

Residents as Teachers



**TEXAS TECH UNIVERSITY HEALTH
SCIENCES CENTER
PAUL L. FOSTER SCHOOL OF
MEDICINE**



Residents as Teachers



TEACHING & LEARNING



Teaching Physicians: Beliefs, Attitudes, and Styles



Objectives:

- Know and apply the principles of adult learning
- Describe methods of matching teaching to learning style
- Describe interaction of the learner, the teacher, the climate, and the content
- Know at least three characteristics of the ideal learner, teacher, climate, and content and be able to evaluate a teaching situation for these characteristics



Teacher Responsibilities



- 1) Being a role model of effective teaching behaviors
- 2) Providing content to learners
- 3) Evaluating and commenting on clinical diagnosis skills
- 4) Evaluating and commenting on problem solving and patient management skills
- 5) Giving feedback in a supportive, constructive way



Components of Learning Encounter



- 1) The Learner
- 2) The Learning Climate
- 3) The Teacher
- 4) The Content



The Learner



An effective teacher never assumes that he/she knows:

- Learning style of the learner
- Exactly what the learner must learn
- What the learner brings to the educational activity



The Learner



- Assumes responsibility for his own learning
- Acquires knowledge, skills and attitudes
- Demonstrates behavior change in these three domains



The Adult Learner



- 1) Actively participates
- 2) Applies learning to real life situations
- 3) Learns through intrinsic motivation
- 4) Seeks timely feedback
- 5) Initiates new learning independently



The Adult Learner



- 6) Identifies own special learning needs
- 7) Seeks interdependence in learning
- 8) Uses Problem-Oriented methods
- 9) Integrates learning with past life experience
- 10) Varies in preferred learning styles



The Learning Climate



- 1) Roles
- 2) Responsibilities
- 3) Expectations
- 4) Evaluation



The Teacher



- Consultant Teacher
- Authoritarian Teacher



The Teacher



- Accessible
- Enthusiastic
- Knowledgeable
- Organized
- Good group instruction skills
- Clinical competence
- Professional
- Effective team leadership ability



Collaborative Leaders



- Promoting reciprocal trust
- Cooperative learning
- Mutual growth
- Reciprocal openness
- Shared problem solving
- Autonomy
- Willingness to experiment
- Inspiring, Stimulating and Challenging
- Good observers



The Content



- Teachers and students must understand the goals and objectives
- Appropriate goals and objectives for the learner
- Responsible for timing
- Provide opportunities to practice what is learned
- Arrange setting for optimal learning
- Ensure all students receive a comparable experience



Summary



- Teaching and learning interplay is complex and involves the teacher, learner, content, and learning climate
- Understanding these components are key to successful teaching



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GIVING FEEDBACK

Giving Effective Feedback



- Powerful way to motivate the learner to achieve the goals and objectives of a course
- Enhances strengths and improves weaknesses
- Essential to the learners, to the medical education program, to the certifying and licensing boards, and to the public



Without Effective Feedback



- No external verification of either mistakes or jobs well done
- Learner builds self-concept of performance which may be inaccurate
- Overestimates their abilities and may harm patients
- React more defensively to constructive comments
- Harder to evaluate



Impediments to Giving Quality Feedback



- Unclear goals and objectives
- Lack of direct observation
- Failure to set a good learning climate
- Lack of teacher training
- Teacher's "correction anxiety"
- Learner's "correction anxiety"
- Lack of time
- "Vanishing feedback"
- Teacher insecurity



DO's



- DO let the learner go first
- DO use feedback language that is descriptive and non-evaluative
- DO use “I” when giving subjective feedback
- DO limit feedback quantity
- DO consider giving feedback in a sandwich format
- DO make feedback an interactive experience



Establishing Goals and Climate



1. Discuss that feedback will be an extensive part of the experience; plan for specific times to share feedback
2. Encourage the learner to actively seek feedback throughout the experience
3. Create a relaxed atmosphere that encourages a collaborative relationship
4. Define goals clearly and collaboratively with your learners



DON'Ts



- DON'T give futile feedback
- DON'T focus on the actor, focus on the action
- DON'T give feedback at bad times
- DON'T press if the learner seems threatened



"4 C's"



- Cover
- Confidence
- Calibrate
- Confirm



Checklist for Giving Feedback



- 1. Preparing the Learner
- 2. Giving Feedback
- 3. Remember the Do's and Don'ts
- 4. Supporting the Learner



COVER



PREPARING THE LEARNER

- Focus Goals
- Formative Goals
- Timing Goals
- Collaborative Climate



CALIBRATE AND CONFIRM



GIVING THE FEEDBACK

- **SOAP**
- **S**ubjective: Listen to the learner first
- **O**bjective: Building on what the learner says
- **A**ssessment
- **P**lan



Remember the Do's and Don'ts



- Do describe
- Do use "I" if making subjective comments
- Do focus on the action, not the actor
- Do give the learner three or four specific points
- Do calibrate how you give feedback by the learner's reactions
- Do explain why something the learner left out is important



CONFIDENCE



SUPPORT THE LEARNER

- Use ***HELPS***

Humor

Empathy

Legitimization

Praise

Support/partnership

- Learners who berate themselves



Summary



- Feedback plays a crucial importance in the learning process
- The climate, the teacher and the learner are key
- The role of the teacher in mastering the feedback skills and creating a climate
- Teach learners to be feedback-givers



Residents as Teachers



TEACHING MODELS

Models for Teaching in the Ambulatory Setting



Objectives

- Identify the special challenges and opportunities of teaching in the ambulatory setting
- Recognize and focus the ambulatory teaching encounter around “teachable moments”
- Develop skills for the ambulatory teaching that emphasize student-directed learning and the integration of teaching with patient care



Models for Teaching in the Ambulatory Setting



- Activated Demonstration
- Two-Minute Observation
- Case-Based Teaching
- The 1-Minute Preceptor
- SNAPPS



Activated Demonstration



1. Determine learner's relevant knowledge
2. Explicitly instruct on what they are to learn
3. Provide clear guidelines
4. Introduce the student to the patient



Activated Demonstration



5. Include student in discussion and exam of patient
6. Provide time for a brief discussion of learning points
7. Set an agenda and opportunity for future learning



Two-Minute Observation



1. Explain purpose of this observation
2. Explain how observation will take place
3. Explain to the patient exactly what will take place and why



Two-Minute Observation



4. Observe the student-patient encounter without interrupting
5. Leave the patient room without disrupting the student-patient exchange
6. Provide the student feedback on the observation after the patient encounter is completed
7. Set an agenda and opportunity for future learning



Case-Based Teaching



1. The preceptor uses questions to:
 - a) Establish the student's understanding of the patient's problem
 - b) Determine the student's knowledge
 - c) Ask the student about patient management



Case-Based Teaching



2. Clarifies the student/preceptor roles before seeing the patient
3. Includes the student in discussions with and examination of the patient
4. Provides constructive feedback on student performance
5. Sets an agenda and opportunity for future learning



The 1-Minute Preceptor



1. Get a commitment
 - a) What do you think is going on with this patient?
 - b) What do you want to do?

2. Probe for supporting evidence
 - a) What led to your diagnosis or decision?
 - b) What else did you consider?



The 1-Minute Preceptor



3. Teach a general rule
4. Tell them what they did right and the effect it had
5. Correct mistakes



SNAPPS



- **S**ummarize briefly the history and findings
- **N**arrow the differential to two or three relevant possibilities
- **A**nalyze the differential by comparing and contrasting the possibilities
- **P**robe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches
- **P**lan management for the patient's medical issues
- **S**elect a case-related issue for self-directed learning



Teaching a Skill



Objectives:

- List the basic principles
- Demonstrate the ability to teach a skill using these principles
- Demonstrate an attitude towards the learner that promotes learning a skill



Teaching a Skill



- **COVER** the big picture
- **CALIBRATE** your teaching-personalize based on your learner's cues
- Build **CONFIDENCE** (HELPS mnemonic)
- **CONFIRM** behavior change whenever possible



COVER the Big Picture



1. Put it all together
2. Break it all down
3. Clarify goals



CALIBRATE Your Teaching



1. Personalize based on your learner's cues
2. Break it down more
3. Change your style
4. Give feedback



Build **CONFIDENCE**



HELPS mnemonic

Humor

Empathy

Legitimization

Praise

Support/Partnership



CONFIRM Behavior



1. CONFIRM behavior change whenever possible



RESIDENTS AS TEACHER'S SUMMARY



- Effective teaching physicians at any level of training must master multiple skills and take responsibility to ensure they produce effective learners.
- The TEACHING physician must understand the interconnected components of the learner, the learning environment, they themselves as teachers, and also the teaching content to ensure successful teaching.
- The TEACHING physician must provide effective feedback to help students master the learning process.
- The TEACHING physician must adopt and apply the different learning models reviewed (Activated Demonstration, Two-Minute Observation, Case-Based Teaching, 1-Minute Preceptor, SNAPPS) to help optimize student learning and integrate those skills with patient care.
- Teaching a skill can be mastered by using the “4 C’s” – Cover big picture, Calibrate your teaching, build Confidence, and Confirm behavior.



Bibliography



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End of the Presentation