Practical Tips to Enhance Your Clinical Teaching Skills

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Objectives

• Define the categories and identify key components of the Stanford educational framework.
• Using the Stanford educational framework to analyze your own (and others') clinical teaching, for the purpose of improvement.
• Introduce & explain the rationale behind the One-Minute Preceptor model of clinical teaching.

Clinical Teaching? Why bother?

"Teaching is always occurring whenever there is learning taking place."
Kelley Skeff, MD, PhD – 2003

Stanford Educational Framework

Learning Climate
Control of Session
Communication of Goals
Promotion of Understanding & Retention
Evaluation
Feedback
Promotion of Self-Directed Learning

"A teacher is not only a disseminator of knowledge but also a facilitator of learning." — Kelley Skeff, MD, PhD

COI Disclosures

• None to report.
Learning Climate

D. KEY COMPONENTS & SPECIFIC BEHAVIORS

1. STIMULATION

   TEACHING BEHAVIORS:
   - Show enthusiasm for topic and for learners
   - Show interest through body language
   - Use animated voice
   - Provide conducive physical environment
   - Counteract natural decrement in attention

2. LEARNER INVOLVEMENT

   TEACHING BEHAVIORS:
   - Look at learners
   - Listen to learners
   - Encourage learners to participate
   - Avoid monopolizing discussion

3. RESPECT / COMFORT

   TEACHING BEHAVIORS:
   - Use learners' names
   - Acknowledge problems/situation faced by learners
   - Invite learners to express opinions
   - State respect for divergent opinions
   - Avoid ridicule, intimidation or interruption

4. ADMISSION OF LIMITATIONS

   TEACHING BEHAVIORS:
   - Admit own errors or limitations
   - Teacher's "psychological size"
   - Avoid being dogmatic
   - Acknowledge limitations in learners
   - Invite learners to bring up limitations
   - Acknowledge limitations in content of medicine
   - Acknowledge limitations in context of medical education
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Control of Session

A. DEFINITION: the manner in which the teaching interaction is focused and paced as influenced by the teacher’s leadership style.

B. EDUCATIONAL PURPOSE: helps the teacher recognize that group dynamics affect the efficiency and focus of every teaching interaction.

C. KEY COMPONENTS
- Leadership Style
- Focus of Session
- Pace of Session

Control of Session

C. KEY COMPONENTS & SPECIFIC BEHAVIORS

1. LEADERSHIP STYLE
   a. TYPES:
      - Directive
      - Democratic
      - Non-directive

   b. VARIABLES INFLUENCING CHOICE
      - Variation in learner needs
      - Amount/type of content
      - Phase of group process
      - Personality style
      - Observations of session
      - Educational context

   c. TEACHING BEHAVIOR
      - Adapt leadership style to educational purpose

Leadership Style

Which style are you most comfortable using?

In what context do you typically use it?

What is a benefit of that style?

Control of Session

2. FOCUS OF SESSION

TEACHING BEHAVIORS:
- Set an agenda
- Discourage external interruptions
- Avoid digressions, keep on topic
- Have learners help focus session
Control of Session

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Control of Session

3. PACE OF SESSION
TEACHING BEHAVIORS:
- Call attention to time
- Speed up or slow down discussion
- Allocate time to topics on agenda
- Have learners help pace session

Control of Session

Communication of Goals

A. DEFINITION: The establishment and explicit expression of a teacher’s and/or learners’ expectations for the learners.

B. EDUCATIONAL PURPOSE

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CRITICAL ASPECTS OF TEACHING

CONTEXT

TEACHER

LEARNER

Knowledge
Skills
Attitudes

Content

Stanford Faculty Development Center 1988
Stanford University School of Medicine
Three Functions of Goals

• Let learners know what to master
• Guide teacher to plan instructional process
• Provide learners and teacher with basis for assessment

Communication of Goals

A. DEFINITION
B. EDUCATIONAL PURPOSE
C. TYPES (ends, means)
D. TIMING
   (can occur before, during, or after teaching session)
E. KEY COMPONENTS
   Establishment of Goals
   Expression of Goals
   Collaboration on Goals

Communication of Goals

E. KEY COMPONENTS & SPECIFIC BEHAVIORS

2. EXPRESSION OF GOALS
TEACHING BEHAVIORS:
• State goals clearly and concisely
• State goals as learner behaviors (see 'sample verbs' handout)
• State relevance of goals to learners – critical for learner ‘buy-in’
• State expected level of competence
• Repeat goals periodically

Examples: Expected Level of Competence

• Conditions/quality of acceptable performance
  Amount of supervision: aided vs. unaided
  Degree of accuracy: 9% error rate
  Length of time to perform: present case within 30 secs
  Complexity: w/ patient alone vs. w/ family present
  Use of resources: amount of technical assistance
  Simulation vs. reality

• Developmental stages
  Variation across level of trainee: student vs. resident vs. fellow
  Milestones: approx. time frame for trainee to achieve stage

Communication of Goals

3. COLLABORATION ON GOALS
TEACHING BEHAVIORS:
• Check out learner’s acceptance of teacher’s goals
• Ask learners for their goals
• Agree on goals
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Evaluation

A. DEFINITION: The process by which the teacher assesses the learners' knowledge, skills, and attitudes, based on criteria related to educational goals.

B. EDUCATIONAL PURPOSE

C. TYPES OF EVALUATION
   - Summative
   - Formative

D. KEY COMPONENTS
   - Observation of Learners
   - Questioning
   - Fostering Self-Assessment

CRITICAL ASPECTS OF TEACHING

Evaluation

E. KEY COMPONENTS & SPECIFIC BEHAVIORS

1. OBSERVATION OF LEARNERS
   TEACHING BEHAVIOR:
   • Observe learner’s performance

2. QUESTIONING
   a. FORMS OF QUESTIONS
      - Open-ended questions
      - Closed-ended questions
   b. WAIT TIME

Evaluation

QUESTIONS

TYPES

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>Fundamental</th>
<th>Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall</td>
<td>requires recall of scientific/medical information, skills or attitudes</td>
<td>requires application of knowledge, skills or attitudes to a specific patient, example or case</td>
</tr>
<tr>
<td>Analysis/Synthesis</td>
<td>requires demonstration of understanding</td>
<td>requires application of knowledge, skills or attitudes to a specific patient, example or case</td>
</tr>
</tbody>
</table>

Evaluation

3. FOSTERING SELF-ASSESSMENT
   TEACHING BEHAVIOR:
   • Ask learner to self-assess
Self-Assessment

T watches L look in mirror
"How well do you think you did?"

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Feedback

A. DEFINITION: The process by which the teacher provides learners with information about their performance for the purpose of improving their performance.

B. EDUCATIONAL PURPOSE

“To give feedback is to be nurturing.” -- Kelley Skeff, MD, PhD

CRITICAL ASPECTS OF TEACHING

Feedback

CRITICAL ASPECTS OF TEACHING

The medical education literature suggests:
- Learners want FB
- Teachers say they give FB
- Learners say they don’t receive FB

What might explain this?
**FB Continuum #1: Timing & Delivery**

Informal ↔ Formal

- in-the-moment
- on-the-fly
- mid-rotation
- end-of-rotation

**Feedback**

1. Minimal Feedback
   
   Teaching Behaviors:
   - Tell learner that performance is correct or incorrect
   - Agree or disagree with learner’s opinions
   - Use nonverbal cues like nodding

   Examples:
   - "No."
   - "Good."
   - "That’s correct."
   - "You made a mistake."

2. Behavioral Feedback
   
   Teaching Behaviors:
   - Describe learner’s performance as behaviors
   - Focus feedback on the decision, not the decision-maker (Ende 1983)
   - Tell learner why performance is correct or incorrect
   - Give reasons for agreement or disagreement
   - Offer behavioral suggestions for improvement

   Examples:
   - "Your case presentation was clear and well-organized."
   - "Your report does not include all the important test results."
   - "I agree with you because . . ."
   - " . . . Next time, I think you should try . . ."
3. **INTERACTIVE FEEDBACK**

**TEACHING BEHAVIORS:**
- Have learner self-assess (EV) & give FB on ability to self-assess
- Give learner FB (minimal or behavioral) on performance & elicit learner’s reaction
- Ask learner to paraphrase the feedback (Ende 1983)
- Develop an action plan with learner

**EXAMPLES**

“How do you feel you did?” . . . “I agree with your observation.”
“... Do you agree with my observations?”
“What do you want to change?”

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**3-legged stool**

- **Feedback**
  - Learning Climate (LC)
  - Control of Session (CG)
  - Evaluation (EV)

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**Stanford Educational Framework**

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**One-Minute Preceptor Model:**

**The 5 Microskills of Clinical Teaching**

- Much of clinical teaching is discussing a patient
  - Learner interviews & examines patient
  - Presents to preceptor (YOU)
  - You then help/guide the learner to make clinical decisions
    - Diagnosis, tests to order, treatment plans.
What clinical teachers do, all the time…

1. Obtain a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was right
5. Correct mistakes

Mostly emphasizes the learner’s A+P skills, but also their pertinent data gathering & reporting.

\[ S+O = A+P \]

#1: Obtain a Commitment
(Problem, Working Dx, DDx, or Plan)

- **Purpose:** gain insight into the learner’s prioritizing/reasoning skills (Evaluation) and inviting their participation & opinion (Learning Climate)
- **Example questions LIKELY to get a commitment:**
  - “What do you . . .
  - think is going on with this patient?”
  - “want to do next in the work-up?”
  - “want to accomplish during today’s visit for this patient?”
- **Example questions NOT likely to get a commitment:**
  - “Sounds like sepsis from CAP, don’t you think?”
  - “Anything else?”
  - “Did you find out which symptoms came first?”

#2: Probe for Supporting Evidence

- **Purpose:** additional Learning Climate building and higher level of Evaluation
  - gain more insight into learner’s clinical reasoning skills (and ensure it’s not a lucky guess)
  - assessing learner’s pertinent data gathering & reporting skills \[ \rightarrow \] \[ S+O = A+P \]
  - encourages learner to think out loud and articulate their thought process;
  - inviting learner’s opinion.
- **Helpful approaches:**
  - “What were the major findings that led to your conclusions?”
  - “Why did you choose that antibiotic?”
  - “Why did you rule out that differential?”

#3: Teach General Rules

- Learner’s responses guide your teaching
- Provide general rules/concepts at the learner’s level (from Stanford model: employs Promotion of Understanding & Retention, but can also include CG)
- **Helpful approaches:**
  - “Patients with AIN usually present with . . .”
  - “In patients with acute kidney injury, the appropriate initial studies to order are . . .”
- **Non-helpful approaches:**
  - “Don’t start antibiotics yet.”
  - “Get a CT instead of a KUB.”
  - “Make him NPO.”

#4: Reinforce What They Did Right

- **Purpose:** providing reinforcing feedback with specifics (behavioral feedback) in terms of what learner did correctly and the effect it had.
- **Helpful approach:**
  - “You did a very thorough job evaluating the patient’s abdominal complaints. Identifying the alcoholism was critical in making the diagnosis.”
- **Non-helpful approach:**
  - “Good job!”
  - “Strong work!”
  - “Right answer.”
#5: Correct Mistakes

- Providing corrective (or constructive) feedback, for the purpose of improving the learner’s performance.
  - First, allow learner to evaluate their own performance (self-assess).
    - “How do you think you did with...”
  - Then, provide feedback on their self-assessment abilities (whether they are accurate or not – be direct).
  - Then, provide corrective (or constructive) feedback on their performance.

Helpful approach:

- “You may be right that this patient’s fevers could be due to a viral URI. But you can’t be sure that it isn’t osteomyelitis from his chronic foot ulcer unless you’ve physically probed the ulcer to look for deep infected pockets and you may end up delaying the diagnosis.”

Non-helpful approach:

- “You did what?!”
- “What do you mean you didn’t examine his foot ulcer?!”

Key Points to the 5 Microskills

- Your teaching time is limited, so make the most of the time you have.
- Incorporate it into what you do everyday.
- Microskills enable you to effectively assess, instruct, and give feedback more efficiently and in a systematic/structured fashion.
- Emphasizes the A+P part of the equation: 
  \[ S+O = A+P \]
  - But should still allow you to indirectly assess their pertinent data gathering and reporting skills.

Thank you!