Teaching in the Inpatient Setting

Office of Medical Education
Creighton University School of Medicine

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Module Objectives

After completing this module, the learner will be able to

• List 3-5 attributes of an effective clinical teacher
• Describe strategies for creating a positive learning environment
• Differentiate between formative and summative feedback
• Describe a model for delivering feedback to learners
• Describe a framework for evaluating learners
Attributes of Effective Clinical Teachers

- Medical/clinical knowledge
- Clinical skills, clinical reasoning
- Positive relationships with students
- Supportive learning environment
- Communication skills
- Enthusiasm

Getting Started: Promote a positive learning environment

- Introduce yourself and your team
- Ask learners about their interests
- Share your expectations for participation
- Clarify any questions from the syllabus or schedule
- Tell learners how to reach you
- Arrange for learners to tour the area if necessary
General Teaching Strategies

• Ask one question at a time and wait…and wait…

• Stay neutral until the learner has explained their answer (Riddle 2010)

• Teach a principle, then ask questions

• Keep It Simple and Succinct (KISS)
Specific Teaching Strategies

Two examples

Demystifying Morning Report: How to Conduct a Stimulating Morning Report
(Radhakrishnan 2013)

The Briefing, Intraoperative Teaching, Debriefing Model for Teaching in the Operating Room
(Roberts NK, Williams RG, Kim MJ, Dunnington GL. 2009)
Example: Morning Report

Morning Report offers a great opportunity for teaching and learning. Some strategies:

- Limit the number of key learning points
- State clinical rules clearly
- Incorporate technology (videos from YouTube and journals)
- Use radiology, EKGs and labs
- Use evidence-based medicine
- Integrate the basic sciences
- Use case data to discuss the appropriateness of tests

(Radhakrishnan 2012)
### Example: Intraoperative Teaching

| B | Briefing | • 2-3 minute interaction at the scrub sink  
|   |          | • Assess learning needs  
|   |          | • Establish learning objectives |
| I | Intraoperative Teaching | • Focus on the same learning objectives |
| D | Debriefing | • After the operation is finished  
|   |          | • Debrief using reflection, rules, reinforcement, correction |

(Roberts NK, Williams RG, Kim MJ, Dunnington GL. 2009)
Providing Feedback

**FORMATIVE**
- Midpoint of clerkship or session
- Purpose = Improvement

**SUMMATIVE**
- End of clerkship or session
- Purpose = Grading

**Definition of Feedback:** “information describing students or house officers performance in a given activity that is intended to guide their future performance in that same or in a related activity” (Ende 1983)

“Make feedback a part of institutional culture” (Ramani and Krackov 2012)
Purpose of Feedback

• Reinforce positive actions
• Correct areas for improvement
• Guide future learning
• Confirm achievement of competency
• Promote reflection

(Gigante, Dell and Sharkey 2011)
## A Feedback Model: The 5 Microskills (aka One Minute Preceptor)

<table>
<thead>
<tr>
<th>SKILL</th>
<th>EXAMPLE</th>
</tr>
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<tbody>
<tr>
<td>Get a commitment</td>
<td>What do you think is going on here?</td>
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<tr>
<td>Probe for supporting evidence</td>
<td>What led you to that conclusion? What factors in the history and exam support the diagnosis?</td>
</tr>
<tr>
<td>Teach general rules</td>
<td>The key features of this illness are...</td>
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<tr>
<td>Reinforce what was right</td>
<td>You did an excellent job with...and this is why that is important...</td>
</tr>
<tr>
<td>Correct mistakes</td>
<td>The next time this happens, try this instead...</td>
</tr>
</tbody>
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(Neher and Stevens 2003)
Evaluation of the Learner

- Talk with your Clerkship Director about your role as a faculty evaluator.
- Make sure you understand how to complete student performance evaluations, and how much detail to provide.
- Complete student performance evaluations on time! One standard for medical school re-accreditation is timeliness of faculty evaluations.
- Organize your thinking and evaluation by using a well-established framework, like the RIME Framework (Pangaro 1999)
The RIME Framework is a developmental model that helps faculty differentiate between learner levels, set appropriate expectations, and communicate these in a common language.

<table>
<thead>
<tr>
<th>R</th>
<th>Reporter: Able to accurately gather and communicate clinical data on their patients.</th>
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<tbody>
<tr>
<td>I</td>
<td>Interpreter: Able to identify and prioritize problems; able to develop a differential diagnosis; able to answer “why” questions</td>
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<tr>
<td>M</td>
<td>Manager: Able to create a diagnostic and therapeutic plan; able to make judgments between options and priorities</td>
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<tr>
<td>E</td>
<td>Educator: Able to teach others; able to cite evidence; able to identify knowledge gaps</td>
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</tbody>
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References

Ende J. Feedback in clinical medical education. JAMA 1983;250(6);777-781.


References

