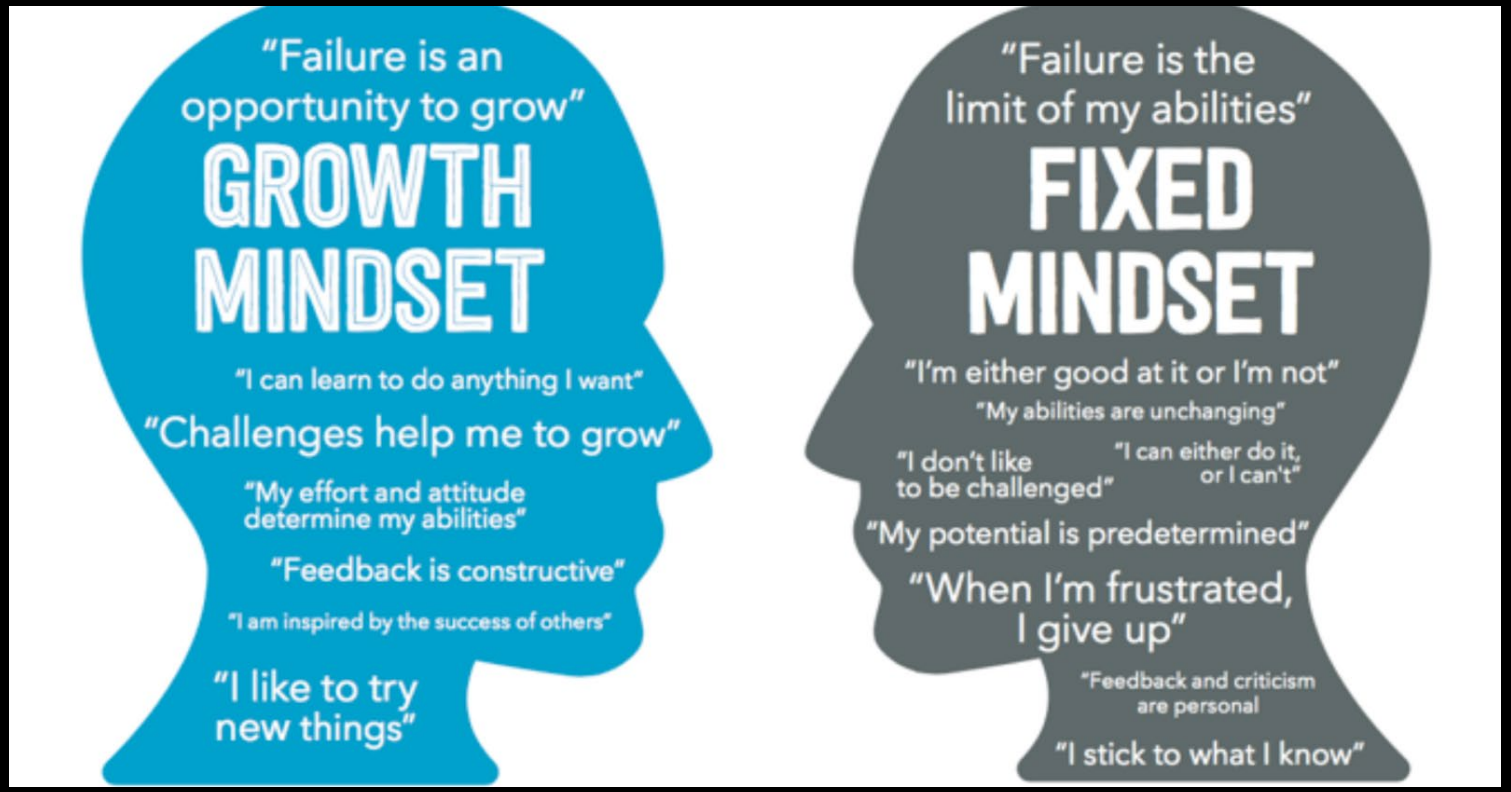
- Sit down
  - Remote discussion
- Walking
  - Hallway discussion before entering room
- Bedside
  - In room with involvement of the patient/family

3 - Promote reflection - how?

- After presentations
  - Ask about the learner’s clinical question?
- Give assignments that are worth while
  - What have they learned? Push forward?
- Review Unexpected Outcomes/Debrief

4 - Give feedback

- Growth Mindset
- Advocate
- Too much?



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References

- Neher, Jon, et al. A Five-Step "Microskills" Model Of Clinical Teaching. Journal of American Board of Family Medicine.
- Pearls for Bedside Teaching. MUSC Faculty Development Lecture. Link.
- RAMANI, SUBHA. **Twelve tips to improve bedside teaching. Medi**cal Teacher, Vol 25, No. 2, 2003, pp. 112-115.

Thank you

When I do not know myself, I cannot know who my students are. I will see them through a glass darkly, in the shadows of my own unexamined life—and when I cannot see them clearly, I cannot **teach** them well.

P. Palmer - The Courage to Teach