SESSION 1

*Teaching Skills: Strengthening Your Teaching Toolbox*

90min (to limit to 60min, omit card game, slides 38-45)

Objectives:
1) Describe challenges and barriers to effective teaching in the clinical setting
2) Identify opportunities for time efficient teaching
3) Choose appropriate strategies from your teaching toolbox to maximize teaching

Materials:
1) Powerpoint presentation
2) Flip Charts/Dry-Erase board
3) Teachable Moment Role Play Script (2 copies for the players)
4) Pre-printed cards, one deck per 4 person group for the card game. Print each of these phrases on index-card type paper:
   a. Priming the Learner
   b. Role-Modeling
   c. Observation of the Learner
   d. Staffing in the Patient’s Presence
   e. Guiding Presentations
   f. Asking Questions
   g. Mini-Lecture
   h. Thinking Outloud
   i. 1-Minute Preceptor
   j. Self-Directed Learning

Notes for slides:
Slide 1: Title Slide

Slide 2: Plan

Slide 3: Teaching Skills
- Welcome and introductions
- This workshop is designed to help clinical teachers improve/expand their teaching skills and highlight many different teaching techniques

Slide 4: Intended Learning Outcomes
Objectives for this session:
- Identify challenges that clinical teachers encounter that prohibits them from effective and efficient teaching
- Look for opportunities where teaching can be used effectively and efficiently
• From a large array of teaching techniques, choose the most effective and efficient methods to maximize teaching

**Slide 5: Key Questions**
Questions that clinical teachers ask themselves related to teaching

**Slide 6: Challenges to Clinical Teaching**
- Solicit from audience the types of challenges they face when trying to teach in a clinical setting
- First have them define/describe what they consider as the clinical setting
- Collect the responses on a whiteboard or flip chart. Set aside for later.

**Slide 7: Possible Challenges**
- This is a list of challenges from previous sessions and considered important by the authors
- Feel free to add some of your own challenges/issues

**Slide 8: Teaching Toolbox**
You can compartmentalize your toolbox into 3 sections:
- Prevention – tools to use before you actually begin teaching
- Intervention – tools to use when you are teaching
- Maintenance – post-teaching techniques to keep your tools in good shape
We will cover each of these sections in more detail in this presentation

**Slide 9: Prevention**
Before teaching, there are several areas that need to be covered to ensure efficiency:
- Rotation objectives – the teacher should be very familiar with any objectives/criteria/skills that the learner will need/should be taught during your time with him/her
- Clarify expectations – what are your expectations of the learner and what are the learner’s expectations of you as the teacher?
  - Activity – ask the audience to tell you one expectation they have of a learner. Typical responses are “be on time” or “be enthusiastic” or “be professional”. While all of these are important, they don’t adequately describe to the learner what she/he is supposed to do. For example, the learner could interpret “be on time” to mean, if rounds start at 7:00 a.m., the learner will be there at 6:59 a.m. when in actuality the teacher meant that the learner should check on the night’s activities or labs before rounding which requires coming in earlier. Ask the audience how a learner can show enthusiasm? There will be a wide range of answers. Bottom Line: with any expectation, be very clear what you mean; otherwise, the learner is going to fill in the blanks as best they can.
- Orienting the learner
Questions for the audience: what does a good orientation consist of and how long does it take to do a good orientation?

From the authors’ perspective: a good orientation can be done in approximately 15 minutes in three separate 5 minute segments. One segment consists of learning about the student (name, future plans, goals, needs, etc.). Another segment should consist of communicating expectations. The final segment should consist of explaining the physical and social environments (where rooms/offices are located, where to get scrubs, introductions to the rest of the team, where the learner can work, etc.).

- Assessing & prioritizing learning needs – this consists of finding out what the learner’s goals and learning needs are while they are with you. This will help you uncover topics/areas for teaching and focus your approach to teaching.

**Slide 10: Clerkship**

**Slide 11: Intervention**

Intervention consists of the teaching tools listed on this slide. We will cover each of them separately.

**Slide 12: Beginning of Clinic Session**

- Prior to starting the day, review the daily schedule to see if there are themes or patient types that could be the focus of teaching. For example, if all the patients are geriatric, what knowledge/experiences has the learner had with elderly patients? Give a certain type of patients, what does the learner want to learn about them? What clinical skills/areas are of most interest to the learner?
- By focusing on a theme, both teacher and learner know what will be taught which improves efficiency and addresses the needs of the learner.

**Slide 13: Selecting Patients**

- When selecting patients for the learner, the student does not need to see every patient. In many cases, it will be the more interesting/unusual patients that will provide teaching opportunities.
- Wave scheduling is effective when the learner is a medical student. The preceptor is able to continue on her/his clinic schedule and provide an opportunity for the learner to interact with patients.

**Slide 14: Priming the Learner**

Priming the learner is a method for setting the learning stage. Prior to any patient encounter, the teacher should describe the tasks that the learner with undertake:

- What the learner will do and for how long
- When the two of you will get together to discuss patients or conduct teaching
- Selecting patients that will support the focused learning
• CRITICAL: Clearly identify the product or outcome that the learner will provide. It might be a brief summary of actions, a formal diagnosis, a mini-lecture on some aspect of the patient’s health, or possibly a written patient record or research. Be very clear regarding the outcome.

Slide 15: Role Modeling
• Role modeling is a very powerful method for teaching. It is sometimes referred to as “advanced shadowing.” If it is the first time you will work with a learner, role modeling demonstrates how you perform and your preferred method of functioning. For example, if you have a strong preference for presenting a patient’s history, you can role model this to the learner by performing a presentation.
• It is important to tell the learner what to pay attention to when you role model (e.g., watch how I set a positive tone for the patient encounter or listen to the types of questions I use in this particular case).
• Conscious think about any skill you are demonstrating and possible over-emphasize important steps.
• Debriefing is critical. Finding out from the learner helps to focus your teaching and assessing the learner’s skills & abilities.

Slide 16: Observation of Learners: When?
• Teachers know that observation is very important. However, most of them will indicate that they don’t have time to observe. The usual problem with this response is that they think they must observe the entire interaction—which is not the case.
• Brief observations conducted at the beginning, during the middle, or at the end of a patient encounter are very productive and conducive to teaching.
• Poll the audience as to when was the last time they observed a learner and how long did it take.

Slide 17: Observation of Learners: How?
Before observing the learner, it is important to prime them.
• Any information you have about the patient is helpful
• What exactly the learner will do during the encounter
• Identify what specifically you will be watching for as either identified by the learner or you.

Inform the patient what is going to happen with you and the learner; DO NOT HIJACK THE PATIENT INTERACTION!
• After the observation, debriefing is critical
• Have the learner self-assess is helpful
• This will provide you with information for more effective feedback
• What the learner did well and areas for improvement related to the focus of the observation
**Slide 18: Observation Activity**
- Explain to the participants that this activity will demonstrate how a short observation can be very effective.
- Instruct the participants to watch the video and think about what they could teach to the learner or what they could tell the learner how well/poorly they performed.
- Show approximately 2 - 3 minutes of the video.
- Ask the participants what they could teach to the learner or could provide feedback on any of the behaviors/actions.
- Debrief: inform the participants that, based on just 2 - 3 minutes of observation, they were able to identify multiple points for teaching. That is the power of just a brief observation.

**Slide 19: Staffing in the Patient’s Presence**
Staffing in the patient’s presence is a very powerful and efficient method for teaching. It is slowly becoming a more popular approach to teaching.

**Slide 20: Staffing in the Patient’s Presence**
- Prior to entering the patient’s room, clearly identify what you and the learner will do.
- In the room, have the learner take the lead and keep the focus on the interaction between the student & the patient
- Debrief should include next steps, what was learned and future actions

**Slide 21: Guiding Presentations**
Giving patient presentations is a critical part of the learner’s role and a powerful learning tool.
- Before the first presentation:
  - Role model or demonstrate how you prefer a presentation
  - Communicate to the learner what you consider important in the presentation (organization, length of presentation, etc.)
- Aunt Minnie is another name for pattern recognition – if it looks like your Aunt Minnie, sounds like your Aunt Minnie, and acts like your Aunt Minnie, then it probably is your Aunt Minnie. This technique gets right to the point regarding diagnosis and reasoning.
- SNAPPS:
  - Summarize briefly the history & findings
  - Narrow the differential to two or three relevant possibilities
  - Analyze the differential by comparing and contrasting the possibilities
  - Probe the learner by asking questions about uncertainties, difficulties, or alternative approaches
  - Plan management for the patient’s medical issues
  - Select a case-related issue for self-directed learning
Slide 22: Teachable Moments

- There are many possible teaching moments through the day. It is not necessary to teach every one of them or to teach with every patient.
- Before you utilize a teachable moment, consider all of the items listed on this slide. This will help focus and improve your efficiency when teaching.

Slide 23: Teachable Moments

- Use the Teachable Moments Role Play. Select someone from the audience to be a preceptor and someone to be a student. NOTE: It helps add to the session if the two selected are willing to act up a little.
- Have the two read the first part of the role play and stop at the line of asterisks.
- Ask the participants the two questions on the slide and solicit answers.

Slide 24: The “Aha”

Frequently referred to as the “aha” moment, the student asks a question or presents some information and the teacher gives the answer or instructs what actions should be taken with no additional teaching actions.

Slide 25: Teachable Moments

Role play part 2

Slide 26: Asking Questions

Questioning is a very effective method for uncovering the learner’s level of knowledge and problem solving skills.

- Using open-ended questions is much more conducive the deeper learning.
- Questions have a hierarchy—low level type questions ask for definitions, recall or comparisons; high level seek to investigate analyzing skills, inference, and the ability to evaluate a situation
- After asking a question, wait 3-5 seconds before rephrasing or taking another path. After the learner has responded, again wait 3-5 seconds. The learner may think he/she has not responded correctly or wants to add additional information. Waiting adds a little pressure to the situation and makes the learner try to think deeper about their answer.

Slide 27: Teachable Moments

Role play part 3

Slide 28: Mini-Lecture

- The mini-lecture is something that can be created ahead of time. It can be based on prior knowledge related to any aspect of the patient.
- Key is that it needs to have a specific focus – what’s the one thing you want the learner to get out of your mini-lecture?
- Most mini-lectures will last about 5 minutes.
Slide 29: Teachable Moments
Role play part 4

Slide 30: Thinking Out Loud/Problem Solving
Thinking out loud is a very efficient and effective method for teaching. It may seem strange or uncomfortable to talk to yourself, but it lets the learner hear how you arrived at your answer or diagnosis.

Slide 31: Teachable Moments
Role play part 5

Slide 32: Microskills or 1-Minute Preceptor
Microskills is also known as the 1 Minute Preceptor (although it takes longer than a minute to perform). It is a very organized and efficient approach to teaching clinical reasoning.

Slide 33: Teachable Moments: General Pointers

Slide 34: Team Teaching
- It is not necessary for a faculty member to feel he/she must be the sole teacher for a learner. There are many professional staff in your clinic/office/department that could also be used as teachers. The student can learn other perspectives/methods and it allows you an opportunity to focus on any critical activities.
- Make arrangements ahead of time with your professional staff member – don’t use the opportunity to pass your learner off to someone else just for the sake of getting rid of your learner.
- Prime the learner as to what you want them to do and what will be the outcome/product of their interaction with other professional staff.

Slide 35: Self-Directed Learning
- When you feel that you are not able to provide effective teaching, self-directed learning on the part of the learner can be a productive back-up. Topics can come from many possible areas.
- Again, prime the learner as to what you want her/him to do, how long it should take, and what the final product/outcome should be.
- BE SURE TO FOLLOW-UP LATER!

Slide 36: Audience Participation
Solicit from the audience any other effective and/or efficient methods for teaching in a clinical setting.

Slide 37: BREAK

Slide 38: Teaching Methods Card Game
See Playing Cards Guidelines
Depending on the time left, use as many/few cases as seems appropriate. The cases are focused on medical students.

**Slide 39**
Case #1

**Slide 40**
Case #2

**Slide 41**
Case #3

**Slide 42**
Case #4

**Slide 43**
Case #5

**Slide 44**
Case #6

**Slide 45**
Case #7

**Slide 46: Key Questions**
Recap of key questions presented at the beginning of the presentation.

**Slide 47: Maintenance**
These are actions that can take place after the teaching has occurred. Their focus is on continuing to improve your teaching skills.

- Take time after working with a learner to reflect on what worked and didn’t work.
- Self-development consists of attending workshops, conferences, CME, etc., where the topic is teaching skills.
- Peer coaching/feedback can be a very effective way to improve your teaching skills. Again, you should prime your peer as to what you want them to pay attention to and the type of feedback you’re looking for.
- People that work with you are aware of your teaching abilities. Asking for their honest feedback can help improve your teaching skills as well as demonstrate their importance to you and the clinic.

**Slide 48: Revisit Challenges**
• Revisit the list of challenges collected at the very beginning of the presentation to see if you have uncovered any teaching methods that will alleviate the challenge/issue.
• Where there any challenges/issues not addressed or possible teaching techniques unclear?

Slide 49: Take Home Points
Recap of session intended learning outcomes