Tips for Effective Teaching

❖ Establish an informal learning agreement with your student at the beginning of each clinical rotation (i.e. learning contract)

❖ Review charts carefully, in advance if possible
  o Allow focus on new issues
  o Minimal reliance on rounds to provide basic management information

❖ Use teachable moments, especially when working together
  o (i.e., Why is patient on_____?)

❖ Limit interruptions of case presentations

❖ Use the patient for teaching
  o create mental images by mixing tasks and data acquisition
  o mental images develop when tasks involve visual/spatial information
  o trainees remember patients and associate new information with them
  o bedside learning is processed deeply and associated with previous learning

❖ Make bedside teaching explicit and concise

❖ Focus on physical and interpersonal skills

❖ Avoid hallway teaching except for brief follow-up comments
  o privacy issues
  o easier to sit
  o distracting

❖ Use conference room for case presentations

❖ Use the WAVE schedule for ambulatory site teaching

WAVE Scheduling Example
Adapted from: Ferenchick, G., Simpson, D., Blackman, J., DaRosa, D., & Dunnington, G. (1997). Strategies for efficient and effective teaching in the ambulatory care setting. *Academic Medicine*, 72(4), 277-80
8:00-8:20 Student sees patient 1 while preceptor sees patient 2
8:20-8:40 Student and preceptor see patient 1 together
8:40-9:00 Student charts on patient 1 while preceptor sees patient 3
9:00-9:20 Student sees patient 4 while preceptor sees patient 5
9:20-9:40 Student and preceptor see patient 4 together

Case-Based Learning
Case-based learning is a teaching model commonly used in clinical teaching where the learner presents a patient case after independently gathering data. It includes:
- ❖ Role modeling
- ❖ Questioning
- ❖ Being an expert consultant
- ❖ Mini lecturing
- ❖ Encouraging self-directed independent learning
- ❖ Assigning directed independent learning

There are many case-based learning models. Three will be described, briefly, below with links to video clips.

Gordon and Meyer's Microskills Model (Neher, et al. J Am Bd Fam Prac 2002 5:419;424)

- ❖ Combines expert consultation with questioning to address both the learner's and
- ❖ the patient's needs efficiently and effectively
- ❖ Allows assessment of what learner does and does not know
- ❖ Facilitates instruction
- ❖ Provides feedback
- ❖ Usable with almost any level of learner skill and knowledge
- ❖ Works well when time is of the essence
- ❖ Allows you to showcase everyday patient management skills at various levels
- ❖ Allows diagnosis via asking questions
- ❖ Allows analysis of learner knowledge base

Steps:
1 Get a commitment (learner has to commit to plan/decision)
2. Probe for supporting evidence (learner looks to the preceptor for confirmation)
3. Teach general rules (provide short, to-the-point concepts and things to consider)
4. Tell them what they did right (be explicit and include their impact on outcomes)
5. Correct mistakes (discuss ASAP how to correct and allow learner to review)

Link to video clip
(00:04:10)

Aunt Minnie Model (Cunningham, at. al. Arch Ped Adol Med. 1999; 153:114-116)
- ❖ Emphasis on pattern recognition, a skill used by experienced physicians to
- ❖ evaluate common problems
- ❖ Effective when time is limited and case is straightforward
- ❖ Learner collects data then presents chief complaint and most likely diagnosis (in
- ❖ 30-60 seconds) then begins to write the note
- ❖ Attending evaluates the patient
- ❖ After encounter, case is discussed briefly and medical record/documentation
- ❖ reviewed
- ❖ Whole discussion takes 1-5 minutes
- ❖ Attending confirms correct diagnosis and discusses if dx is wrong
- ❖ Effective to expose learner to common/usual circumstances
- ❖ Learner develops habit of formulating diagnosis and summarizing supportive data

To facilitate effectiveness of the Aunt Minnie model:

1. The problem should be straightforward
2. The preceptor must see the patient
3. The preceptor must know the diagnosis; if the preceptor is uncertain about the diagnosis, he or she must be willing to admit it

Link to video clip *(00:09:46)*

One Minute Observation (Ferenchick, at al. Acad Med. 1997;72;277-78)

- ❖ Brief discussion of learner doing a specific clinical skill (hx, interview, procedure)
- ❖ Over time, using several encounters, allows you to observe first hand the level of
- ❖ performance in a small time block
- ❖ Allows feedback guided by first-hand data
- ❖ Focused and time efficient
- ❖ Works with learners at all levels

Steps:
1. Explain purpose and steps to learner
2. Inform the patient, if possible
3. Observe briefly without interrupting
4. Leave room; learner joins you
5. Give immediate feedback
6. Use data to plan further teaching
8. Repeat with other skills/competencies

Link to video clip *(00:04:10)*