

Teaching Skills Card for UNC Residents

Supporting an Effective and Positive Learning Environment

The Learning Environment should be a comfortable, encouraging place for students. They should feel comfortable asking residents questions and not feel harassed or belittled. Here are some do's and don'ts to support the learning environment:

- **DO** introduce yourself to the students on your service and state your expectations for your work together.
- **DO** tell students you will help them to learn.
- **DO** tell students they can ask you questions.
- **DO** give students feedback in an effort to improve their performance.

- **DON'T** harass, belittle, or mistreat students, especially on the basis of gender, race, ethnicity, sexual orientation, or any other characteristics of the individual student.
- **DON'T** ask students to do personal favors or perform personal services.
- **DON'T** question, belittle, or challenge a student's specialty choice.
- **DON'T** give preferential learning opportunities to a student based on their specialty choice.

Preparation for Teaching Medical Students

1. Review School of Medicine Curricular Components

Become familiar with the global SOM TEC curriculum:

<http://www.med.unc.edu/md/curriculum/tec-curriculum-information/tec-curriculum>

2. Understand Specific Rotation/TEC Component Educational Goals and Objectives

Each medical student rotating with you will be aware of the specific rotational and/or TEC curriculum component educational goals and objectives. At the beginning of your time with the student, review those with the student and agree upon some particular areas within those goals and objectives that you will begin to work on at the outset of the educational experience. You can review the "Application Phase" learning objectives through this link:

<http://www.med.unc.edu/md/curriculum/tec-curriculum-information/application-phase/courses-learning-objectives-and-assessments>

General Approach to Teaching

A good deal of your teaching will be in the form of questions you pose to your student about the patients that you are seeing together, and how you guide them through their thinking and clinical reasoning. As with all teaching methodologies, there are both effective ways to use questioning, as well as ineffective, or even damaging ways to use this methodology. The principles behind effective questioning are simple:

- 1) the questions are designed to teach, not humiliate
- 2) the questions are designed to allow the student to access their pre-existing knowledge
- 3) the questions are structured to encourage a student to stretch themselves to new levels of understanding
- 4) the questions should provide an opportunity to cement old knowledge, and acquire new knowledge within a framework that will allow them to apply that new knowledge to similar clinical situations in the future.

One widely used model to allow questions to be employed effectively in teaching is referred to as the "One Minute Preceptor", or the "Microskills" model. This model is detailed in the next pane on this card.

The Five-Step "Microskills" Model of Clinical Teaching

- **Step One: Get a Commitment**
 - "What do you think is going on with this patient?"
 - "What would you like to do?"
 - Even a hunch or guess is better for learning than no commitment.
- **Step Two: Probe for Supporting Evidence**
 - "What led you to that diagnosis?"
 - "Why did you choose that drug?"
 - Helps preceptor identify what the learner does and does not know.
 - Must not be unpleasant.
- **Step Three: Teach General Rules**
 - "If the patient has cellulitis, incision and drainage won't help. That's for an abscess, which you recognize by fluctuance."
 - Can skip if learner already knows general principles.
- **Step Four: Reinforce What Was Done Right**
 - "It was good that you considered the patient's age when you prescribed that drug, because other drug classes can cause more side effects in the elderly."
 - Must reward specific competencies.
- **Step Five: Correct Mistakes**
 - "You could be right that you won't harm the brachial artery when you draw that blood gas. But if you use the radial artery, you won't risk cutting off the arterial supply to the whole arm."
 - Have them self-critique first.
 - Be specific about what learner needs to correct.
 - Best done in private if criticism is major.

Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice* 1992; 5:419-424

Skills for being a Team Leader

Orient your learners early, explaining your expectations and your goals as the team leader.

Set goals for the team and repeat them periodically, verifying learners' understanding.

Motivate learners through a learner-centered approach. (What will learners get out of being "team players"?)

Regularly offer specific feedback about both positive and negative performance. To "catch people doing something right" can be a powerful strategy.

Address conflicts proactively.

- Is the conflict a problem?
- If so, is it your responsibility to address this problem?

Model life-long learning by showing how learners can set and meet their own learning goals. You are a key role model!

"ORIENT" Approach to Orienting a Learner to a New Rotation

Orientation

- Clarify mutual goals for this orientation session: what are the learner's expectations today?
- Discuss mutual goals and expectations for the rotation.
- Start with the learner: What does s/he hope to get out of this rotation? Explore learner's concerns and interests in detail.
- What are his/her learning goals?

Responsibilities

- Explain learner's role in patient care and other teamwork:
- Format for supervision and teaching;
- Expectations regarding charting;
- Where and when learner will receive feedback;
- Call arrangements;
- Anything else s/he should know about your particular institution.

Interchange

- How can the learner best balance service vs. learning goals during the rotation?

Education

- Model self-directed learning: ask learner to define his or her own learning goals and how s/he can best achieve them.
- Offer suggestions for reading and learning during the rotation (books, articles, online resources, consultants).

Needs

- What questions does the learner have?
- Is there anything else going on that you might help with (e.g., any special needs or concerns)?

Timing of follow-up session

- Any final questions or comments?
- When would learner prefer to meet again to follow up on mutual goals for the rotation?

"INSIGHT" model for feedback

Inquiry

- How does the learner think things are going?
- Listen to the learner's needs in detail. (Listening attentively and thoroughly before commenting may be all you need to do, especially for minor or temporary problems.)

Needs

- What does the learner feel s/he needs during this rotation? Ask the learner to define own learning needs.
- Learners accept feedback better when they feel the teacher has first taken time to understand their concerns and perspectives.

Specific feedback

- Give your constructive feedback as specifically as you can.
- Start with specific positive feedback, as is done with the "feedback sandwich" technique.
- The more learner-centered the feedback, the better it will go.
- Verify the learner's understanding of the feedback you've given, and clarify anything that seems to need it.

Interchange

- How can you best balance the learner's needs with the team's needs?
- You may need to "think outside the box" to reach a "win-win solution".

Goals

- State any new goals you've just reached, or review existing goals.
- Verify that you both understand and agree on these goals.

Help

- Do any serious problems merit a "learning consultation" (from a chief resident, an attending physician, a learning specialist, the employee assistance program, or others)?

Timing of follow-up session

- When would you and the learner like to meet again to go over how things went, and set the stage for future learning

"BEDSIDE" approach to bedside teaching

Briefing

- **Prepare the learner(s)** before meeting with the patient: learners' prior experience, problems requiring help?
- **Prepare the patient** and explain roles.

Expectations

- What are learner's **learning goals**?
- Why learn this particular topic today?

Demonstration

- If your goal is observation and feedback, watch learner interact with the patient, **keeping interruptions to a minimum**.
- If your goal is to model clinical skills, let the learner(s) watch you interact with the patient at the bedside. **Organize** what you demonstrate to facilitate learning.
- Facilitate active learning through questioning: What "**learning questions**" will stimulate thinking while you assess knowledge base and technical skills?

Specific feedback

- Offer **learner-centered feedback**, starting with the positive aspects.
- Can you explain or show learner how to improve any clinical skills?

Inclusion of "microskills"

- Will Neher's "five-step microskills model" work here? If so, include it:
 1. Get a commitment (a plan)
 2. Probe for supporting evidence
 3. Teach general rules
 4. Reinforce what was done right
 5. Correct mistakes

Debriefing

- Start with input from **patient and learner**.
- Any **questions** from learner or patient?
- You can also talk to learner alone, especially if your feedback is extensive.

Education

- What **resources** can the learner read or use to promote further learning?

References:

1. Bringing Education & Service Together (BEST), University of California at Irvine, Residents as Teachers Curriculum Project, www.residentteachers.com
2. Pilot study describing implementation of the BEST curriculum: Acad Med. 2003;78:722-729.