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

Ability/Skill

Confidence
Questions to ask yourself when planning a clinical teaching session

What am I teaching?

How will I teach it?

How will I know if the students understand?

Who am I teaching?
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?
Three step process

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

- Conceptual/clarification - What? How?
- Probing Assumptions - Why?
- Probing Reasons/Rationale - Why?
- Viewpoints & Perspectives - When?/What if?
- Probe implications & consequences - What if?
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
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

Patient encounter (history, examination, etc)

Get a commitment (“what do you think is going on?”)

Probe for underlying reasoning (“What led you to that conclusion?”)

Reinforce what was done well (“Your diagnosis of X was well supported by the history…”)

Help Learner identify and give guidance about omissions and errors (“Although your suggestion of Y was a possibility, in a situation like this, X is more likely because…”)

Teach general principles (“When that happens, do this…”)
### Teaching with Limited Time

#### 3-5 Minute preceptor: Micro Skills of Clinical Teaching

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1. Get a commitment</td>
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<tr>
<td>2. Probe for supporting evidence</td>
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<tr>
<td>3. Teach an important concise learning point</td>
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<tr>
<td>4. Reinforce what was done well</td>
<td></td>
</tr>
<tr>
<td>5. Correct mistakes and provide feedback</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

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### 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
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 to 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?
“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”.

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.

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
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.”
Atul Gawande Thoughts

- A coach provides a pair of skilled eyes and ears, an outside perspective on performance.

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### Feedback vs. Coaching

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

- https://youtu.be/SYXgMobMU8U
- A= Self-assessment
- T=Feedback/FACTS
- 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. Scherpelbier, MD, PhD
Table 1

<table>
<thead>
<tr>
<th>Less experienced teachers</th>
<th>More experienced teachers</th>
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</thead>
<tbody>
<tr>
<td><strong>Teacher as cheerleader</strong></td>
<td><strong>Teacher as coach</strong></td>
</tr>
<tr>
<td>Focus on positive, minimize negative</td>
<td>Provide honest, transparent feedback</td>
</tr>
<tr>
<td>Provide general, nonspecific feedback</td>
<td>Specific, directive, targeted feedback</td>
</tr>
<tr>
<td><strong>Passive teacher role</strong></td>
<td><strong>Calibrated teacher role</strong></td>
</tr>
<tr>
<td>Follow student lead: “Tell me what you need”</td>
<td>Push student to reflective adult learner role</td>
</tr>
<tr>
<td>Remain in background at bedside</td>
<td>Selectively exercise active role at bedside</td>
</tr>
<tr>
<td>Give postponed feedback</td>
<td>Balance immediate/delayed feedback</td>
</tr>
<tr>
<td><strong>Concern about students’ fragility</strong></td>
<td><strong>Understand students’ resilience</strong></td>
</tr>
<tr>
<td>Worry about impact of negative feedback</td>
<td>Know that students want specific, critical feedback</td>
</tr>
<tr>
<td><strong>Create a safe environment</strong></td>
<td><strong>Create a challenging but safe environment</strong></td>
</tr>
<tr>
<td>Deter student discomfort</td>
<td>Expect a response: “You show me,” “It’s okay not to know,” and “We’re here to develop everyone’s skills”</td>
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<tr>
<td><strong>Limited goals and strategies</strong></td>
<td><strong>Strategic and goal oriented</strong></td>
</tr>
<tr>
<td>Don’t know what works in giving feedback</td>
<td>Have strategies and language for giving feedback</td>
</tr>
<tr>
<td>Use trial and error: “Whatever works”</td>
<td>Have goals and expectations: “This works”</td>
</tr>
<tr>
<td>Limited skill and comfort addressing behaviors and personality traits (e.g., student anxiety) that limit skill building</td>
<td>Address and name students’ limiting behaviors and personality traits (e.g., student anxiety); offer techniques for skill building</td>
</tr>
<tr>
<td><strong>Oriented toward students’ current needs</strong></td>
<td><strong>Oriented toward students’ developmental trajectory</strong></td>
</tr>
<tr>
<td>Teach without a long-range plan</td>
<td>Know what skills students should have at different stages of development</td>
</tr>
<tr>
<td><strong>Minimal use of teams</strong></td>
<td><strong>Foster environment of team feedback</strong></td>
</tr>
<tr>
<td>Private one-on-one feedback from teacher</td>
<td>Utilize peers and patients in giving feedback</td>
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Table 1 Themes Related to Giving Feedback to Early Clinical Skills Learners: Characteristics of Less Experienced Compared With More Experienced Bedside Teachers

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

Faculty/Resident Development

- Observation
- Rating
- Judgment
- Feedback
What role does this data play in assessing knowledge, skills or attitudes?
Is it reliable?

Self-Assessment
“look in the mirror”

Performance Improvement
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
# SFED Model of Feedback/Coaching

## Ask

**Self-Assessment**
- Allow learner time for reflection
- Allow learner to speak first
- Prompt for positives initially
- Balance positives and negatives

**“How did that go for you?”**
- “What was effective?”
- “What do you think you would like to do differently?”

## Tell

**Feedback/Facts**
- Performance specific
- Descriptive
- Non-judgmental
- Timely
- Balance positive and negative comments
- Quiet Setting

**“This is what I saw that went well...”**
- “This is what I saw that needs improvement...”
- “How would you try to improve...?”

## Encourage

**Encouragement**
- Show confidence in the learner
- Should be given in a supportive tone
- Empathetic and understanding

**“How can I support you”**
- “I have confidence that you will be successful with effort & time.”

## Ask & Agree

**Direction**
- Ask learner what they want to do to improve
- Give specific suggestions for improvement
- Challenge the learner to reach their potential
- Create an interactive partnership

**“Which would you like to try first?”**
- “Here are some suggestions you might try...”
- “How can we check in...?”

## Steps for Providing Feedback

<table>
<thead>
<tr>
<th>Step 1: Context: Establish a partnership for learning in a private and confidential space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2: Skills: Open-ended higher-order questions; facilitated listening</td>
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<tr>
<td>Step 3: Acknowledge Promoters &amp; challenges to the learners’ success</td>
</tr>
<tr>
<td>Step 4: Reflect, clarify, summarize; Promote self-directed learning &amp; follow up</td>
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*Northwell Health*
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**
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

**Faculty**
- Wiling to acknowledge limitations
- Willing to engage in feedback seeking
- Willing to provide and receive constructive feedback
- Open to bidirectional feedback

**Culture of Politeness: Emphasis on Autonomy**

**Culture of Growth: Educational Alliance Building**

**Culture of Assumed Excellence: Pedigree and Prestige**

**Culture of Politeness: Focus on Self-Esteem**

**Residents**
- **Residents**
  - Wiling to acknowledge limitations
  - Willing to engage in feedback seeking
  - Willing to provide and receive constructive feedback
  - Open to bidirectional feedback

**Residents**
- Fear of hurting feelings
- Fear of retaliation from institution
- Reluctant to give constructive feedback
- Do not engage in bidirectional feedback
- Do not seek feedback

**Faculty**
- Imposter complex and vulnerability
- Hesitant to seek feedback
- Inhibited by hierarchical culture
- Unreceptive to constructive feedback
- Fear of retaliation from faculty
- Reluctant to engage in bidirectional feedback

**Residents**
- Wiling to acknowledge limitations
- Willing to engage in feedback seeking
- Receptive to constructive feedback
- Willing to engage in bidirectional feedback

**Residents**
- Fear of hurting feelings
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- Do not engage in bidirectional feedback
- Do not seek feedback
• JITT TIPS Templates
SETTING EXPECTATIONS AND GOALS
Take the time to get to know your learners!

1. INTRODUCTIONS
Introduce yourself and orient your learner to the environment (clerical staff, workflow, facilities)
Learn something about your learner and ask your learner about prior experiences

2. EXPECTATIONS & GOAL SETTING
Help the learner identify expectations particular for this unit
Help the learner set goals that are specific, realistic expectations

3. WRAP UP
Address any questions and concerns

4. FOLLOW-UP
Exchange preferred contact information
Check in each week to assess progress toward goals
**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 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

PRE-OBSERVATION
Conversation with the learner to identify a learning point specific to the 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

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

POST OBSERVATION
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 processors 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