

Teaching Medicine Series

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Series Editor

Teaching and Coaching in the Hospital

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About the *Teaching Medicine* Series

This book series, *Teaching Medicine*, represents a major initiative from the American College of Physicians. It is intended for College members but also for the profession as a whole. Internists, family physicians, subspecialists, surgical colleagues, nurse practitioners, and physician assistants—indeed, anyone involved with medical education—should find this book series useful as they pursue one of the greatest privileges of the profession: the opportunity to teach and make a difference in the lives of learners and their patients. The series is composed of seven books:

- *Theory and Practice of Teaching Medicine*, edited by me, considers how medical learners learn (how to be doctors), how medical teachers teach, and how they (the teachers) might learn to teach better.
- *Methods for Teaching Medicine*, edited by Kelley M. Skeff and Georgette A. Stratos, builds on this foundation but focuses on the actual methods that medical teachers use. This book explores the full range of techniques that encourage learning within groups. The authors present a conceptual framework and guiding perspectives for understanding teaching; the factors that support choices for particular teaching methods (such as lecturing versus small-group discussion); and practical advice for preceptors, attending physicians, lecturers, discussion leaders, workshop leaders, and, finally, course directors charged with running programs for continuing medical education.
- *Teaching in Your Office, Second Edition*, edited by Patrick C. Alguire, Dawn E. DeWitt, Linda E. Pinsky, and Gary S. Ferencick, will be familiar to many teaching internists. It has been reissued as part of this series. This book remains the office-based preceptor's single most useful resource for preparing to receive medical students and residents into an ambulatory practice setting or, among those already engaged in office-based teaching, for learning how to do it even better.
- *Mentoring in Academic Medicine*, edited by Holly J. Humphrey, considers professional development across the continuum of medical education, from issues pertaining to students to residents to

faculty themselves, as well as issues pertaining to professional development of special populations. Here is where the important contributions of mentors and role models are explored in detail.

- *Leadership Careers in Medical Education*, edited by Louis Pangaro, is written for members of the medical faculty who are pursuing—or considering—careers as clerkship directors, residency program directors, or educational leaders of departments or medical schools, careers that require not only leadership skill but also a deep understanding of the organization and administration of internal medicine’s educational enterprise. This book explores the theory and practice of educational leadership, including curricular design and evaluation, and offers insightful profiles of many of internal medicine’s most prominent leaders.
- *Teaching Clinical Reasoning*, edited by Robert L. Trowbridge Jr., Joseph J. Rencic, and Steven J. Durning, explores one of clinical medicine’s most fascinating questions, which happens also to be a question that is critical for medical education: “What, apart from medical knowledge, is essential for clinical expertise?” Related to that question, of course, and most germane for medical teachers are the questions “How can teachers ‘diagnose’ the learner who appears to have adequate knowledge but who struggles to deploy that knowledge for patient care?” and “How can teachers effectively intervene?” This book explores these questions while providing insight and practical advice for clinical teachers and for program directors charged with introducing the subject of clinical reasoning to the curriculum for students and residents.
- *Teaching and Coaching in the Hospital*, edited by Drs. Paul B. Aronowitz and Craig R. Keenan, explores what is perhaps our profession’s most traditional form of teaching, that is, teaching in the hospital at the bedside, and expands our vision of that foundational mode of clinical teaching to include some of medical education’s newest—and most exciting—concepts, such as teaching procedures and point-of-care ultrasound (POCUS), encouraging learners to adopt a growth mindset, and coaching. Hospitalists and, indeed, all inpatient attending physicians will benefit greatly from the wisdom and advice this volume delivers.

Jack Ende, MD, MACP
Philadelphia, 2025

Preface

When Dr. Jack Ende asked us to create and edit this book, we were both honored to be involved and excited about the possibilities the book offered. As a pair, we have over 70 years of teaching experience in the hospital, clinic, and classroom. Although internal medicine over the past 15 years has emphasized balancing inpatient and outpatient training, the teaching and coaching that are done in the hospital remain the most formative and impactful experiences for medical students, internal medicine residents, and other health professional students on our teams. Teaching in the hospital setting is also one of the most challenging endeavors for a clinician-educator for myriad reasons, including the wide range of learner types and learner experiences, the chaotic time-compacted environment, and the intense (and rewarding) relationships with patients and families in their most difficult times. In addition, over the last decade, medical education has shifted to focus much more on practicing learner-centered education, creating a positive learning climate, promoting a growth mindset, avoiding bias in evaluations, and using coaching techniques to help our learners reach their full potentials—all of this supposedly done while ensuring outstanding care for some of the sickest and most complex patients modern medicine has ever seen. Even the most experienced educators can struggle in this hectic environment. Given the critical foundational importance of learning in the hospital and these potentially daunting challenges, we felt that a new book that addresses teaching and coaching in the current era would be helpful to all inpatient teachers, whether experienced or less experienced, whether they teach 2 weeks a year in the hospital or 22 weeks a year.

In developing our list of chapters, we dug deep into our own experience as medical educators to include topics that are dear to our hearts as educators, as well as topics that, in our opinion, are not given their due attention in texts on medical education. While there are entire books on remediating learners, teaching clinical reasoning, and teaching professionalism (all chapters in this book), there is less written about how to create a great learning climate, create teaching scripts, write good evaluations, deal with patients who discriminate against their caregivers, or even how to take teaching from good to great, just to name a few topics we felt were

important and relevant to educators but less focused on in the medical education literature. In this book we seek to bridge these less commonly covered topics with the more commonly covered topics to build a compendium that the reader can either deep dive into on a rainy winter day off from work, or simply dip into when the need arises or a vexing topic demands attention.

Ultimately, our hope is that the contents of this book are both practical and relevant to the reader. The reader will likely notice that some content is repeated to some degree across chapters. Though we did not want chapters to be repetitive, we assumed that, knowing how busy medical educators are, many readers will read chapters out of sequence when the desire to supplement their knowledge is relevant to what they may be doing, teaching, or struggling with at the time. A clerkship director puzzling over how to obtain better evaluations from their faculty might read the chapter on writing evaluations in July in an effort to make progress in that academic year but might not read the chapter on creating a great learning environment until 6 months before the next accreditation site visit. A core educator might not read the chapter on patients who discriminate against their care providers until they are confronted by an incident in which a patient has committed a macro- or microaggression against a team member in the hospital. We see this book as both a “just-in-time” reference and a downtime read for in-depth study.

Despite the title of this book and its focus on medical education in the hospital, we feel that *anyone* teaching medicine *anywhere* will be able to benefit from reading this book’s contents. While chapters on the first 48 hours of being on service in the hospital and teaching the nitty gritty of inpatient care will not be relevant to the outpatient educator, numerous chapters pertain to teaching across the broad landscape of modern medical education. Chapters on teaching clinical reasoning, dealing with patients that discriminate against healthcare providers, engendering a growth mindset, coaching, and creating a positive learning climate have great relevance to teaching almost any specialty in almost any situation, from the wards to the clinic to the operating room. Teaching the physical examination and teaching at the bedside (or clinic-table side) are equally vital to know and understand for all educators aspiring to excellence. While both editors have been teachers in both inpatient and outpatient settings, we have included chapter topics that help all educators be better at what they do, whatever their specialty or location of practice and teaching.

Lastly, we would like to thank the many expert educators from around the country who gave us advice and lent their expertise in the creation of this book. We spent many hours brainstorming about topics to include and then put that list forward for scrutiny by not only Dr. Ende but also to peers who are leaders in education. The list of proposed chapters was further refined based on the feedback we received from these colleagues. We then set out to invite chapter authors. We were humbled and surprised by the enthusiasm with which authors accepted our invitations to write for *Teaching and Coaching in the Hospital* and

are honored to have the depth and quality of authors who contributed chapters in this book. Each chapter was also sent out to volunteer peer-reviewers—top educators from all over the country who helped authors and editors hone each chapter. We are indebted to all who helped make this book better than anything we could have done alone. We would also like to thank Mary Beth Murphy, at the ACP, for her hard work on editing and refining this book, as well as for keeping us organized. We also owe a big debt of gratitude to Diane Scott-Lichter, Chief Publishing Officer and Senior Vice-President of Publishing at ACP, who was a wise and experienced resource to whom we frequently turned as this book progressed.

In conclusion, we hope to inspire our readers to be better educators, but we also hope to stimulate more thought about better ways to educate. We are honored to have had a role in the production of this book and hope that it is of use to the reader.

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