



DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL



Clinical Teaching

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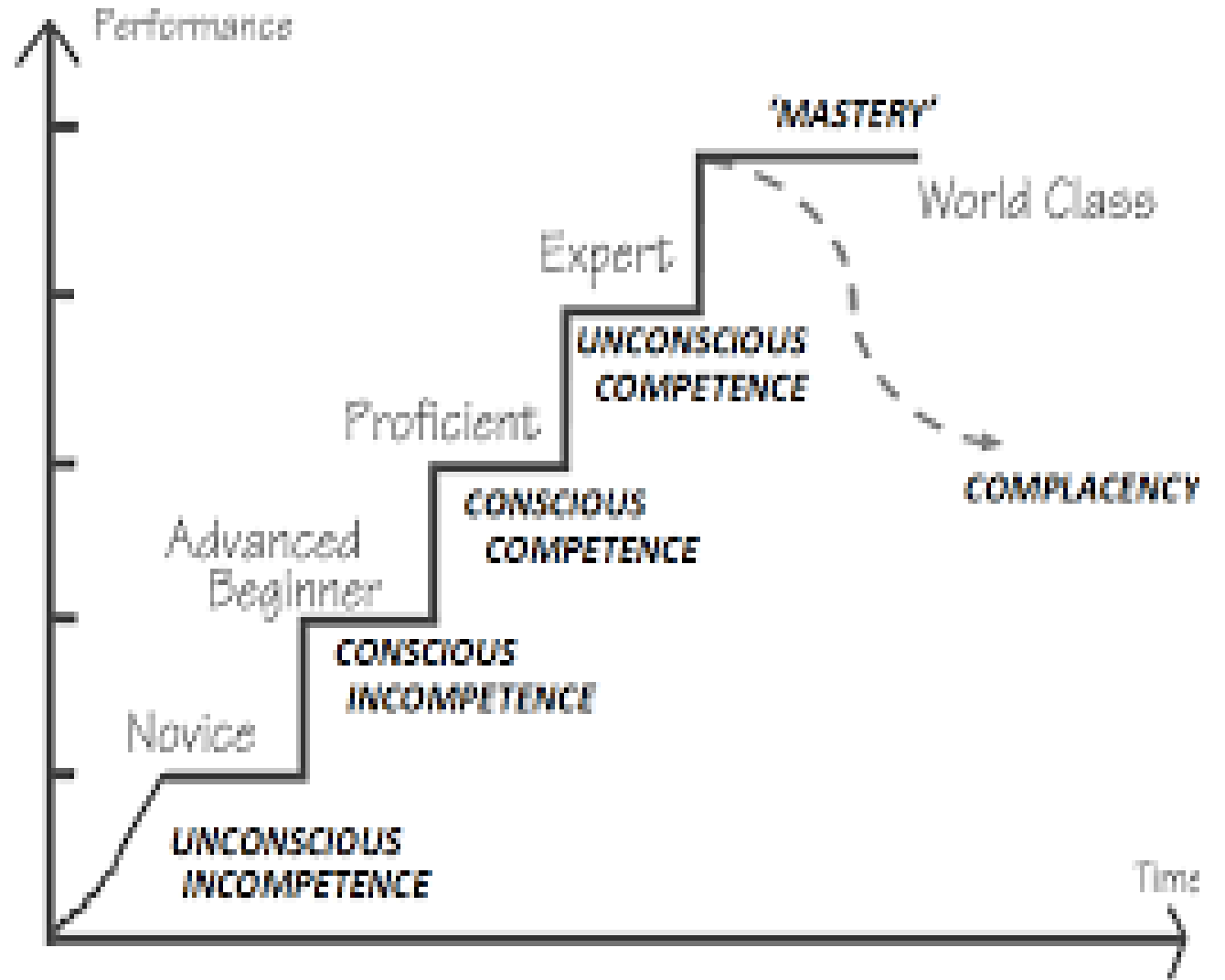
Stages of Learning

Stage 1: Unconscious Incompetence

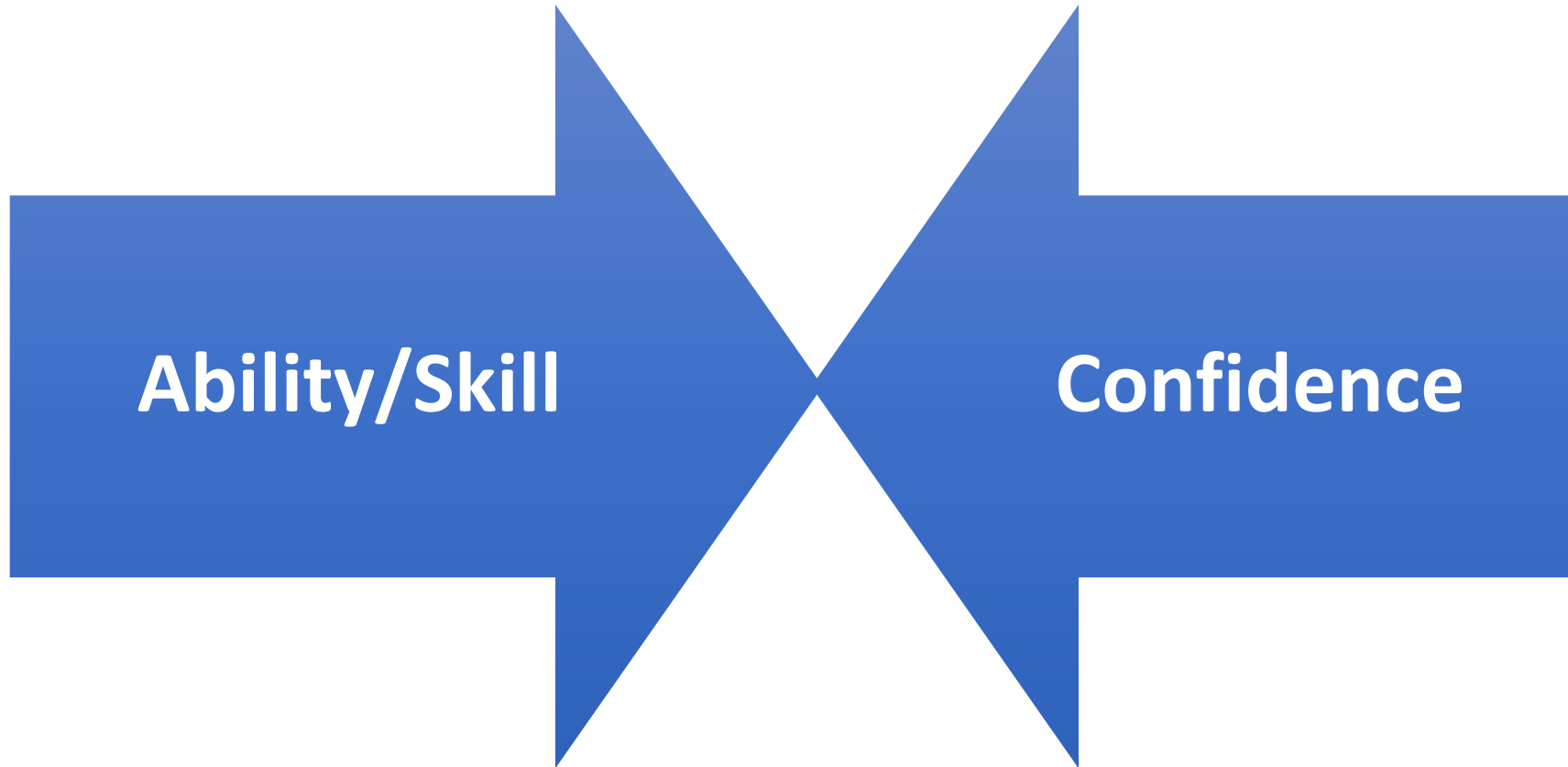
Stage 2: Conscious Incompetence

Stage 3: Conscious Competence

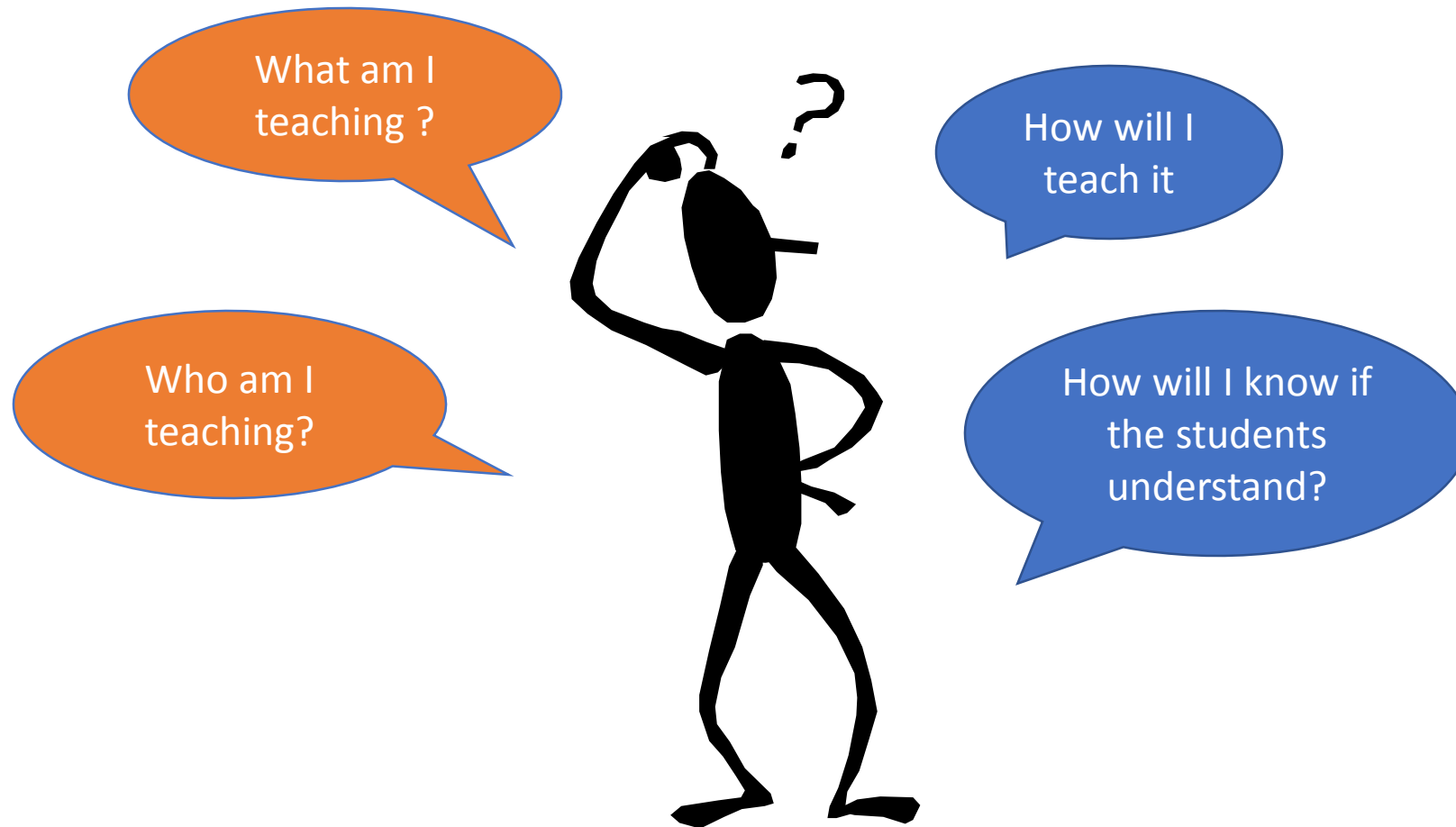
Stage 4: Unconscious Competence



Your Goal



Questions to ask yourself when planning a clinical teaching session



How to give effective explanations??

- **Check understanding & grasp of the topic**
- **Give information in “bite size” chunks**
- **Put things in a broader context when appropriate**
- **Summarize periodically (“so far, we’ve covered...”)**
- **Reiterate the take home messages; again, asking students...**

Notable Tensions

- **When to ask and when to tell**
- **When to model and when to watch**
- **When to discuss process and when to discuss content**
- **When to see a patient and when to follow from afar**

Clinical Case Scenarios

1. *A first-year resident is assigned by one of his chief residents to supervise a medical student who is starting an elective in rotation in the department. The student has not had any prior clinical exposure to the clinical specialty.*

- The resident wants teach the medical student the basics of how to perform a focused PE exam. There is a busy patient schedule that day and you are concerned how to supervise the student to advance their skills.
- The resident contemplates what would be the best way to teach this student and how to incorporate the student into the flow of patients that day and seeks advice on how to do this ?

2. *A medical student is facing the prospect of performing his/her first spinal tap under attending supervision and is eager to perform well, for both patient outcomes, as well as being able to demonstrate to the attending technique as the student is interested in a procedural field.*

- The attending, on the other hand, has not worked with this student before in the operating room, and wants to assess/understand the student's surgical skills prior to deciding which part of the surgery is appropriate for the student to perform.
- How should the attending approach and resolve this issue?

Step #1-Setting Expectations

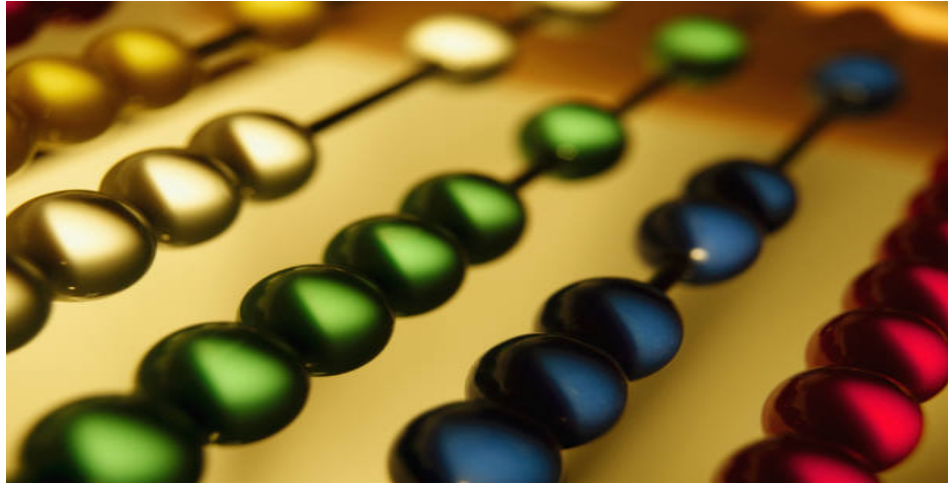
- Three step process

- 1. Pre-meet
- 2. In session
- 3. End of session

CLEAR AND
REASONABLE
EXPECTATIONS



Use of Questions to Direct Learning

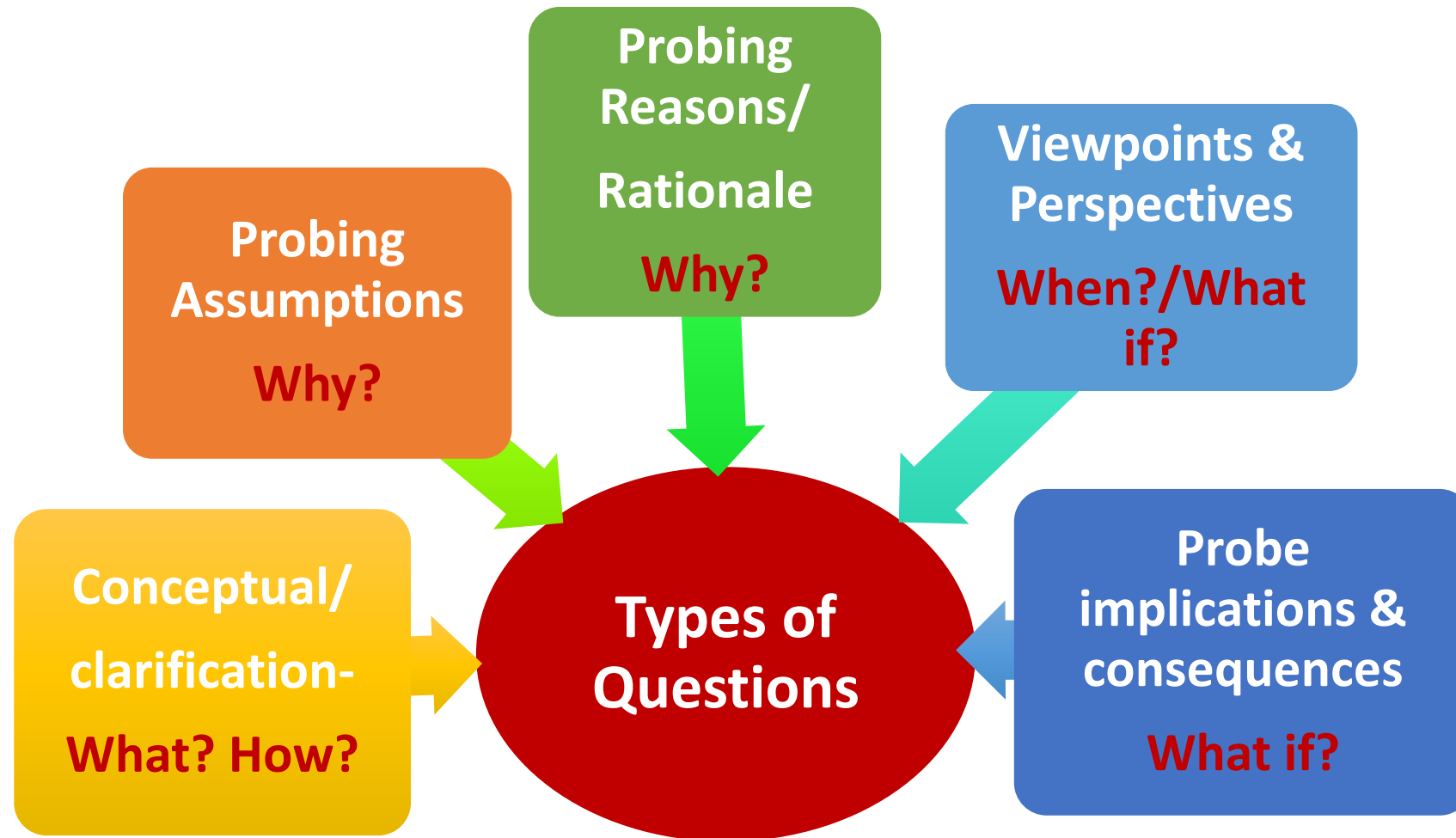


- Restrict use of closed questions
- **(What? When? How many?)**
- Use open or clarifying/probing questions
- **(What are the options? What if?)**
- Allow adequate time for students to give a response-
- Follow a poor answer with another question
- Answer learners' questions-with counter questions
- Statements make good questions-for example, "Students sometimes find this difficult to understand"
- Be non-confrontational

Socratic Questions → **Socratic Dialogue**
→ **Critical Thinking**

**Goal: Probe
thinking of
learners**

**Analyze & assess
a concept or line
of reasoning**



General Guidelines for Questioning

- ✓ Think along with the learner
- ✓ There are Always a Variety of Ways You Can Respond
- ✓ Do Not Hesitate to Pause and Reflect Quietly
- ✓ Keep Control of the Discussion
- ✓ Periodically Summarize
- ✓ Assess where the discussion Is:
 - ✓ What Questions are Answered; What Questions are Yet Unresolved



DIRECTED OBSERVATION

TO KEEP THE LEARNERS FULLY ENGAGED WHEN YOU ARE FOCUSED ON A CONSULTATION OR PROCEDURE, MAKE SURE THEY HAVE SPECIFIC OBSERVATION AND RECORDING TASKS-

#1 HAVE A CONVERSATION WITH THE LEARNER TO IDENTIFY A LEARNING POINT

#2 PROVIDE PATIENT CARE AND DEMONSTRATE AGREED LEARNING POINT

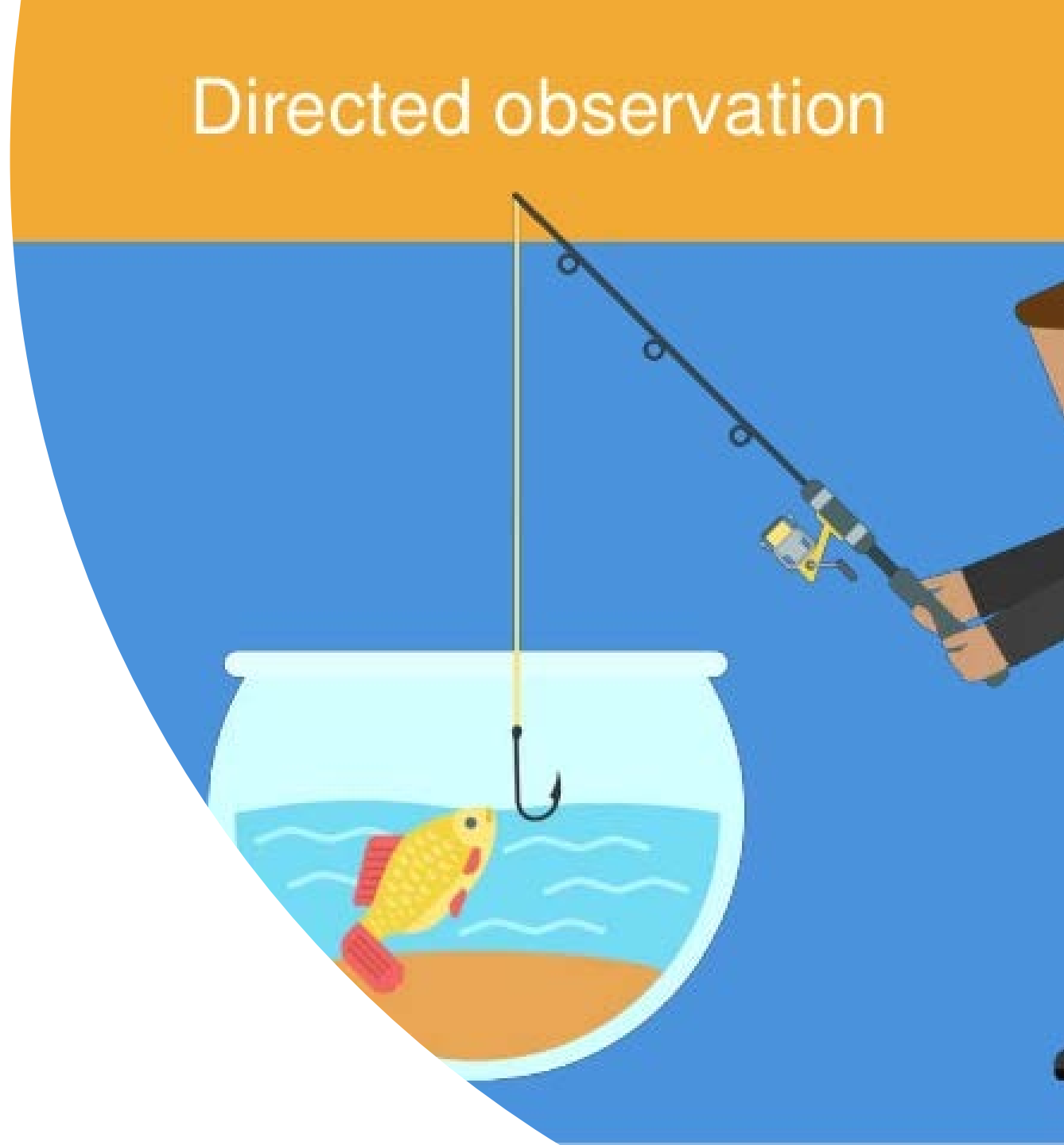
#3 DEBRIEF OBSERVATION WITH LEARNER AND CLARIFY LEARNING POINT



Directed observation

Examples

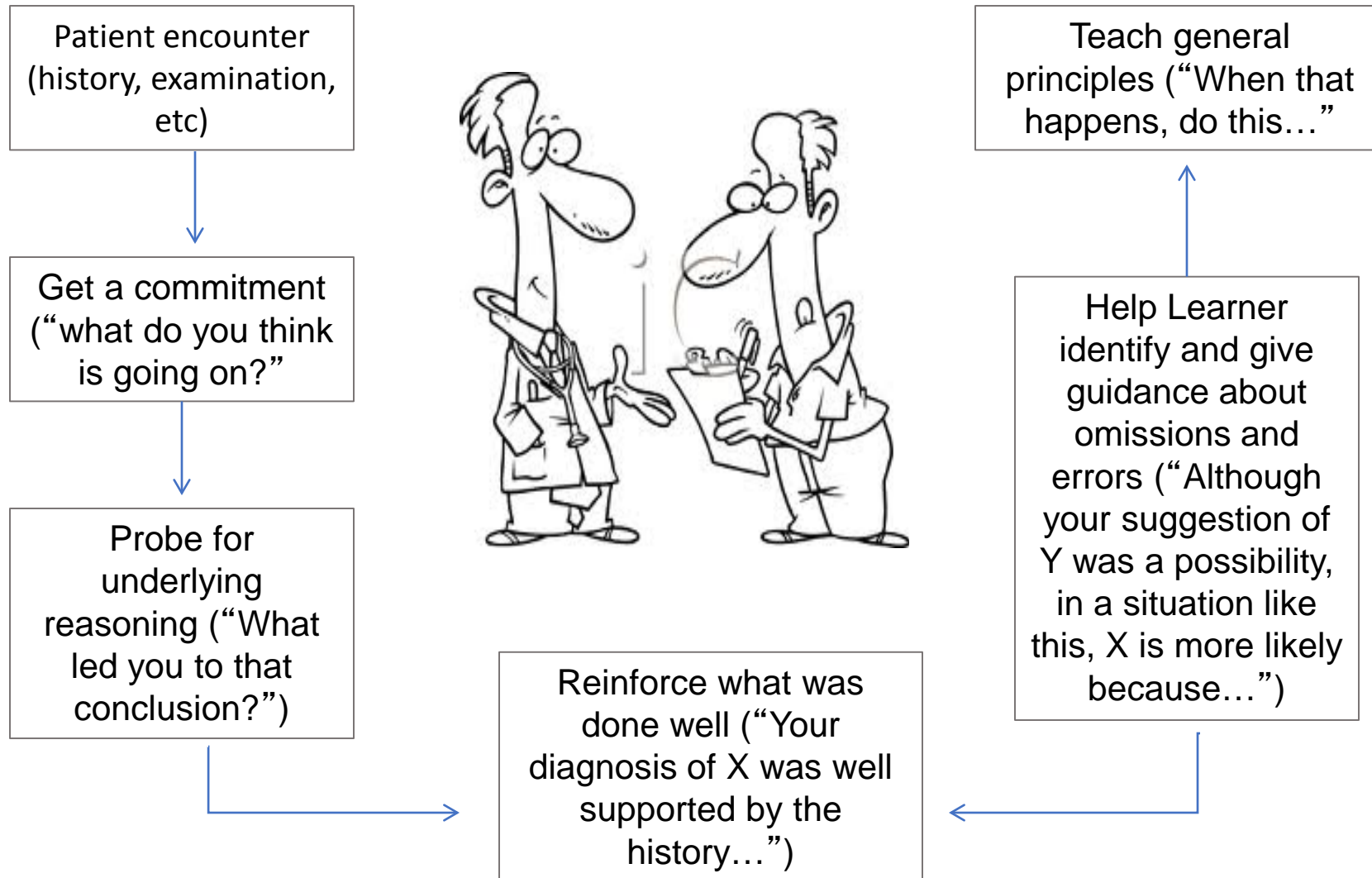
- **“TAKE PARTICULAR NOTE OF THE MANNER IN WHICH I CLARIFY THE PRESENTING COMPLAINT”**
- **“WRITE DOWN YOUR SUPPORTING EVIDENCE FOR A DIFFERENTIAL DX AFTER YOU HEAR THE PRESENTING COMPLAINT AND HPI”**
- **“NOTICE HOW I HOLD THE EQUIPMENT TO CONDUCT THE EXAM AND HOW I TALK THE PATIENT THROUGH THE EXAM TO EASE ANXIETY/DISCOMFORT”**



One-Minute Preceptor

<https://youtu.be/hmKvei3thwQ>

“One-minute preceptor” model



Teaching with Limited Time

3-5 Minute preceptor: Micro Skills of Clinical Teaching

1. Get a commitment

- What do you think is going on?
- What would you like to accomplish?
- What other information do you need?

2. Probe for supporting evidence

- Why do you think this?
- What else did you consider?
- What questions do you have?

3. Teach an important concise learning point

4. Reinforce what was done well

- Learner self-assess
- Tell them what they did right
- Be specific

5. Correct mistakes and provide feedback

- Discuss what they can do differently
- Agree on plan for improvement

Steps to Rapid Teaching

Step 1:

Identify the needs of each individual learner; set expectations:

- Ask questions about prior knowledge & skills – OR-
- Conduct a two-minute observation
- Align expectation (learner & preceptor)

Step 2: Select a model for rapid teaching with limited time

- Diagnose the learner
- One minute preceptor/micro skills of clinical teaching
- Ask questions: use Bloom's Taxonomy to ask higher order questions
- Activated demonstration, if appropriate

Step 3: Provide Feedback on performance:

- Be specific
- Comment on strengths
- Discuss areas for improvement
- Give direction & encouragement
- Promote self-directed learning

Five-Step Microskills Model of Clinical Teaching

1. **Get** a Commitment- “**Reporter**”
 - What do you think is going on?
2. **Probe** for Supporting Evidence- “**Interpreter**”
 - What led you to that conclusion?
3. **Teach** General Concepts-promote “manager” skills
 - How do you approach/think about...? (“**Manager**”)
4. **Ask**/Tell Them What They Did Right
 - Specifically, you did a great job of...
5. **ASK**/Correct Mistakes-developmental improvements
 - Next time this happens,... (“**self-direction/educator**”)



Summary: Clinical Teacher

- Diagnoses learner needs
- Observes
- Role models (knowledge, skills and attitudes)
- Demonstrates care
- Debriefs cases
- Provides feedback
- Encourages learner reflection

Clinical Case Scenarios

A first-year resident is assigned by one of his chief residents to supervise a medical student who is starting an elective in rotation in the department. The student has not had minimal prior clinical exposure to patients in the ED.

- The resident wants teach the medical student the basics of how to perform a focused PE exam. There is a busy patient schedule that day and you are concerned how to supervise the student to advance their skills.
- The resident contemplates what would be the best way to teach this student.
- After one patient encounter the student presents to the resident his HX and PE findings.
- How can you teach through the patient encounter in a busy ED?

A medical student is facing the prospect of performing his/her first spinal tap under attending supervision and is eager to perform well, for both patient outcomes, as well as being able to demonstrate to the attending technique as the student is interested in a procedural field.

- The attending, on the other hand, has not worked with this student before in the operating room, and wants to assess/understand the student's surgical skills prior to deciding which part of the surgery is appropriate for the student to perform.
- How should the attending approach and resolve this issue?

Conclusion

“**Clinical teachers differ from clinicians** in a fundamental way. They must simultaneously foster high-quality patient care and assess the clinical skills and reasoning of learners in order to promote their progress toward independence in the clinical setting.

Clinical teachers must diagnose both the patient’s clinical problem and the learner’s ability and skill”.

Bowen, J. N Engl J Med 2006;355:2217-25.

Conclusion

An **effective clinical teacher** articulates what seems different about an ostensibly straightforward patient, with a granular explanation. With repeated exposure, physicians who are fully present will learn to unwrap the puzzle before them, changing and even saving lives.

Bowen, J. N Engl J Med 2006;355:2217-25.

Coaching and Feedback



Background – ACGME requirements

Formative Evaluation

“V.A.2.a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment

V.A.2.a).(1)The faculty must discuss this evaluation with the resident at the completion of the assignment.”

What is **feedback**?

- ▶ **Feedback** is the information you provide to learners about their clinical performance that is intended to guide their future clinical performance.



- But are we doing it right?



*“No matter how well trained people are, few can sustain their best performance on their own. **That’s where coaching comes in.**”*

Atul Gawande



Atul Gawande Thoughts



*A **COACH** PROVIDES A PAIR OF SKILLED EYES AND EARS, AN OUTSIDE PERSPECTIVE ON PERFORMANCE.*



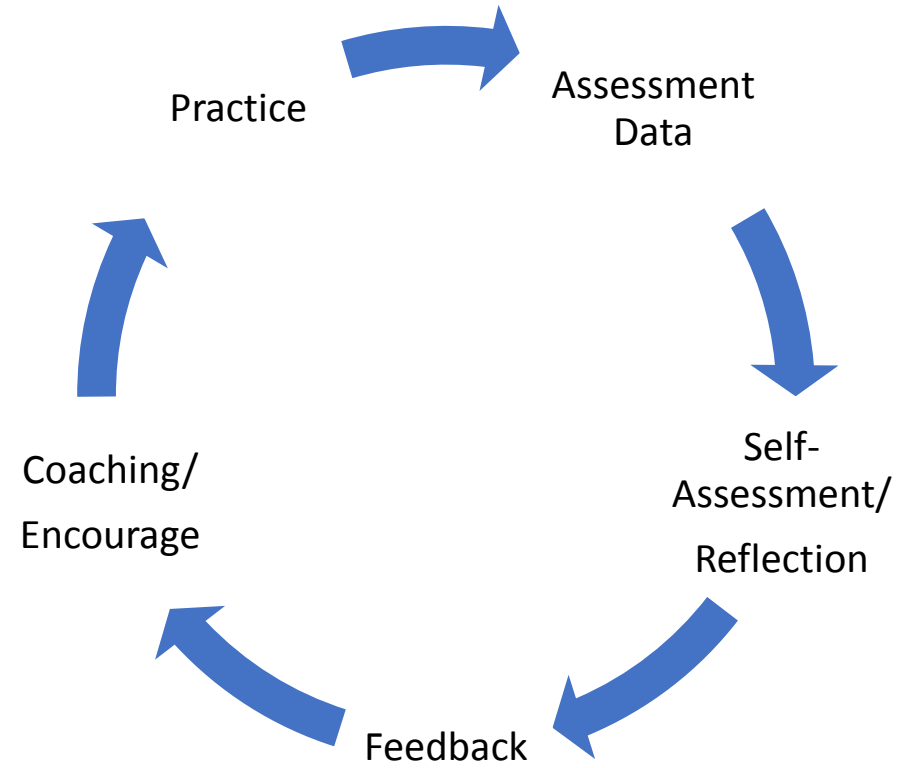
***WHAT MAKES A GREAT COACH?** GAWANDE EMPHASIZED A NUMBER OF FACTORS, INCLUDING CREDIBILITY, CREATIVITY IN SOLVING PROBLEMS, EFFECTIVENESS IN COMMUNICATION, AS WELL AS “AN UNDERSTANDING THAT THE DETAILS CREATE SUCCESS” — THAT SMALL THINGS USUALLY MAKE THE DIFFERENCE BETWEEN GOOD AND GREAT.*



***COACHING** CAN ALSO HELP TEACHERS DEVELOP SUCCESS BY PROMOTING “HUMILITY, BELIEF IN DISCIPLINE, AND [MORE] WILLINGNESS TO ENGAGE IN TEAMWORK.”*

Feedback vs. Coaching

Feedback	Coaching
Focuses on past behavior	Focuses on future behavior
Reactive to a situation	Proactive towards a goal
One-way communication	Two-way communication
Telling or advice oriented	Ask oriented
Focuses on data and information	Focuses on unlocking potential
Describes consequences	Explores options and alternatives
Feedback giver is motivated to change behavior	Feedback receiver is self-motivated to take responsibility and find their own answers



Assessment Drives Learning

<https://youtu.be/SYXgMobMU8U>

A= Self-assessment

T=Feedback/FACTS

A=Encouragement (preceptor-driven) and Direction (learner driven)

SFED: ASK-TELL- ASK

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- <https://youtu.be/SYXgMobMU8U>
- **A= Self-assessment**
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- **A=Encouragement (preceptor-driven) and Direction (learner driven)**

From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners

Marjorie D. Wenrich, MPH, Molly Blackley Jackson, MD, Ramoncita R. Maestas, MD, Ineke H.A.P. Wolfhagen, PhD, and Albert J.J. Scherpbier, MD, PhD

Acad Med. 2015 Nov;90(11 Suppl):S91-7. doi:
10.1097/ACM.0000000000000901. PubMed PMID: 26505108.

Table 1

Less experienced teachers	More experienced teachers
Teacher as cheerleader	Teacher as coach
Focus on positive, minimize negative	Provide honest, transparent feedback
Provide general, nonspecific feedback	Specific, directive, targeted feedback
Passive teacher role	Calibrated teacher role
Follow student lead: "Tell me what you need"	Push student to reflective adult learner role
Remain in background at bedside	Selectively exercise active role at bedside
Give postponed feedback	Balance immediate/delayed feedback
Concern about students' fragility	Understand students' resilience
Worry about impact of negative feedback	Know that students want specific, critical feedback
Create a safe environment	Create a challenging but safe environment
Deter student discomfort	Expect a response: "You show me," "It's okay not to know," and "We're here to develop everyone's skills"
Limited goals and strategies	Strategic and goal oriented
Don't know what works in giving feedback	Have strategies and language for giving feedback
Use trial and error: "Whatever works"	Have goals and expectations: "This works"
Limited skill and comfort addressing behaviors and personality traits (e.g., student anxiety) that limit skill building	Address and name students' limiting behaviors and personality traits (e.g., student anxiety); offer techniques for skill building
Oriented toward students' current needs	Oriented toward students' developmental trajectory
Teach without a long-range plan	Know what skills students should have at different stages of development
Minimal use of teams	Foster environment of team feedback
Private one-on-one feedback from teacher	Utilize peers and patients in giving feedback

Table 1 Themes Related to Giving Feedback to Early Clinical Skills Learners: Characteristics of Less Experienced Compared With More Experienced Bedside Teachers

Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. [From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners](#). Acad Med. 2015 Nov;90(11 Suppl):S91-7.

Figure 1

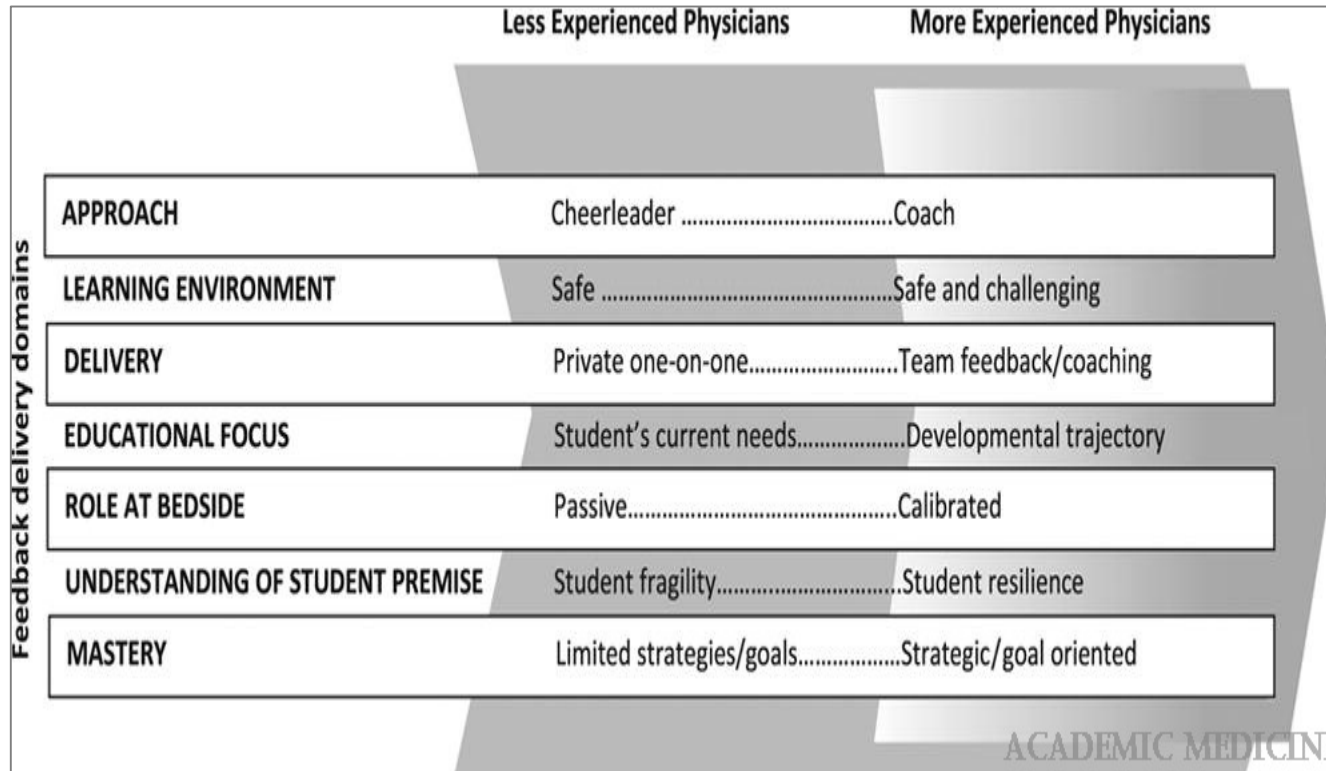


Figure 1. Conceptual model of progression of skills at giving feedback at the bedside.

Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. [From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners](#). Acad Med. 2015 Nov;90(11 Suppl):S91-7.

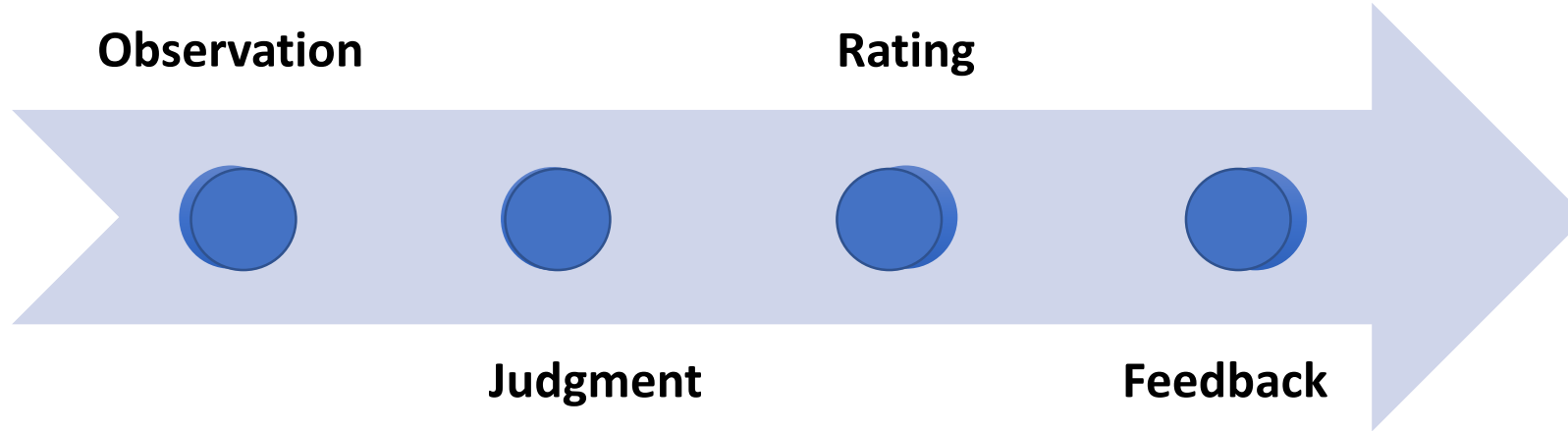
Faculty/Resident Development

↓
Observation

↓
Rating

Judgment

Feedback





Self-Assessment
“look in the mirror”



Performance
Improvement

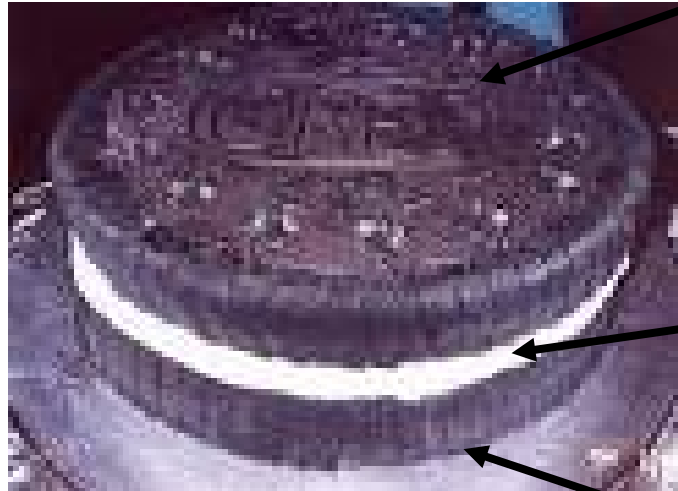


What role does this data play in assessing knowledge, skills or attitudes?

Is it reliable?

Feedback/Coaching Sandwich

Positive Feedback

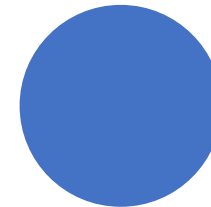


Collaborative Feedback

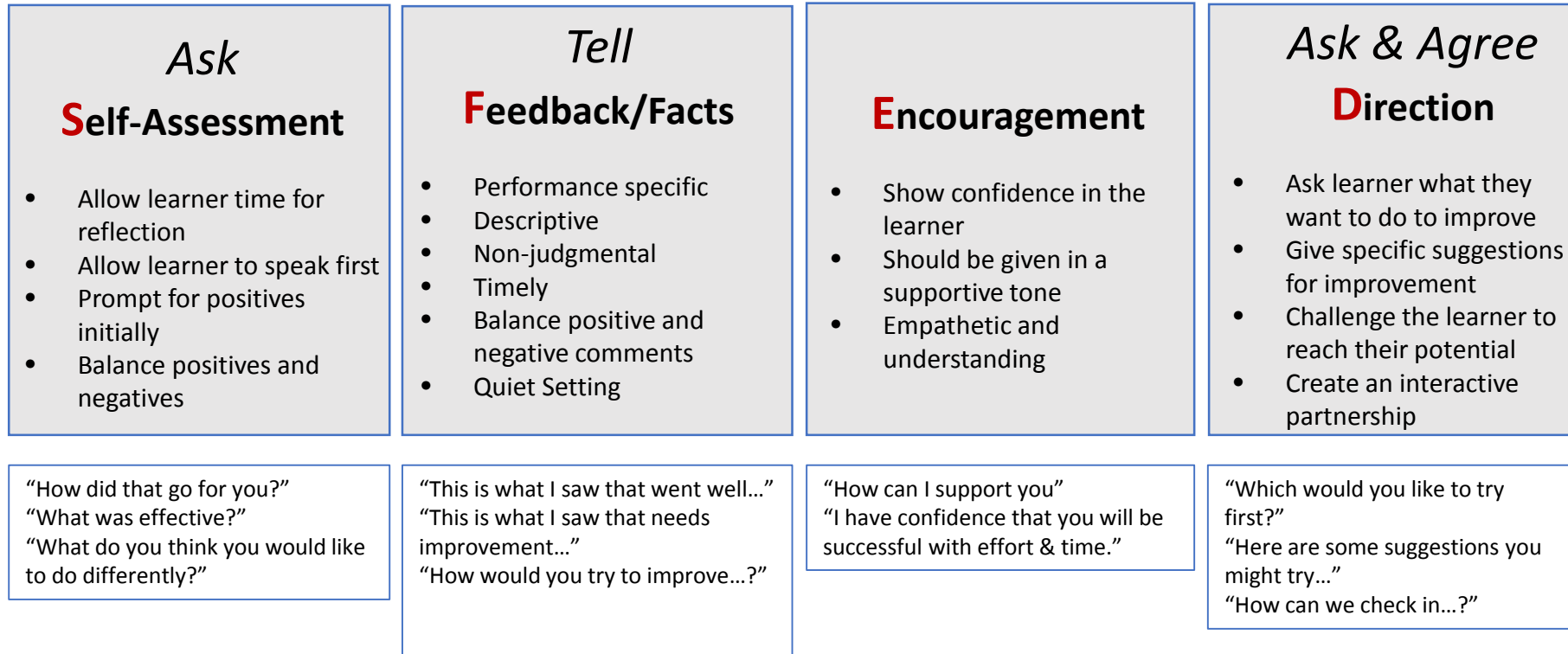
Direction/Coaching

- Positive: statements describing appropriate behaviors
 - Negative: statements describing inappropriate behaviors
 - Collaborative: faculty solicits feedback from the learner to “level the playing field” and establish bi-directional communication
-

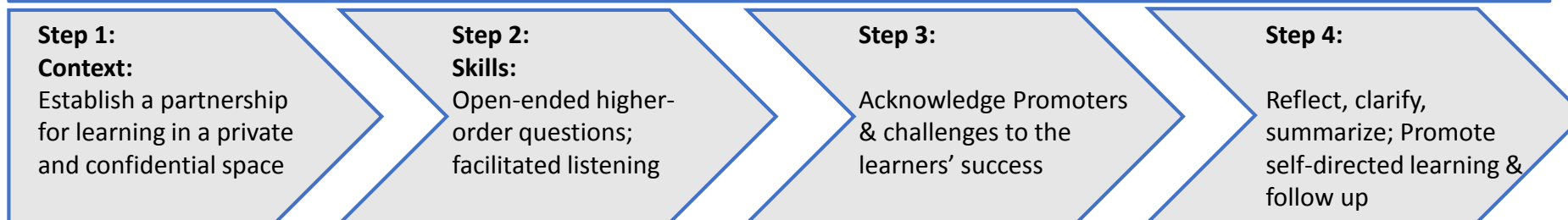
Types of Feedback/Coaching



SFED Model of Feedback/Coaching



Steps for Providing Feedback



4 Components of *Feedback

- ▶ Level 1: Allow learner to **self-assess/reflect**
- ▶ Level 2: Describing what you saw=**feedback**
 - Description of observed behavior (checklist)
 - Easier to accept by learner
- ▶ Level 3: Your personal reaction=**coaching**
- ▶ Level 4: Your suggestion of behaviors to practice=**direction**
- ▶ Closure: Always remember the E=**encouragement**

Resident Scenarios

Senior Resident in adult ED, with multiple simultaneous consults, senior resident demands intern to “drop everything and get over here now” to see a patient.

You overhear this and decide you must give the senior resident feedback on his/her behavior.

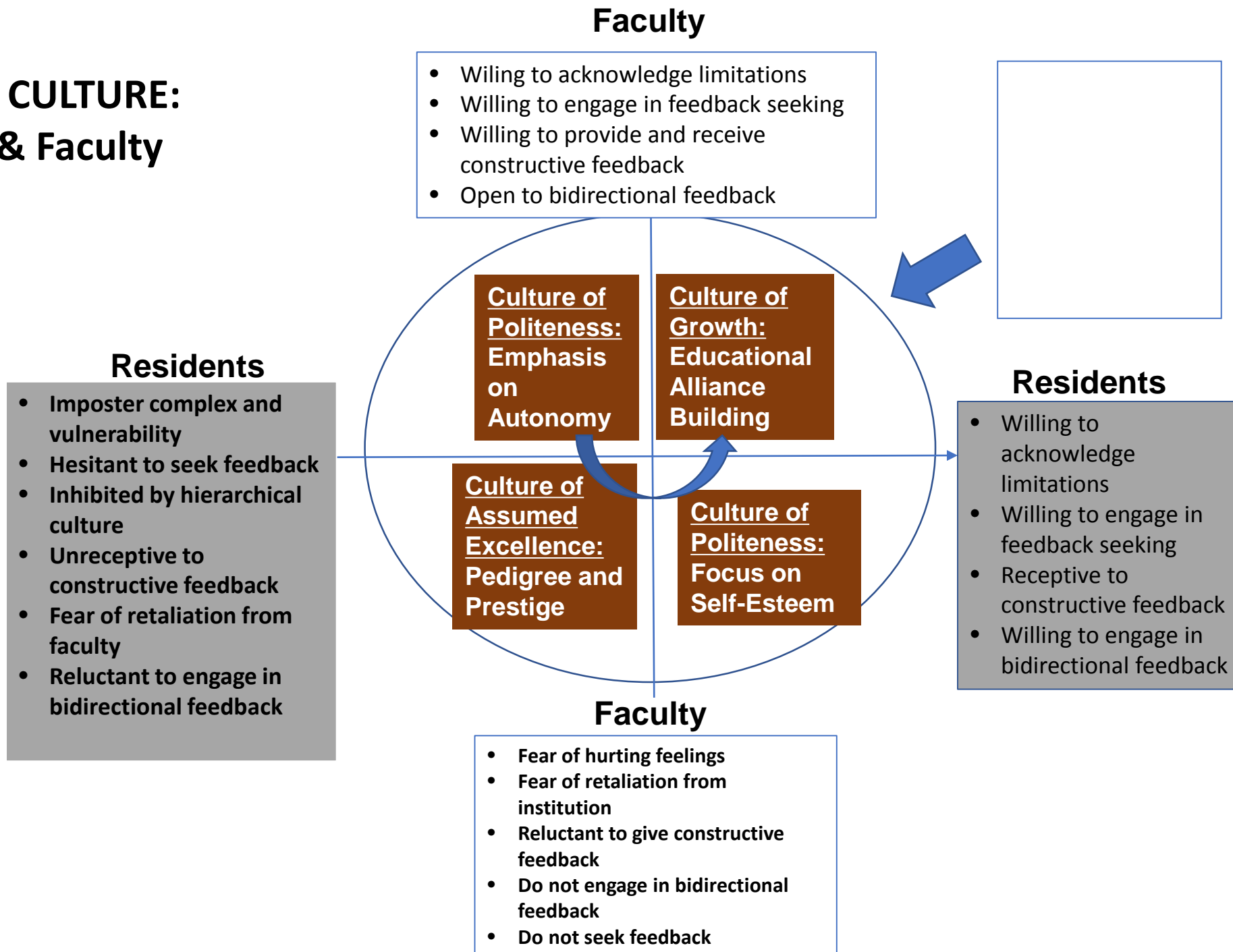
Nurse manager identifies there is a highly emergent new admission case to be seen in the ED. The resident ignores the nurse and proceeds to see another patient and speaks disrespectfully to the nurse regarding her triage.

As the ED attending you overhear this and decide to speak to the resident about his/her behavior.

How to Teach Anybody Anything-Be *Mindful

- **Tip 1**
 - **Mindful of the right amount of information, for learner level**
- **Tip 2**
 - **Mind the gap in knowledge and/or skills**
- **Tip 3**
 - **Mind the time**
- **Tip 4**
 - **Mind the student reaction**
- **Tip 5**
 - **Mindful feedback**
- **Tip 6**
 - **Monitor stress, aim optimal**
- **Tip 7**
 - **Be mindful-in the moment- when you are with learners**

FEEDBACK CULTURE: Residents & Faculty



• JITT TIPS Templates



SETTING EXPECTATIONS AND GOALS

Take the time to get to know your learners!



Introduce yourself and orient your learner to the environment (clerical staff, workflow, facilities)

1. INTRODUCTIONS

LEARN SOMETHING ABOUT YOUR LEARNER AND ASK YOUR LEARNER ABOUT PRIOR EXPERIENCES



Help the learner identify expectations particular for this unit

2. EXPECTATIONS & GOAL SETTING

HELP THE LEARNER SET GOALS THAT ARE SPECIFIC, REALISTIC EXPECTATIONS



Address any questions and concerns

3. WRAP UP



Exchange preferred contact information

CHECK IN EACH WEEK TO ASSESS PROGRESS TOWARD GOALS

4. FOLLOW-UP

◀ BEDSIDE TEACHING ▶

● Capture a teachable moment ◆

PRE-ROUNDS OUTSIDE THE ROOM

Preparation, Planning, orientation for Bedside Teaching with Patient

Plan what you would like to achieve on patients rounds

Orient the learners to your plans for the session

Engage all learners in the group by giving them specific tasks



BEDSIDE ROUNDS WITH PATIENT

Introduction, Interaction, Observation, Instruction

Introduce yourself and the team to the patient

Learner will role-model a physician-patient interaction identified outside of the room

Observation by faculty is a necessary part of learner-centered bedside teaching

Challenge the learners' minds, gentle correction when necessary

POST-ROUNDS OUTSIDE OF THE ROOM

Debriefing, Feedback, Reflection with Learners, Preparation for the next patient

Provide Feedback and coaching on observation, specific to what was practiced

Prepare for the next patient

Leave time for questions, clarifications, follow up research/reading

If readings are assigned they *must* be discussed later



DIRECTED TEACHING THROUGH OBSERVATION

A Teachable Moment in Busy Environments



Conversation with the learner to identify a learning point specific to patient

DISCUSS WITH THE LEARNER WHAT THEY WOULD LIKE TO LEARN FROM AN OBSERVATION

Based on what learner identifies & your knowledge of the patient, identify a directed observation learning point

Prime the learner by focusing on signs and symptoms relevant to the chief complaint

DEMONSTRATION BY FACULTY
OBSERVATION BY LEARNER



Provide Care to the patient

INTRODUCE YOURSELF AND THE LEARNER TO THE PATIENT: CLARIFY TO THE PATIENT THE LEARNER WILL BE OBSERVING THE ENCOUNTER

CONDUCT THE ENCOUNTER AND DEMONSTRATE WHAT WAS AGREED UPON

Think out loud, instruct learner to pay attention to your communication with the patient

Debrief observation & clarify learning point



POST
OBSERVATION

ASK THE LEARNER WHAT THEY OBSERVED

DISCUSS THE OUTCOME OF THE ENCOUNTER AND RE-ITERATE LEARNING POINTS

Leave time for questions, clarifications, identify a learner focused follow up

USING "QUESTIONING" AS A TOOL FOR EFFECTIVE PRECEPTING

LEARNERS AND PRECEPTORS ALIGN



RECALL/REMEMBER

Identify and define the facts

UNDERSTAND MEANING OF FACTS

Discuss/explain ideas or concepts



APPLY

Differentiate/compare and
contrast information

EVALUATE FACTS

- Justify thought processes and assess next steps
- Create new knowledge
- Hypothesize "WHAT IF" alternatives



3 TIPS FOR USING QUESTIONING STRATEGY

1. Use open-ended questions predominately
2. Allow time for response
3. Follow a poor answer with a clarifying question and not a correction

SFED MODEL OF FEEDBACK

Giving feedback is a key skill for clinical teachers and mentors



Self Assessment

Allow learner time for reflection

Allow learner to speak first

Prompt for positives/expectations met

Balance positives and areas to improve



Feedback/FACTS

Behaviors specific to performance

Non-Judgmental

Timely



Encouragement

Convey confidence in the learner

Use a supportive tone

Use Empathy skills



Direction

Ask learner to self identify strategies to do differently

Give Specific suggestions for improvement

Challenge the learner to reach their potential

Foster a collaborative partnership with the learner



Script Practice Assess Re-Practice

TEACHING WITH LIMITED TIME

FIVE MINUTE PRECEPTOR:
MICROSKILLS OF CLINICAL TEACHING



1

GET A COMMITMENT

- What do you think is going?
- What would you like to accomplish?
- What other information do you need?
- What would you like to do next?

2

PROBE FOR SUPPORTING EVIDENCE

- Why do you think this?
- What else did you consider?
- What questions do you have?

3

PRECEPTOR TEACHES IMPORTANT CONCISE LEARNING POINTS 2 - 3

4

REINFORCE WHAT WAS DONE WELL

- Learner self-assesses
- Tell them what they did well
BE SPECIFIC!

5

CORRECT MISTAKES AND PROVIDE FEEDBACK

- Discuss concerns followed by strategies and a plan to approach differently

Thank you...
Questions...Thoughts

