Residents and Graduate Students as Teachers

Office of Medical Education
Creighton University School of Medicine
Module Objectives

After completing this module, learners will be able to

• Describe the mission of the university
• Describe roles of residents and graduate students in medical student education
• Define the scope of a positive learning environment
• Describe one model for providing effective feedback to learners
• List 2-3 resources and contacts for questions about teaching
Welcome!

- Residents and graduate students, at both the Omaha and Phoenix campuses, play an important role in teaching medical students at Creighton University School of Medicine.

- You are a teacher, mentor, and role model

- Thanks for sharing your time and expertise!
What to Expect

The medical school course or clerkship director will

- Provide Medical Education Program Objectives and Learning Objectives
- Discuss these with you
- Explain your role as a teacher
- Explain your role in assessing student performance
- Answer questions about teaching medical students
About Creighton

A Catholic and Jesuit comprehensive university, Creighton is committed to excellence in our undergraduate, graduate and professional programs.

As Catholic, we are dedicated to the pursuit of truth in all its forms and guided by the living tradition of the Catholic Church.

As Jesuit, we participate in the tradition of the Society of Jesus, which provides an integrating vision of the world from a knowledge and love of Jesus Christ.

As comprehensive, our education includes several colleges and professional schools. Creighton is dedicated to the intellectual, social, spiritual, physical and recreational aspects of our students’ lives and to the promotion of justice.

We exist for students and learning. We challenge our community to reflect on transcendent values—including their relationship with God—in an atmosphere of freedom of inquiry and belief.

Our core values include service, family life, the inalienable worth of each individual and appreciation of diversity.

http://www.creighton.edu/about/mission
The Learning Environment

- Ensuring a positive learning environment is a priority for Creighton University School of Medicine.

- The Protocol for a Positive Learning Environment at CUSOM is posted in Module 1 and available from the Office of Medical Education.

- The Association of American Medical Colleges (AAMC) statement on the Learning Environment is available here: aamc.org/learningenvironment
AAMC Statement on the Learning Environment

We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.

We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, learners, and teachers. In this environment, our patients witness, experience, and expect a pervasive sense of respect, collegiality, kindness, and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced learners from all health professions. This includes research as well as patient care environments.

We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our learners and teachers are willing to engage with learning processes that can be inherently uncomfortable and challenging.

We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and learning environments that are built upon constructive collaboration, mutual respect, and human dignity.

For more information and to view a library of resources, visit aamc.org/learningenvironment.
Defining the Learning Environment

• LCME Accreditation standards for medical schools include specific requirements for the Learning Environment

• LCME Standard/Element: A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.
Conduct Standards

• Accreditation standards also address student mistreatment

• LCME Standard/Element: A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior.
Questions or concerns?

Omaha Contacts
Garrett Soukup, PhD
Associate Dean for Medical Education

Michael Kavan, PhD
Associate Dean for Student Affairs

Joanne Porter, MD, FACP
Associate Dean for Graduate Medical Education

Phoenix Contacts
Randy Richardson, MD
Associate Dean for Medical Education

Robert Garcia, MD
Assistant Dean for Student Affairs
Top 10 Ways to Improve the Learning Environment

1. Introduce yourself and the team.
2. Use learners’ names.
3. Treat learners with respect. Listen to them.
4. Show interest and enthusiasm for the topic and learners.
5. Provide frequent and specific feedback.
Top 10 Ways to Improve the Learning Environment

6. Invite questions. Listen to them.
7. Respect all answers and opinions.
8. Do not ridicule, belittle, or intimidate learners.
9. Admit your own knowledge deficits.
10. Invite the learner to learn with you.
Residents as Teachers

- Some studies estimate 20-60% of M3 learning comes from the resident.

- Surgical residents who are effective educators and mentors influence students to pursue surgical careers (Musunuru et al., 2007).

- Direct correlation: student happiness on a rotation and the amount of resident teaching (Stern, 2004).
You ARE ready to teach

Medical students associate teaching effectiveness of house staff with

- Providing a role model
- Being available
- Performing effective patient education
- Inspiring confidence
- Showing enthusiasm

(Elnicki and Cooper, 2005)
Characteristics of Effective Teachers

Top 4 from a Survey of Residents and Faculty

1. Clinical competency
2. Nonjudgmental
3. Role model
4. Enthusiasm

Note: Three of the four characteristics do NOT require extensive experience. Residents can be very effective teachers.

(Buchel and Edwards, 2005)
You Can Teach Anything, Anywhere

• Don’t worry about the environment - you set the tone and environment

• If learners are distracted it is likely because you are doing too much of the talking

• Seize the teachable moment

• Check for understanding. Students may nod, but that does not mean they understand or can apply the information to a new situation or case
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)
Improving Learning

• There are many theories and models that help us understand how adults learn
• An evolving set of ideas and principles from many disciplines
• The common theme is the need to recognize differences in learners’
  • Prior experiences
  • Preferences
  • Motivation
  • Direction/regulation of learning
  • Reflection

When in doubt, ASK the learner what they already know, what they want to learn, and what they learned (K – W – L)
Feedback Improves Learning

- Feedback is the cornerstone of effective clinical teaching
- Considerable evidence to support this.

Examples:
- Feedback improves learning (Boehler et al. 2006)
- Students want more feedback (De et al. 2004)
- Giving feedback will likely improve your teaching ratings (Dobbie and Tysinger, 2005)
Feedback Defined

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)
Feedback

Feedback is NOT

• Praise, compliments, or encouragement

Feedback IS

• Objective appraisal of performance
• Based on observed behaviors
• Formative (during learning) assessment
Purpose of Feedback

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

(Gigante, Dell and Sharkey 2011)
Effective Feedback

- **Specific**
- **Timely**
- **Objective** (based on observed behaviors)
- **Plan for improvement**
Additional guidelines

• Consider the context and venue
• Show interest in the learners’ education
• Report on your observations, not hearsay
Strategy: Feedback Sandwich

- Positive Feedback
- Corrective Feedback
- Positive Feedback
Strategy: Modified Sandwich

- Positive Feedback
- Corrective Feedback
- Action Plan
Strategy: Ask-Teach-Ask

Here is a quick and easy to use teaching strategy

Ask
• What did you do well?
• What challenged you?

Teach
• Agree / Disagree
• Teach one thing for one minute

Ask
• What and HOW can we improve?
Additional Resources

• The other modules in this series offer information about models for providing effective feedback (e.g., The One-Minute Preceptor Model)

• The modules also address specific teaching topics, e.g., teaching in the inpatient setting

• Resources to develop your teaching and assessment skills are available from your program and the School of Medicine

• School of Medicine teaching sessions and workshops are open to all residents and graduate students
Additional Resources

• Visit the Office of Medical Education website
  • http://medschool.creighton.edu/medicine/admin/ome/
• Office of Medical Education
• Office of Student Affairs
• Attend conferences offered by the medical school
• Check out teaching materials and programs offered by your specialty society
References

Bing-You RG, Trowbridge RL. Why medical educators may be failing at feedback. JAMA 2009;302:1330-1331.


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

References


(Created By: Kathryn N. Huggett, Ph.D., October 2014)