Learning Objectives

- Identify key elements of excellence in clinical teaching
- Engage in opportunity for self exploration/self-assessment regarding teaching characteristics and behaviors
- Examine qualities of outstanding learners
- Examine the conditions that promote stimulating and “safe” learning environments
- Identify key elements of a teaching-learning encounter
Why Do You Teach?

It is possible to store the mind with a million facts and still be entirely uneducated.

-Alec Bourne

Education is the ability to listen to almost anything without losing your temper.

-Robert Frost

The whole art of teaching is in awakening the natural curiosity of a young mind.

-Anatole France
Clinical Educators: Roles

- One-on-one supervisor regarding patient care and teaching
- Leader
- Lecturer/Facilitator (provide presentations/lectures during rounds)
- Role model
- Listener and Observer
- Motivator/Stimulator and “Challenger” regarding learning and skill development
- Consultant
- Guide (provide guidance and direction)
- Learner advocate
- Patient advocate
- Fiscal officer and Manager
- Friend and Counselor

I would really like to...

...but I don’t have time to teach!
The “One Minute Preceptor”: Time-Efficient Teaching in a Busy Clinical Practice

Teaching the 5-Microskills
The “One Minute Preceptor”

- The average teaching encounter takes 10 min
  - 6 min for the learner to present the case
  - 3 min for the preceptor to ask questions and clarify information
  - 1 min of discussion and teaching time

- This model may take more than a minute but provides a structure to help maximize the teaching time of the encounter
The 5-Step Microskills Method

The One Minute Preceptor strategy is based on five steps that build upon each other:

• Getting a Commitment
• Probe for Supporting Evidence
• Reinforce What Was Done Well
• Give Guidance About Errors or Omissions
• Teach a General Principle
Step 1 – Get a Commitment

- “What do you think is going on?”
- “What other diagnoses would you consider?”
- “What should the treatment plan include?”
- “How should this case be followed up?”
- “What parts of the physical exam should we focus on?”

Why?...
- It invests the learner further into the case by making it more active and personal
- Shows respect for the learner
- Encourages learner to process beyond their current comfort level and problem solve
- Allows you to assess their reasoning and problem-solving skills
Step 2 – Probe for Supporting Evidence

- Explore the basis of the learner’s opinion and what they have committed to in Step 1
  - “What factors in the history and physical support your diagnosis?”
  - “Why did you choose that particular medication?”
  - “Why do you think this patient requires hospitalization at this time?”

- Why?...
  - Important to determine the basis for the trainee’s answer
    - Was it a lucky guess or a well-reasoned and logical answer?
  - Helps you to assess the learner’s...
    - knowledge base
    - thinking process
    - clinical reasoning skills
Step 3 – Reinforce What Was Done Well

• Skills and positive behaviors need repeated reinforcement to become firmly established
  – Provide the learner some positive feedback on valuable knowledge, skills and attitudes
  – Increase the likelihood that these behaviors will be incorporated into future clinical encounters

• Describe *specific* behaviors and likely outcomes
  – “Good job!” is much too vague
  – Examples of reinforcing positive feedback:
    • “I liked that your differential took into account the patient’s age, recent exposures and symptoms...”
    • “Your presentation was well organized. You included an appropriate medical history and medications...”
    • “Your assessment was well supported by your history and physical findings...”
Step 4 – Guide Errors and Omissions

- Identify opportunities for behavior change and provide alternative clinical strategies. Correct trainee mistakes avoiding negative value judgments such as "bad" or "poor"
  - Learner less likely to feel judged
  - Learner more likely to see criticism as constructive
  - e.g. “a better approach...” or “it is preferred that...”

- Describe *specifically* what was wrong, what the consequence might be, and how to correct it for the future
  - Example... “During the ear exam the patient seemed uncomfortable. Let’s go over holding the otoscope.”
Step 5 – Teach a General Principle

- An essential and challenging task for any learner is to take new information from one encounter and accurately generalize it to others
  - Manifestation of symptoms
  - Treatment options
  - Available resources and references

- Why?... Allows learning to be more easily transferred to other situations
  - “Remember 10-15% people are carriers of strep, which can lead to false positive strep tests.”
  - “Deciding on hospital treatment for pneumonia is challenging; fortunately there are some tested criteria which can help you with that decision...”
Conclusion Step

- Wrap up the teaching session with directions to the learner about what may be necessary to resolve the case

- Why?...
  - Time management is critical
    - Signals the end of the interaction so that the learner may move on to the next encounter
  - Directs the remainder of the encounter:
    - “Let’s go back in the room and I’ll show you how to get a good throat swab. Tell me when we have the results, and I’ll watch you go over the treatment plan.”
Example Teacher-Learner Encounter

The One Minute Preceptor strategy is based on five steps that build upon each other:

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors or Omissions
5. Teach a General Principle