Clinical Teaching

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VP, Faculty Development
Associate Dean, Educational Skills Development
Your Goal

Ability/Skill

Confidence
## Objectives - Clinical Teaching

<table>
<thead>
<tr>
<th>Identify</th>
<th>Identify the core principles of clinical teaching</th>
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</thead>
<tbody>
<tr>
<td>Apply</td>
<td>Apply three steps of setting expectations to a precepting scenario</td>
</tr>
<tr>
<td>Describe</td>
<td>Describe the types of questions to use when precepting a clinical case with learners</td>
</tr>
<tr>
<td>Apply</td>
<td>Apply questioning skills to create a learning environment that supports psychological safety</td>
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<tr>
<td>Describe</td>
<td>Describe a learning environment that is conducive to both the student and preceptor</td>
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<tr>
<td>Review</td>
<td>Review JITT Tip Sheets as a resource tool</td>
</tr>
</tbody>
</table>
Conscious Incompetence:
- the learner is unaware of his/her lack of a particular skill.
- the learner now realises the importance of a skill but fails in trying to do it.

Conscious Competence:
- the learner, through practise, can now do the skill but has to think about each step.

Unconscious Competence:
- the learner can do this skill effortlessly without much conscious thought = mastery.

The Conscious Competence Learning Model
The way we acquire a new skill
Stages of Learning
Stage 1: Unconscious Incompetence
Stage 2: Conscious Incompetence
Stage 3: Conscious Competence
Stage 4: Unconscious Competence
“FLOW” EXPERIENCES IN RELATION TO CHALLENGES AND SKILLS

Challenges

High

Low

Knowledge Skills

Low

High

Arousal

Anxiety

Worry

Apathy

Boredom

Relaxation

Control

FLOW

Low

High
Questions to ask yourself when planning a clinical teaching session

What am I teaching?

How will I teach it?

Who am I teaching?

How will I know if the students understand?
How to give effective explanations?

- Check understanding & grasp of the topic
- Give information in “bite size” chunks
- Put things in a broader context when appropriate
- Summarize periodically (“so far, we’ve covered...”)
- Reiterate the take home messages; again, asking students...
Notable Tensions

• When to ask and when to tell
• When to model and when to watch
• When to discuss process and when to discuss content
• When to see a patient and when to follow from afar
it is only in the "does" triangle that the
doctor truly performs

- Performance Integrated Into Practice
  eg through direct observation, workplace
  based assessment

- Demonstration of Learning
  eg via simulations, OSCEs

- Interpretation/Application
  eg through case presentations, essays,
  extended matching type MCQs

- Fact Gathering
  eg traditional true/false MCQs

Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)
Dreyfus Model of Skill Acquisition

1. Novice
2. Advance Beginner
3. Competent
4. Proficient
5. Expert
• JITT TIPS Templates
Basic Teaching Tip Sheets

- Setting Expectations and Goals
- Learning Huddle
- Beside Teaching
- Directed Teaching Through Observation
- How to use “RIME” With Your Learners
- How to use the SFED Model of Feedback with your learners
- Using Questioning as a Tool for Effective Precepting
Program Specific Tip Sheets

- How To Perform an OB/GYN History
- How To Teach To Evaluate for Rupture of Membrane/Amniotic Fluid
- Teaching Neurologic Imaging
- Teaching the Neurologic Exam
- How To Teach Conducting Abdominal Exam for Surgery
- Teaching to Prepare a Student for the Operating Room
- Teaching Functional History
- How To Deliver Challenging News
- Teaching in the Operating Room
- Bedside Teaching for Mobility Assessment
- Teaching Manual Muscle Testing
- Teaching How to Conduct PM&R Consults
- Teaching Family centered Rounds with Patients and Families
- Teaching Pre-Family Centered Rounds Outside of the Room
- Teaching Psychotherapies
- A Framework for teaching the Biosocial Formulation
- Using the Socratic Method in Teaching
- Teaching Abdominal Imaging
- How to Interpret an Abdominal Image
Three step process

1. Pre-meet
2. In session
3. End of session

Step #1 - Setting Expectations

CLEAR AND REASONABLE EXPECTATIONS

YOU’RE HAPPY
I’M HAPPY
SETTING EXPECTATIONS AND GOALS
Take the time to get to know your learners!

1. INTRODUCTIONS
- Introduce yourself and orient your learner to the environment (clerical staff, workflow, facilities)
- Learn something about your learner and ask your learner about prior experiences

2. EXPECTATIONS & GOAL SETTING
- Help the learner identify expectations particular for this unit
- Help the learner set goals that are specific, realistic expectations

3. WRAP UP
- Address any questions and concerns

4. FOLLOW-UP
- Exchange preferred contact information
- Check in each week to assess progress toward goals
Psychological Safety in Medical Education

https://youtu.be/eP6guvRt0U0
USING THE SOCRATIC METHOD IN TEACHING!

The Socratic Method is an approach to teaching that incorporates thoughtful dialogue between the teacher and student, promoting a deeper process of learning. This encourages the student to listen, think, read ahead, speak critically, and remain curious about the inner-workings of medicine and surgery.

Step 1: Formulate a thought-provoking question
- Use open-ended questions predominantly (no yes/no questions)
- Preferentially ask questions that guide a student to a multi-step answer
- Phrase the question clearly and specifically

Step 2: Wait for the student to think
- Maintain silence for at least 5-10 seconds to give the student time

Step 3: Guide the student if necessary
- Follow up on the student’s response and invite elaboration if in the right direction
- Guide the student with more specific or probing questions
- Follow up on a poor answer with a clarifying question, not a correction

Step 4: Summarize the student’s response and elaborate on the correct answer

Step 5: Repeat!
- Continuing with multiple questions along a trajectory of thought can be beneficial

Q1. Question 1 can be science, leading into question 2 covering the pathophysiology of the same topic, leading to question 3 which is the patient presentation and question 4 can cover the medical/surgical workup and management
Bloom’s Taxonomy

Based on revised Bloom’s taxonomy.
APA adaptation of Anderson, L.W. & Krathwohl, D.R. (Eds.) (2001)
Use of Questions to Direct Learning

- Restrict use of closed questions
- *(What? When? How many?)*
- Use open or clarifying/probing questions
- *(What are the options? What if?)*
- Allow adequate time for students to give a response-
- Follow a poor answer with another question
- Answer learners’ questions-with counter questions
- Statements make good questions-for example, “Students sometimes find this difficult to understand”
- Be non-confrontational
Socratic Questions -> Socratic Dialogue -> Critical Thinking

Goal: Probe thinking of learners

Analyze & assess a concept or line of reasoning
Types of Questions

- Conceptual/clarification - What? How?
- Probing Assumptions - Why?
- Probing Reasons/Rationale - Why?
- Viewpoints & Perspectives
  - Why?
  - When?/What if?
- Probe implications & consequences
  - What if?
General Guidelines for Questioning

- Think along with the learner
- There are Always a Variety of Ways You Can Respond
- Do Not Hesitate to Pause and Reflect Quietly
- Keep Control of the Discussion
- Periodically Summarize
- Assess where the discussion Is:
  - What Questions are Answered; What Questions are Yet Unresolved
USING "QUESTIONING" AS A TOOL FOR EFFECTIVE PRECEPTING

LEARNERS AND PRECEPTORS ALIGN

RECALL/REMEMBER
Identify and define the facts

UNDERSTAND MEANING OF FACTS
Discuss/explain ideas or concepts

APPLY
Differentiate/compare and contrast information

EVALUATE FACTS
- Justify thought processors and assess next steps
- Create new knowledge
- Hypothesize "WHAT IF" alternatives

3 TIPS FOR USING QUESTIONING STRATEGY
1. Use open-ended questions predominately
2. Allow time for response
3. Follow a poor answer with a clarifying question and not a correction
Summary: Clinical Teacher

- Diagnoses learner needs
- Observes
- Role models (knowledge, skills and attitudes)
- Demonstrates care
- Debriefs cases
- Provides feedback
- Encourages learner reflection
Objectives - One Minute Preceptor

1. **Identify**
   - Identify the importance of precepting each patient with the medical student

2. **Review**
   - Review the one preceptor steps

3. **Apply**
   - Apply the one-minute preceptor steps to a clinical scenario

4. **Compare and contrast**
   - Compare and contrast a usual social history and an expanded social history

5. **Review**
   - Review the components of an expanded social history based on the SDOH

6. **Apply**
   - Apply the SDOH to the clinical management plan for a patient
One-Minute Preceptor

https://youtu.be/hmKvei3thwQ
“One-minute preceptor” model

Patient encounter (history, examination, etc)

Get a commitment (“what do you think is going on?”)

Probe for underlying reasoning (“What led you to that conclusion?”)

Reinforce what was done well (“Your diagnosis of X was well supported by the history…”)

Help Learner identify and give guidance about omissions and errors (“Although your suggestion of Y was a possibility, in a situation like this, X is more likely because…”)

Teach general principles (“When that happens, do this…””)
Teaching with Limited Time

3-5 Minute preceptor: Micro Skills of Clinical Teaching

1. Get a commitment
   • What do you think is going on?
   • What would you like to accomplish?
   • What other information do you need?

2. Probe for supporting evidence
   • Why do you think this?
   • What else did you consider?
   • What questions do you have?

3. Teach an important concise learning point

4. Reinforce what was done well
   • Learner self-assess
   • Tell them what they did right
   • Be specific

5. Correct mistakes and provide feedback
   • Discuss what they can do differently
   • Agree on plan for improvement

Steps to Rapid Teaching

Step 1:
Identify the needs of each individual learner; set expectations:
• Ask questions about prior knowledge & skills – OR-
• Conduct a two-minute observation
• Align expectation (learner & preceptor)

Step 2: Select a model for rapid teaching with limited time
• Diagnose the learner
• One minute preceptor/micro skills of clinical teaching
• Ask questions: use Bloom’s Taxonomy to ask higher order questions
• Activated demonstration, if appropriate

Step 3: Provide Feedback on performance:
• Be specific
• Comment on strengths
• Discuss areas for improvement
• Give direction & encouragement
• Promote self-directed learning
Five-Step Microskills Model of Clinical Teaching

1. **Get** a Commitment- “**Reporter**”
   - What do you think is going on?

2. **Probe** for Supporting Evidence- “**Interpreter**”
   - What led you to that conclusion?

3. **Teach** General Concepts-promote “manager” skills
   - How do you approach/think about…? (“**Manager**”)

4. **Ask/Tell Them What They Did Right**
   - Specifically, you did a great job of…

5. **ASK/Correct Mistakes**-developmental improvements
   - Next time this happens,… (“**self-direction/educator**”)

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**Five-Step Microskills Model of Clinical Teaching**

1. **Get** a Commitment- “**Reporter**”
   - What do you think is going on?

2. **Probe** for Supporting Evidence- “**Interpreter**”
   - What led you to that conclusion?

3. **Teach** General Concepts-promote “manager” skills
   - How do you approach/think about…? (“**Manager**”)

4. **Ask/Tell Them What They Did Right**
   - Specifically, you did a great job of…

5. **ASK/Correct Mistakes**-developmental improvements
   - Next time this happens,… (“**self-direction/educator**”)
TEACHING WITH LIMITED TIME

FIVE MINUTE PRECEPTOR: MICROSKILLS OF CLINICAL TEACHING

1. GET A COMMITMENT
   - What do you think is going?
   - What would you like to accomplish?
   - What other information do you need?
   - What would you like to do next?

2. PROBE FOR SUPPORTING EVIDENCE
   - Why do you think this?
   - What else did you consider?
   - What questions do you have?

3. PRECEPTOR TEACHES IMPORTANT CONCISE LEARNING POINTS
   2 - 3

4. REINFORCE WHAT WAS DONE WELL
   - Learner self-assesses
   - Tell them what they did well
   - BE SPECIFIC!

5. CORRECT MISTAKES AND PROVIDE FEEDBACK
   - Discuss concerns followed by strategies and a plan to approach differently
#1 FRAME THE SESSION
- WHAT IS YOUR PRIOR EXPOSURE WITH TELEHEALTH?
- WHAT DO YOU KNOW ABOUT THE PATIENT (PRIOR TO THE CALL)?
- HOW WILL YOU OBTAIN CONSENT FOR THE VISIT?
- HOW WILL YOU CONDUCT THE INTERVIEW & FOCUS ON THE CHIEF CONCERN (CC)?
- HOW WILL YOU OBTAIN PATIENT HISTORY?
- HOW WILL YOU ASSESS PHYSICAL EXAM (PE), AS NEEDED?

#2 PROBE POST TELEHEALTH VISIT
- WHAT WAS YOUR IMPRESSION OF THE ENCOUNTER?
- UNDERSTANDING OF CC, INCLUDING MP
- OBJECTIVE DATA: DIRECT OBSERVATION: VITALS, PE
- WHAT IS YOUR ASSESSMENT & PLAN?
- DO WE NEED TO SCHEDULE A FOLLOW-UP VISIT?

#3 TEACH
- IDENTIFY COMMUNICATION & CLINICAL SKILLS
- ADDRESS SPECIFICALLY TELEHEALTH
- COMMUNICATION SKILLS APPLIED TO THE ENCOUNTER (VERBAL & NONVERBAL)
- CONSIDER AMONG THE STUDENT TO PRACTICE TALK BACK FOR A FOLLOW-UP VISIT

#4 REINFORCE BEHAVIORS OBSERVED
- ASK THE LEARNER WHAT WENT WELL
- TELL YOUR OBSERVATIONS (COMMUNICATION & CLINICAL)
- ASK THE LEARNER WHAT THEY WANT TO DO DIFFERENTLY
- PROVIDE ENCOURAGEMENT

#5 FOCUS THE LEARNER TO SELF-IDENTIFY GAPS
- KNOWLEDGE SKILLS
  - COMMUNICATION (VERBAL/NONVERBAL)
  - HISTORY
  - PHYSICAL EXAM
  - ASSESSMENT & PLAN

Telehealth Visits
Teaching "Web-Side" Manner

DRESS THE PART
- Focusing choices that may not impact an in-person encounter can greatly affect the quality of a telehealth visit
- clothes should be selected to consider color, patterns, and jewelry selection
- wear a lab coat when appropriate
- make sure your name and title is visible on the camera screen

ELIMINATE DISTRACTIONS
- Check the environment for possible distractions prior to the telehealth visit
- minimize fidgeting
- mute microphone until the encounter begins
- flatten patients of any distractions that cannot be managed
- avoid side conversations/delays during encounter
- consider telemedicine
- close all other applications, which can slow your connection
- be mindful of your background in appearance

ENSURE A PRIVATE AND SECURE AREA FOR THE VISUAL VISIT
- Privacy becomes an even bigger concern when the patient is unable to clearly see that the environment is secure
- direct learners to inform patients that the equipment being used is HIPAA secure
- learners must tell the patient that the visit is secure, both provider and patient should introduce all individuals present on their side to determine if it is acceptable for them to be present

IMPORTANCE OF NONVERBAL CUES
- Nonverbal cues are important in projecting warmth, interest, and concern when enhancing the connection with patients
- direct learners to center themselves on the screen
- mental learners to less direct a personable or their facial expressions
- maintain eye contact and enforce if there is a need to look away
- if the camera is not positioned to focus on the provider or patient it cannot appear as a disinfect
- direct learners to be aware of their own expressions and style on camera, for example does not appear as long as it is present

VERBAL COMMUNICATION
- Timing, phrasing, and pacing of a telehealth visit is as important, if not more important, than a traditional visit
- Start the visit with small talk to break the ice, express gratitude
- convey empathy understanding of the patient's concerns
- learners should be true to the tone of their voice
- deal to sound confident, warm and interested
- lead partnership statements to promote collaboration
- be clear about card status
- let the patient and the call first
**SOPH**

STUDIES SUGGEST THAT 80-90% OF HEALTH IS DETERMINED BY A PERSON’S SOCIAL DETERMINANTS OF HEALTH. ONLY 15-20% IS ACCOUNTED FOR BY MEDICAL CARE.

**APPLYING THE 5 MICROSKILLS TO PRESENTING THE SOCIAL DETERMINANTS OF HEALTH**

1. **TELL & COMMIT**
   - **TELL ME ABOUT THE PATIENT YOU JUST SAW**
   - **WHAT SPECIFICALLY ABOUT THE PATIENT’S SOCIAL CIRCUMSTANCE HAS AFFECTED THEIR HEALTH?**

2. **PROBE & PROVIDE**
   - **WHAT QUESTIONS DO YOU ASK AS PART OF YOUR SOCIAL HISTORY THAT SUPPORTS YOUR DIAGNOSIS?**
   - **WHAT CAN WE DO TO HELP?**

3. **TEACH**
   - **FIND A TEACHING POINT USING SOCIA AND THE PATIENT’S PRESENTING ILLNESS**
   - **ACKNOWLEDGE**: HAVE WE CONSIDERED THE PATIENT’S UNINSURED STATUS?
   - **ENRICH**: DO YOU THINK THE PATIENT MAY BE FRUSTRATED ABOUT UNSAFE CONDITIONS TO EXIST IN THEIR NEIGHBORHOOD?
   - **ACTIVATION**: FIND SOCIAL SERVICES SPECIFIC TO PATIENT’S NEEDS
   - **ENGAGEMENT**: HAVE A SOCIAL WORKER COME IN TO DISCUSS ELIGIBILITY OF MEDICARE/PRIVATE

4. **REINFORCE**
   - **START WITH THE SOCIAL QUESTIONS TO CREATE A TREATMENT PLAN**
   - **GIVEN WHAT WE KNOW ABOUT THE SOCIAL HEALTH OF THE PATIENT**

5. **FILL IN THE CAPS**
   - **USING THE SOCIA, CONSIDER HOUSING AND FOOD INSECURITY AND ASK WHAT MORE WE CAN DO TO HELP THE PATIENT**
### Objectives - Teaching with the Patient/Bedside

<table>
<thead>
<tr>
<th>Describe</th>
<th>Describe the clinical environment that impacts teaching with the patient present (inpatient or outpatient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify</td>
<td>Identify the patients’ viewpoint of being present with clinical teaching</td>
</tr>
<tr>
<td>Delineate</td>
<td>Delineate steps in bedside teaching (inpatient or outpatient)</td>
</tr>
<tr>
<td>Delineate</td>
<td>• Outside the room before the patient visit, in the room with the patient, outside the room post patient visit</td>
</tr>
<tr>
<td>Distinguish</td>
<td>Distinguish directed observation from direct observation</td>
</tr>
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<td>• Outside the room before the patient visit, in the room with the patient, outside the room post patient visit</td>
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BEDSIDE TEACHING

https://www.youtube.com/watch?v=iiqB-eQcbT8
DIRECTED OBSERVATION

TO KEEP THE LEARNERS FULLY ENGAGED WHEN YOU ARE FOCUSED ON A CONSULTATION OR PROCEDURE, MAKE SURE THEY HAVE SPECIFIC OBSERVATION AND RECORDING TASKS-

#1 HAVE A CONVERSATION WITH THE LEARNER TO IDENTIFY A LEARNING POINT

#2 PROVIDE PATIENT CARE AND DEMONSTRATE AGREED LEARNING POINT

#3 DEBRIEF OBSERVATION WITH LEARNER AND CLARIFY LEARNING POINT
Examples

• “TAKE PARTICULAR NOTE OF THE MANNER IN WHICH I CLARIFY THE PRESENTING COMPLAINT”

• “WRITE DOWN YOUR SUPPORTING EVIDENCE FOR A DIFFERENTIAL DX AFTER YOU HEAR THE PRESENTING COMPLAINT AND HPI”

• “NOTICE HOW I HOLD THE EQUIPMENT TO CONDUCT THE EXAM AND HOW I TALK THE PATIENT THROUGH THE EXAM TO EASE ANXIETY/DISCOMFORT”
Directed Teaching Through Observation
A Teachable Moment in Busy Environments

**Pre-Observation**
Conversation with the learner to identify a learning point specific to patient

**Demonstration by Faculty**
Provide care to the patient

**Introduce Yourself and the Learner to the Patient:**
Clarify to the patient the learner will be observing the encounter

**Conduct the Encounter and Demonstrate What Was Agreed Upon:**
Think out loud, instruct learner to pay attention to your communication with the patient

**Debrief Observation & Clarify Learning Point:**
Ask the learner what they observed

**Post-Observation**
Discuss the outcome of the encounter and re-iterate learning points

Leave time for questions, clarifications, identify a learner focused follow up
BEDSIDE TEACHING
Capture a teachable moment

PRE-ROUNDS OUTSIDE THE ROOM

Preparation, Planning, orientation for Bedside Teaching with Patient

Plan what you would like to achieve on patients rounds

Orient the learners to your plans for the session

Engage all learners in the group by giving them specific tasks

BEDSIDE ROUNDS WITH PATIENT

Introduction, Interaction, Observation, Instruction

Introduce yourself and the team to the patient

Learner will role-model a physician-patient interaction identified outside of the room

Observation by faculty is a necessary part of learner-centered bedside teaching

Challenge the learners' minds, gentle correction when necessary

POST-ROUNDS OUTSIDE THE ROOM

Debriefing, Feedback, Reflection with Learners, Preparation for the next patient

Provide feedback and coaching on observation, specific to what was practiced

Prepare for the next patient

Leave time for questions, clarifications, follow up research/reading

If readings are assigned they must be discussed later
Objectives-Procedure-Skills Teaching

- Compare and Contrast skills teaching vs didactic teaching?
- Define 4 element approach to skills teaching
- Describe the key principles of cognitive apprenticeship in relation to skills teaching
- Explain the Zone of Proximal Development
- Practice teaching a common skill with peers
1. How does skills’ teaching differ from knowledge teaching?

2. With respect to your own educational or clinical setting, can you share ideas with colleagues regarding how skills learning can be advanced on behalf of learners?
Thus, effective clinical teaching requires that one be skilled in facilitating the acquisition of skill performance by the learner. In this session, scholars will utilize a four element approach to skill teaching:

1. Demonstration: teacher demonstrates at normal speed, without commentary,
2. Deconstruction: teacher demonstrates while describing steps,
3. Comprehension: teacher demonstrates while learner describes steps,
4. Performance: learner demonstrates while describing steps.
Apprenticeship to Entrustment: A Model for Clinical Education

Trains have long apprenticed alongside experts, participating more fully as they earn their mentors’ trust. Novice physicians still rely on learning by doing under the guidance of experts. Temed legitimate peripheral participation,1 learners begin by engaging in simple but real tasks, tackling increasingly complex and more central roles as their supervisors’ trust increases.

Cognitive apprenticeship: Applying the methods outlined here, experts make explicit the thought processes, heuristics, and problem-solving strategies used to address complex challenges.2

An iterative cycle: Though illustrated deceptively, the apprenticeship and entrustment processes are truly cyclical. Approaches to simpler scenarios are applied to increasingly complex situations.

Entrustment: Trains take on increasing autonomy and progressively greater responsibility for professional activities as they gain trust.

Decision to trust: Entrustment decisions depend on:
- Context
- Learner attributes
- Teacher attributes
- Task attributes

Modeling: Expert demonstrates an approach to a problem or a patient, serving as a role model for the novice (e.g., during a difficult conversation).

Articulation: Both expert and novice must verbalize what would otherwise be internal thought processes (e.g., by answering “why?”).

Coaching: Expert provides guidance before, during, and after the novice’s performance, providing proactive and reactive instruction and feedback.

Exploration: The novice begins to branch out, applying knowledge or experience from other domains (e.g., a learner may adapt the expert’s approach, applying it in a different manner or in a different sequence).

Reflection: The novice solidifies understanding through deliberate contemplation of past and future performance.

Experts provide more support early on, allowing greater latitude for exploration and reflection with increasing entrustment.

By providing intentionally layered scaffolding throughout a cognitive apprenticeship, the expert supports the novice’s development of patterns for understanding problem solving, encouraging increasing autonomy as trust is earned.

Cognitive Apprenticeship Model: Articulate Coach Explore Reflect

References:
LEARNING PROCEDURES
VIEW ONE, SPEAK ONE, DO ONE

Procedures can be broken down into portions, (mircoskills) and new learners may not see each component.

Learners need to have an overview of all steps involved in the procedure.

The importance of early steps may not be apparent until later in the procedure.

#1 VIEW!
"Let's Watch how it could be done"

#2 SPEAK!
"WHY Don't you talk me through it?"

#3 DO!
Learner performs with direct observation OR has not demonstrated # 2 so: "Watch me and See how I do THIS part specifically!"

VIEW
Provide scaffolding

SPEAK
Verbalize microskills

DO
Observe and direct feedback
Skills Teaching

In preparation for this skills teaching exercise, each participant will need to select a clinical or perhaps other practical skill that contains between 5 to 10 steps and can be taught in less than 5 minutes.

Scholars will gather in groups of three so that each will teach a skill, learn a skill, and be an observer who provides feedback to the skill teacher and learner.
Coaching and Feedback
Objectives: Coaching and Feedback

- Compare and Contrast Feedback and Coaching as a Technique
- Identify factors that contribute to effective coaching and feedback
- Identify the steps in the SFED Model of Feedback & Align with Ask-Tell-Ask Model of Feedback
- Identify characteristics/skills of a clinician who uses coaching skills with a learner
- Describe collaborative feedback
- Practice feedback with a coaching model
What is **feedback**?

- **Feedback** is the information you provide to learners about their clinical performance that is intended to guide their future clinical performance.
• But are we doing it right?
Atul Gawande Thoughts

A coach provides a pair of skilled eyes and ears, an outside perspective on performance.

What makes a great coach? Gawande emphasized a number of factors, including credibility, creativity in solving problems, effectiveness in communication, as well as “an understanding that the details create success” — that small things usually make the difference between good and great. Coaching can also help teachers develop success by promoting “humility, belief in discipline, and [more] willingness to engage in teamwork.”

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Coaching</th>
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<tbody>
<tr>
<td>Focuses on past behavior</td>
<td>Focuses on future behavior</td>
</tr>
<tr>
<td>Reactive to a situation</td>
<td>Proactive towards a goal</td>
</tr>
<tr>
<td>One-way communication</td>
<td>Two-way communication</td>
</tr>
<tr>
<td>Telling or advice oriented</td>
<td>Ask oriented</td>
</tr>
<tr>
<td>Focuses on data and information</td>
<td>Focuses on unlocking potential</td>
</tr>
<tr>
<td>Describes consequences</td>
<td>Explores options and alternatives</td>
</tr>
<tr>
<td>Feedback giver is motivated to change behavior</td>
<td>Feedback receiver is self-motivated to take responsibility and find their own answers</td>
</tr>
</tbody>
</table>
Assessment Drives Learning

Practice → Assessment Data → Self-Assessment/Reflection → Feedback → Coaching/Encourage → Practice
SFED: ASK-TELL- ASK

https://youtu.be/SYXgMobMU8U

A= Self-assessment

T=Feedback/FACTS

A=Encouragement (preceptor-driven) and Direction (learner driven)
From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners

Marjorie D. Wenrich, MPH, Molly Blackley Jackson, MD, Ramoncita R. Maestas, MD, Ineke H.A.P. Wolfhagen, PhD, and Albert J.J. Scherbier, MD, PhD

Table 1

<table>
<thead>
<tr>
<th>Less experienced teachers</th>
<th>More experienced teachers</th>
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<tbody>
<tr>
<td><strong>Teacher as cheerleader</strong></td>
<td><strong>Teacher as coach</strong></td>
</tr>
<tr>
<td>Focus on positive, minimize negative</td>
<td>Provide honest, transparent feedback</td>
</tr>
<tr>
<td>Provide general, nonspecific feedback</td>
<td>Specific, directive, targeted feedback</td>
</tr>
<tr>
<td><strong>Passive teacher role</strong></td>
<td><strong>Calibrated teacher role</strong></td>
</tr>
<tr>
<td>Follow student lead: “Tell me what you need”</td>
<td>Push student to reflective adult learner role</td>
</tr>
<tr>
<td>Remain in background at bedside</td>
<td>Selectively exercise active role at bedside</td>
</tr>
<tr>
<td>Give postponed feedback</td>
<td>Balance immediate/delayed feedback</td>
</tr>
<tr>
<td><strong>Concern about students’ fragility</strong></td>
<td><strong>Understand students’ resilience</strong></td>
</tr>
<tr>
<td>Worry about impact of negative feedback</td>
<td>Know that students want specific, critical feedback</td>
</tr>
<tr>
<td><strong>Create a safe environment</strong></td>
<td><strong>Create a challenging but safe environment</strong></td>
</tr>
<tr>
<td>Deter student discomfort</td>
<td>Expect a response: “You show me,” “It’s okay not to know,” and “We’re here to develop everyone’s skills”</td>
</tr>
<tr>
<td><strong>Limited goals and strategies</strong></td>
<td><strong>Strategic and goal oriented</strong></td>
</tr>
<tr>
<td>Don’t know what works in giving feedback</td>
<td>Have strategies and language for giving feedback</td>
</tr>
<tr>
<td>Use trial and error: “Whatever works”</td>
<td>Have goals and expectations: “This works”</td>
</tr>
<tr>
<td>Limited skill and comfort addressing behaviors and personality traits (e.g., student anxiety) that limit skill building</td>
<td>Address and name students’ limiting behaviors and personality traits (e.g., student anxiety); offer techniques for skill building</td>
</tr>
<tr>
<td><strong>Oriented toward students’ current needs</strong></td>
<td><strong>Oriented toward students’ developmental trajectory</strong></td>
</tr>
<tr>
<td>Teach without a long-range plan</td>
<td>Know what skills students should have at different stages of development</td>
</tr>
<tr>
<td><strong>Minimal use of teams</strong></td>
<td><strong>Foster environment of team feedback</strong></td>
</tr>
<tr>
<td>Private one-on-one feedback from teacher</td>
<td>Utilize peers and patients in giving feedback</td>
</tr>
</tbody>
</table>

Table 1 Themes Related to Giving Feedback to Early Clinical Skills Learners: Characteristics of Less Experienced Compared With More Experienced Bedside Teachers

Figure 1

Figure 1. Conceptual model of progression of skills at giving feedback at the bedside.

What role does this data play in assessing knowledge, skills or attitudes?
Is it reliable?

Self-Assessment
“look in the mirror”

Performance Improvement
Feedback/Coaching Sandwich

Positive Feedback

Collaborative Feedback

Direction/Coaching
SFED Model of Feedback/Coaching

**Ask**
**Self-Assessment**
- Allow learner time for reflection
- Allow learner to speak first
- Prompt for positives initially
- Balance positives and negatives

**Tell**
**Feedback/Facts**
- Performance specific
- Descriptive
- Non-judgmental
- Timely
- Balance positive and negative comments
- Quiet Setting

**Encouragement**
- Show confidence in the learner
- Should be given in a supportive tone
- Empathetic and understanding

**Ask & Agree**
**Direction**
- Ask learner what they want to do to improve
- Give specific suggestions for improvement
- Challenge the learner to reach their potential
- Create an interactive partnership

Steps for Providing Feedback

**Step 1:**
**Context:**
Establish a partnership for learning in a private and confidential space

**Step 2:**
**Skills:**
Open-ended higher-order questions; facilitated listening

**Step 3:**
**Acknowledge Promoters & challenges to the learners’ success**

**Step 4:**
**Reflect, clarify, summarize; Promote self-directed learning & follow up**

"How did that go for you?"
"What was effective?"
"What do you think you would like to do differently?"

"This is what I saw that went well..."
"This is what I saw that needs improvement..."
"How would you try to improve...?"

"How can I support you?"
"I have confidence that you will be successful with effort & time."

"Which would you like to try first?"
"Here are some suggestions you might try..."
"How can we check in...?"
SFED MODEL OF FEEDBACK
HOW TO USE THE SFED MODEL OF FEEDBACK WITH YOUR LEARNERS

Self Assessment

“ASK”
ASK the Learner...

“How do you think that went?”
“What was effective?”
“What do you think you would like to do differently?”

Allow Learner to Speak First

Reflection
Encourage a “deeper dive”
Balance Positive and areas to improve

Feedback Facts

“TELL”
Provide NON-JUDGMENTAL, TIMELY feedback on SPECIFIC behaviors and skills

Encouragement

“RESPOND”

Convey confidence to the learner
Give supportive input
Use Empathy Skills

Direction

“ASK”
ASK Learner to Self Identify strategies for improvement

“How do I?”
“How do I need to be?”
Challenge the learner to reach their potential
Collaborate on next steps

Find a quiet, private space for feedback.
Name what you are doing.

“I’d like to give you some feedback, is now a good time?”
• Positive: statements describing appropriate behaviors

• Negative: statements describing inappropriate behaviors

• Collaborative: faculty solicits feedback from the learner to “level the playing field” and establish bi-directional communication
4 Components of Feedback

- Level 1: Allow learner to **self-assess/reflect**
- Level 2: Describing what you saw=**feedback**
  - Description of observed behavior (checklist)
  - Easier to accept by learner
- Level 3: Your personal reaction=**coaching**
- Level 4: Your suggestion of behaviors to practice=**direction**
- Closure: Always remember the E=**encouragement**
“No matter how well trained people are, few can sustain their best performance on their own. That’s where coaching comes in.”

Atul Gawande
A coach provides a pair of skilled eyes and ears, an outside perspective on performance.

What makes a great coach? Gawande emphasized a number of factors, including credibility, creativity in solving problems, effectiveness in communication, as well as “an understanding that the details create success” — that small things usually make the difference between good and great.

Coaching can also help teachers develop success by promoting “humility, belief in discipline, and [more] willingness to engage in teamwork.”
How to Teach Anybody Anything—Be *Mindful

- Tip 1
  - Mindful of the right amount of information, for learner level
- Tip 2
  - Mind the gap in knowledge and/or skills
- Tip 3
  - Mind the time
- Tip 4
  - Mind the student reaction
- Tip 5
  - Mindful feedback
- Tip 6
  - Monitor stress, aim optimal
- Tip 7
  - Be mindful—in the moment—when you are with learners
Clinical teachers differ from clinicians in a fundamental way. They must simultaneously foster high-quality patient care and assess the clinical skills and reasoning of learners in order to promote their progress toward independence in the clinical setting.

Clinical teachers must diagnose both the patient’s clinical problem and the learner’s ability and skill”.

An effective clinical teacher articulates what seems different about an ostensibly straightforward patient, with a granular explanation. With repeated exposure, physicians who are fully present will learn to unwrap the puzzle before them, changing and even saving lives.

Thank you…
Questions…Thoughts