Learner Centered Approaches in Medical Education

Adding Significance "From Teaching to Learning"

Alice Fornari, EdD, AVP, Faculty Development

Northwell Health℠

Objectives

In a teaching moment with the patient present,

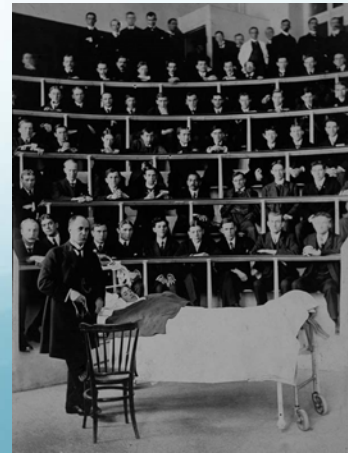
- Align teaching with knowledge, skills and attitudes for the 6 ACGME competencies
- Identify the diversity of questions to be used when teaching
- Identify observable behaviors
- Value collaborative feedback as a coaching/feedback model
- Identify key steps in collaborative feedback

Father of Modern Medicine

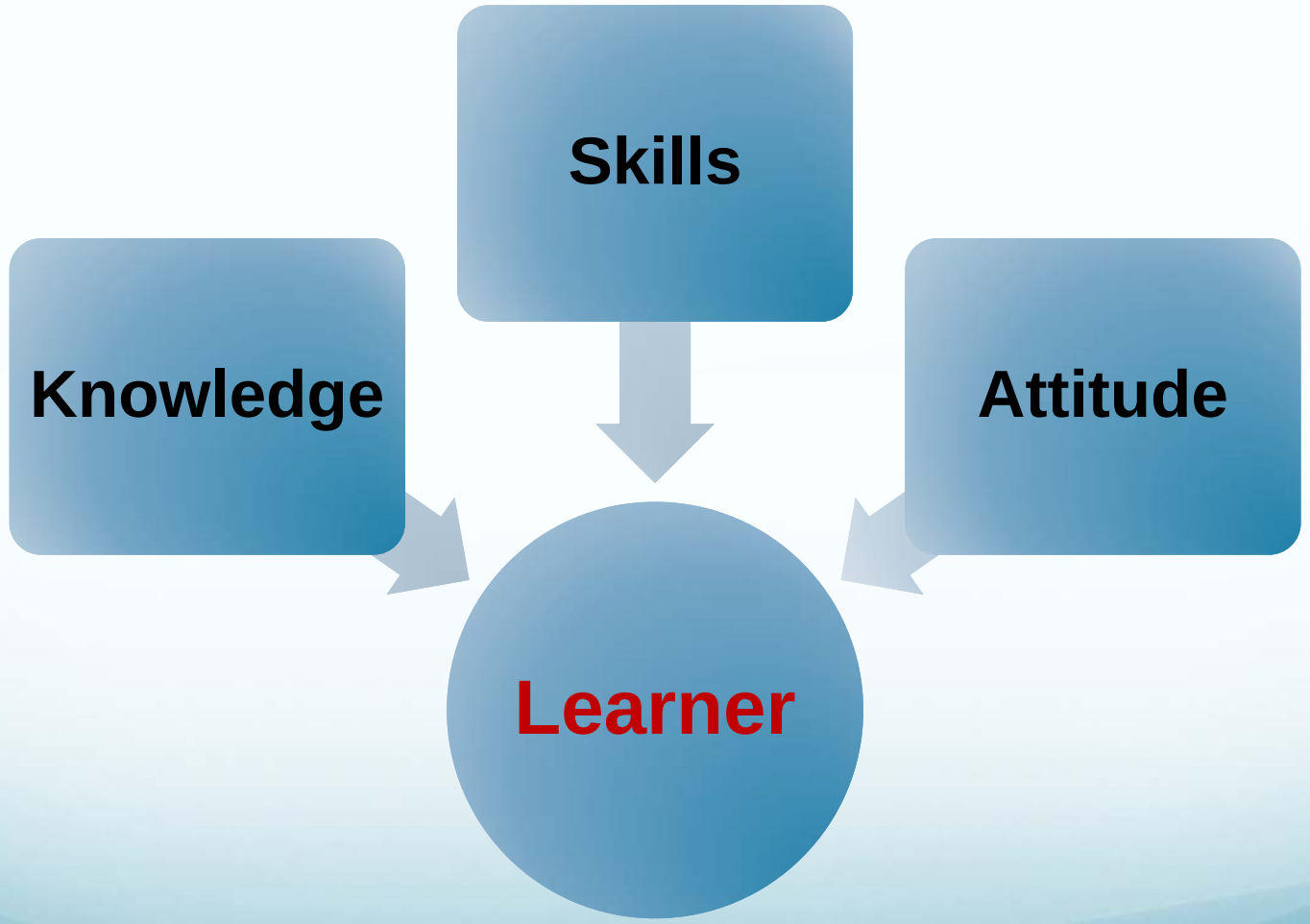
Sir William Osler ……

"In what may be called the natural method of teaching the *learner* begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end." 1901

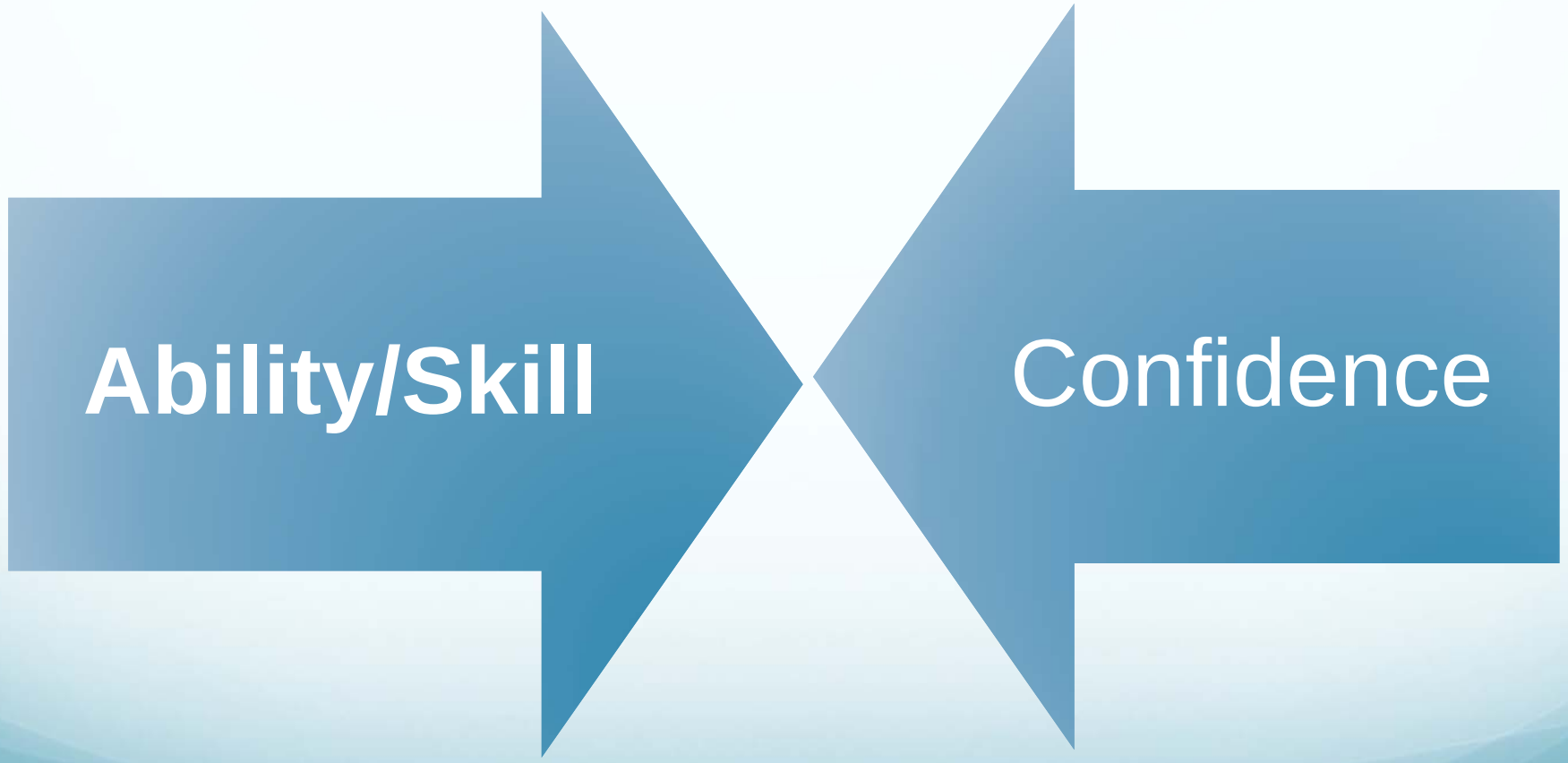
"How can we make the work of the student…practical…? The answer is, take him from the lecture room, take him from the amphitheater — put him in the outpatient department — put him in the wards." 1903



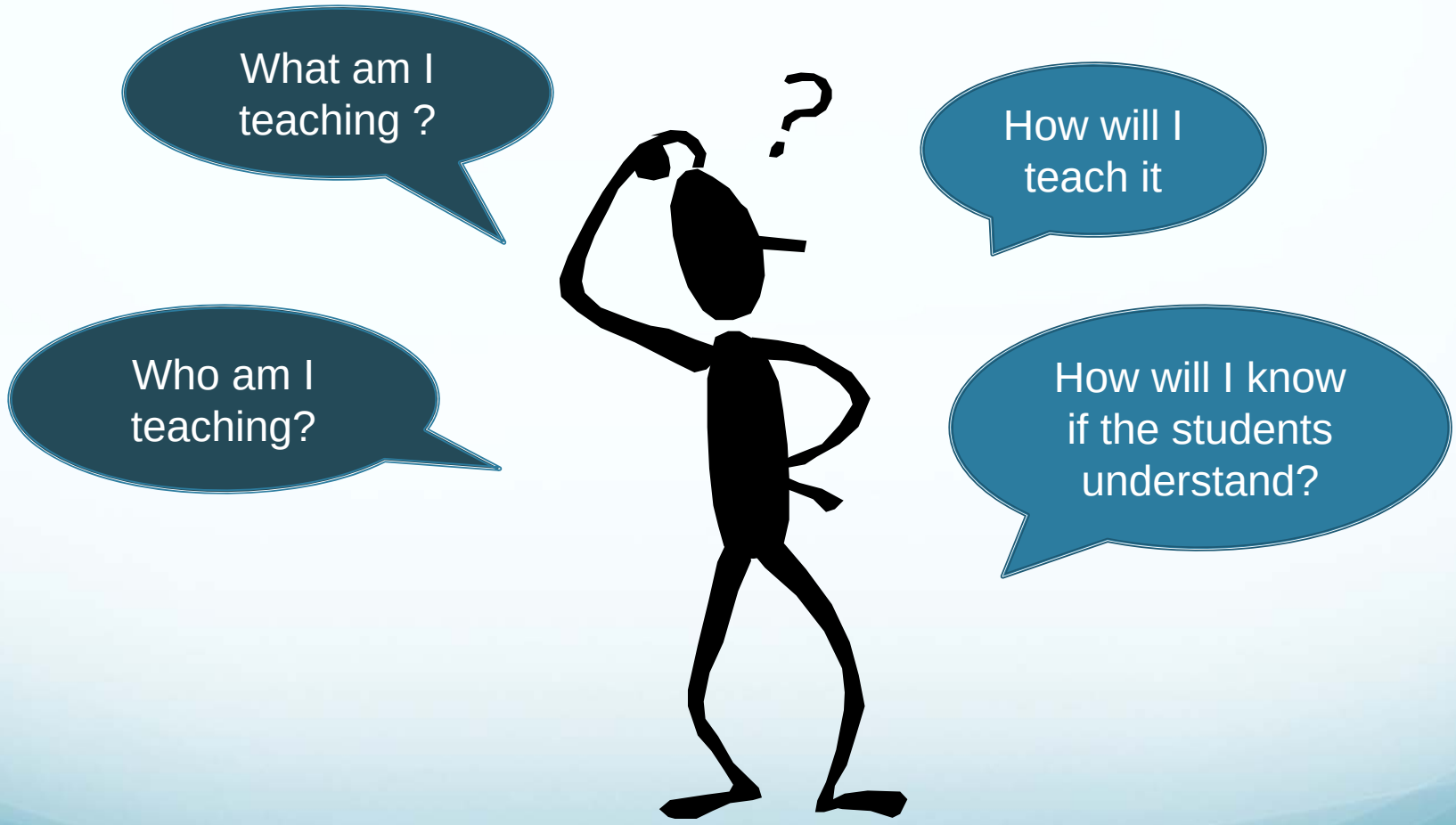
What is Your Role as a Teacher?



Our Goal



Questions to ask yourself when planning a clinical teaching session



Diagnosis Your Learner:
How to use learning theory in teaching?

Help trainees to identify what they already know

- "Activate" prior knowledge through brainstorming and briefing

Help trainees elaborate their knowledge

- Provide a bridge between existing a new information- for example, use of clinical examples, comparisons, analogies
- Debrief with trainees afterwards
- Promote discussion and reflection
- Provide relevant but variable contexts for the learning

Common Problems with Teaching

- Lack of clear objectives and expectations
- Focus on factual recall rather than on development of problem solving skills and attitude
- Teaching pitched at the wrong level (usually too high)
- Passive observation rather than active participation of learners
- Inadequate supervision and provision of feedback
- Little opportunity for reflection & discussion

Tasks of the Effective Teacher

Application of the Theories at the Bedside:

1. Orient the learner and patient
2. Diagnose the learner
3. Set-up the learning encounter
4. Active teaching & learning (questioning)
5. Assess & give feedback
6. Inspire & role model

BEFORE ROUNDS

- **Preparation (Prepare)**
  - Know the curriculum/milestones
  - Diagnose learners levels
  - Orient patient/family, if possible
  - Orient learners to style and format & expectations
- **Planning**
  - What is to be taught at the bedside?
  - What aspects are to be emphasized?
  - What is the main theme for the day?
  - Engage everyone
  - Select patients
  - Decide time allocation for a given patient

DURING ROUNDS

- **Introductions**
  - Orient patients about the team, the objectives of the encounter
  - Show respect for patients
  - Show respect for learners
- **Interaction**
  - Model your interactions, clinical reasoning
- **Observation**
  - Observe trainee's patient care interactions, e.g. history & exam techniques

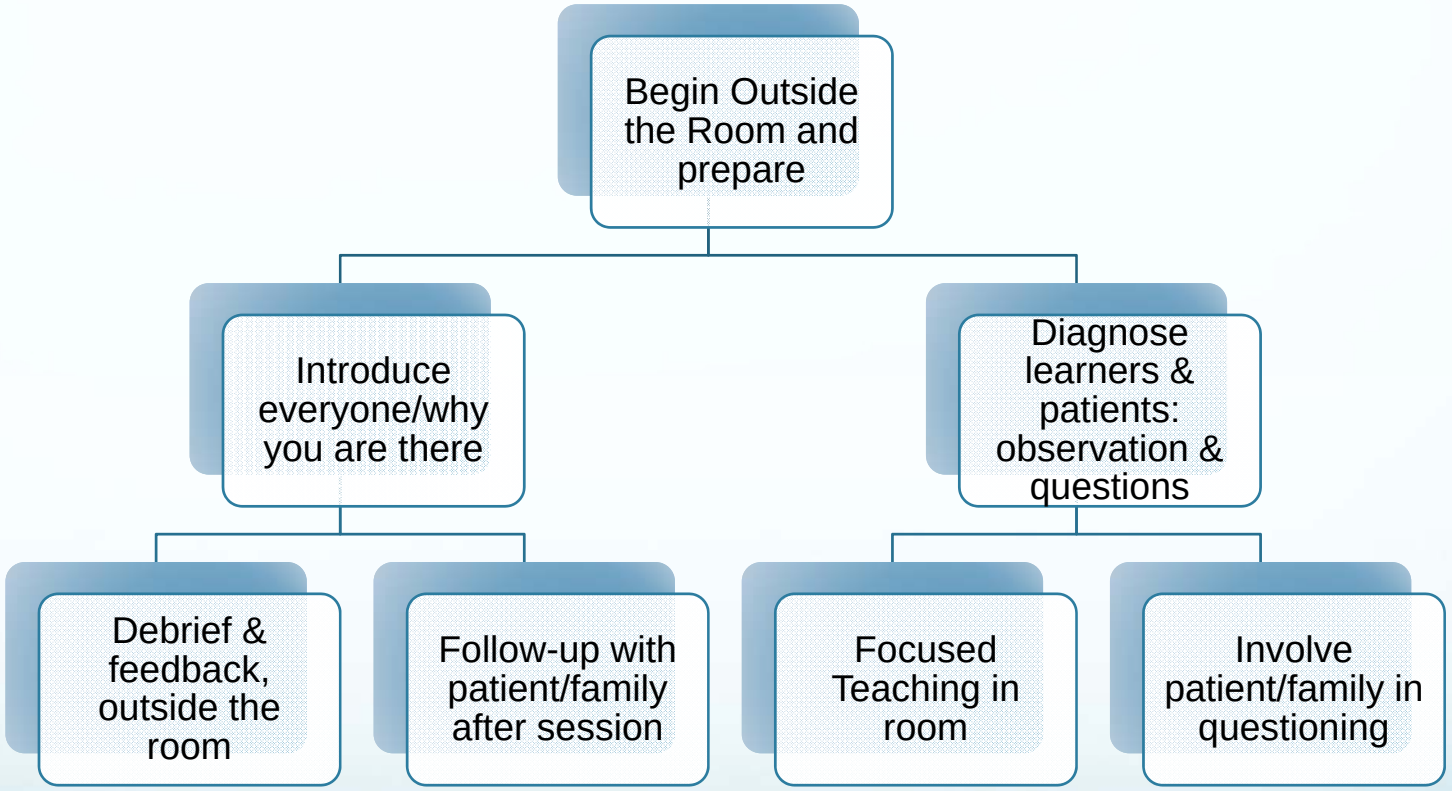
DURING ROUNDS

- **Instruction**
  - Ask questions
  - Engage all learners
  - Teach, demonstrate clinical skills & professionalism
  - Capture teachable moments
  - Admit your limitations
- **Summarization**
  - Summarize key points
  - Patient education

AFTER ROUNDS

- **Debriefing (Debriefing and explanation)**
  - Promote questions and collaborate on answers
  - **Feedback**
    - Behavior based, specific, timely, collborative
- **Reflection**
  - Think about what went well and what did not go well in the teaching session
- **Preparation for next session**
  - Use reflections to prepare for next case

Bedside Teaching Session



Maintain throughout patient centered care

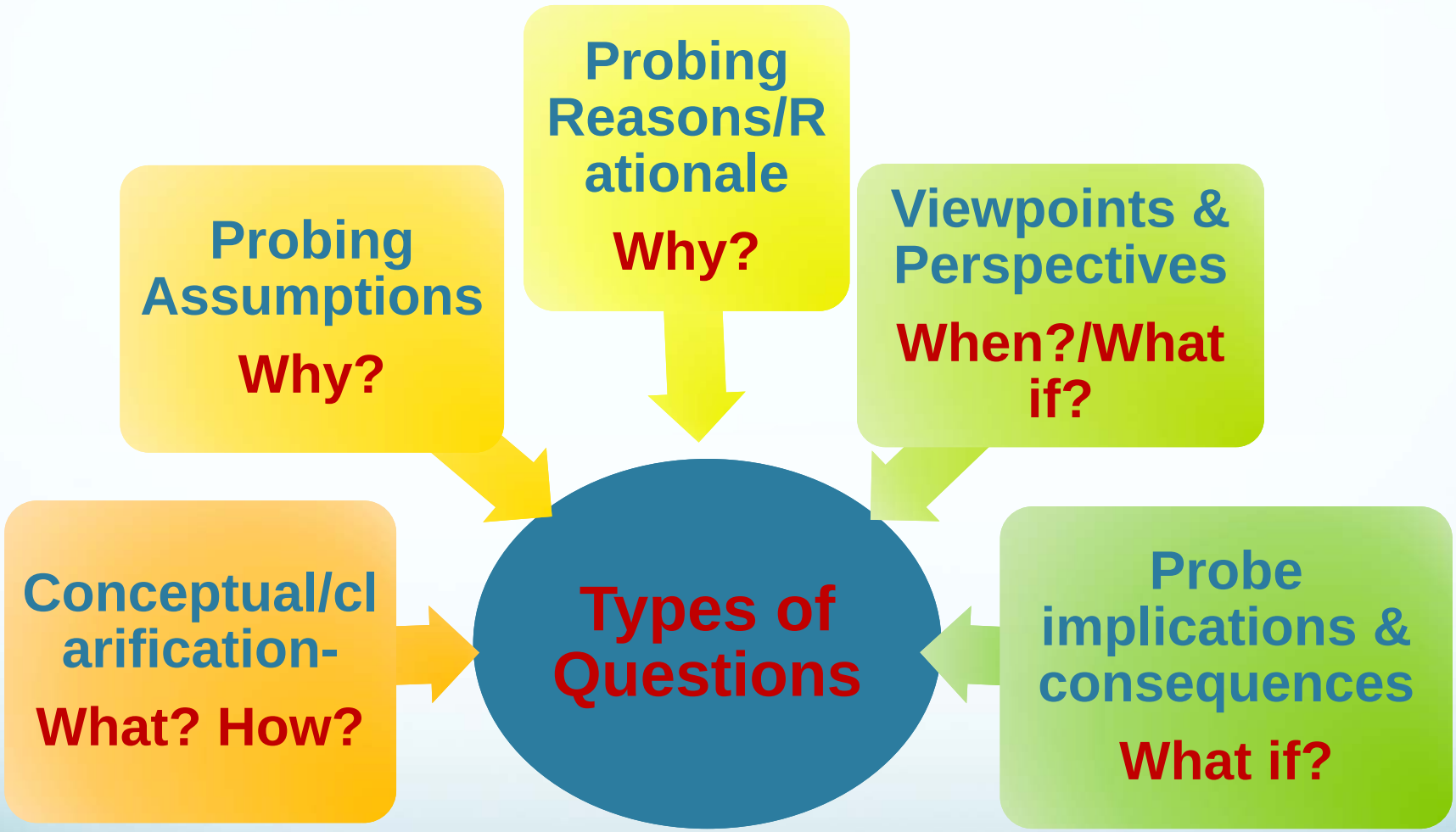
One/Five Minute Preceptor

1. Get a Commitment
2. Probe for supporting evidence (use questions)
3. Choose a teaching point (single)
4. **Teach through questioning**
5. Reinforce what was done well
6. Correct any errors

Socratic Questions leads to Socratic Dialogue, which leads to Critical Thinking

Goal: Probe thinking of learners

Analyze & assess a concept or line of reasoning


Probing Reasons/Rationale
Why?
Probing Assumptions
Why?
Viewpoints & Perspectives
When?/What if?
Conceptual/clarification-
What? How?
Types of Questions
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

Chief Resident Milestone – Becoming a Physician-Educator (PC, MK, ICS, Prof, PBLI, SBP)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not observe interns at work Plays the role of enforcer rather than coach Waits to be told what to do by program leadership Only teaches medical knowledge Plays favorites when making assignments Joins into frustration and anger Believes that pt. experience is not in job description	Visits with interns at work only in the beginning of the academic year Assists interns in developing fundamental organizational skills Makes assignments according to a random algorithm which divides the work up evenly Is involved in program leadership meetings but only as a reporter Supports hospital attempts to improve efficiency and pt experience	Assists with the collection of competency data by visiting with interns and residents every 3 – 6 months Able to identify defects in trainees and can help to correct some of the more routine ones Takes trainees needs into account when making assignments Participates in program meetings and teaching sessions even adding ideas to the discussion Awareness of and promotion of performance based initiatives	Meets with residents and interns regularly both in the Chief's office and out on the floors and units Teaches a wide range of skills from running work rounds to walking trainees through a specific work up to working in a multidisciplinary team Readily contributes to program evaluation and planning Fully integrated into patient satisfaction and performance based initiatives	Rounds with individuals and teams regularly Teaches both organizational skills as well as medical knowledge. Runs a board review with seniors. Morning report is looked forward to because of this Chief Resident's approach Identifies areas that need improvement (like breaking bad news, handoffs, etc) and designs and implements curricular interventions Innovates for Quality and Safety Designs scholarly work to share with others (workshops, papers, etc)

☐	☐	☐	☐	☐	☐	☐	☐	☐	

Comments:

Coaching and Feedback

Alice Fornari Ed.D RD, Assistant Vice President, Faculty Development

Northwell Health℠

Objectives

Upon completion of this session, participants will be able to:

- Identify factors that contribute to effective feedback
- Describe how feedback skills develop in clinician-educators

- Why do we care about feedback?

Background – ACGME requirements

Formative Evaluation

"V.A.2.a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment

V.A.2.a).(1)The faculty must discuss this evaluation with the resident at the completion of the assignment."

- **But are we doing it right?**

What is **feedback**?

- **Feedback** is the information you provide to learners about their clinical performance that is intended to guide their future clinical performance.

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. Scherpbier, MD, PhD

Acad Med. 2015 Nov;90(11 Suppl):S91-7. doi: 10.1097/ACM.0000000000000901. PubMed PMID: 26505108.

Table 1

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

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

Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners. Acad Med. 2015 Nov;90(11 Suppl):S91-7.

Figure 1

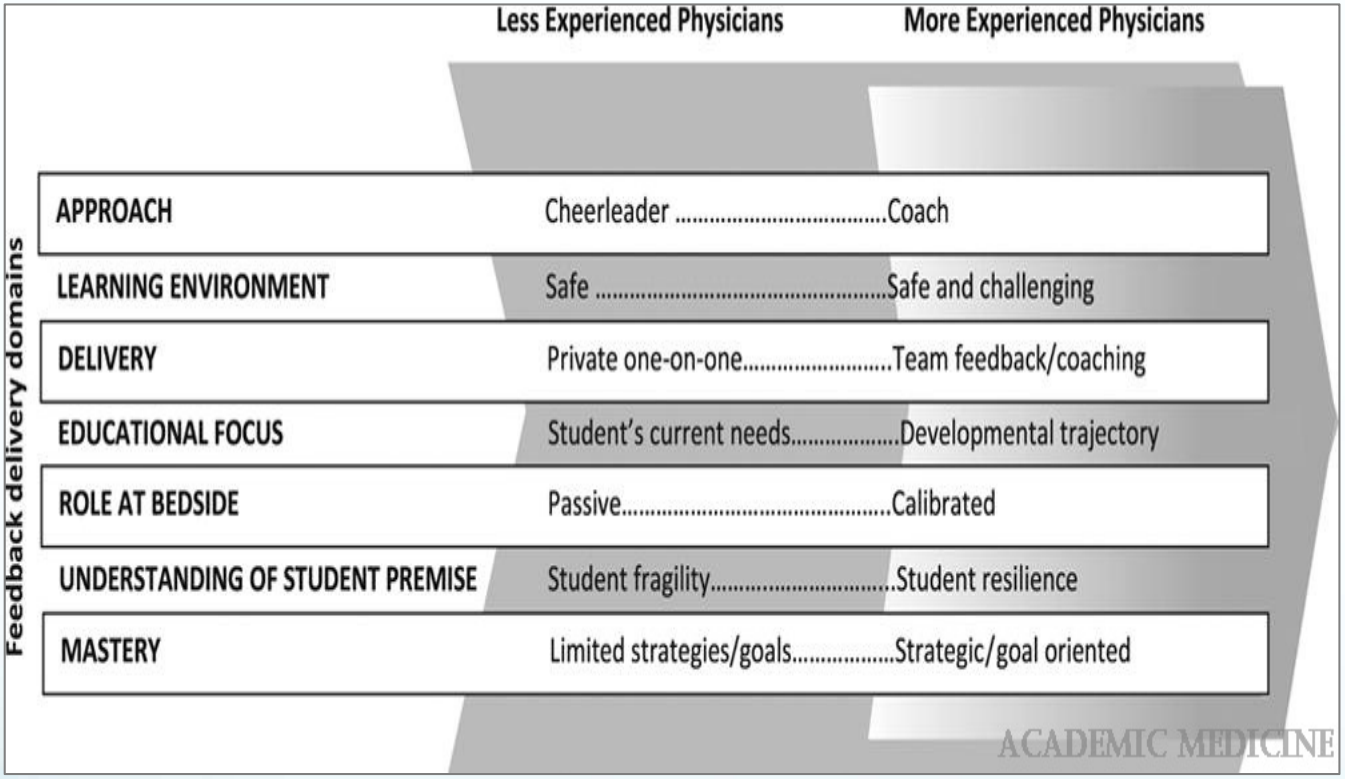
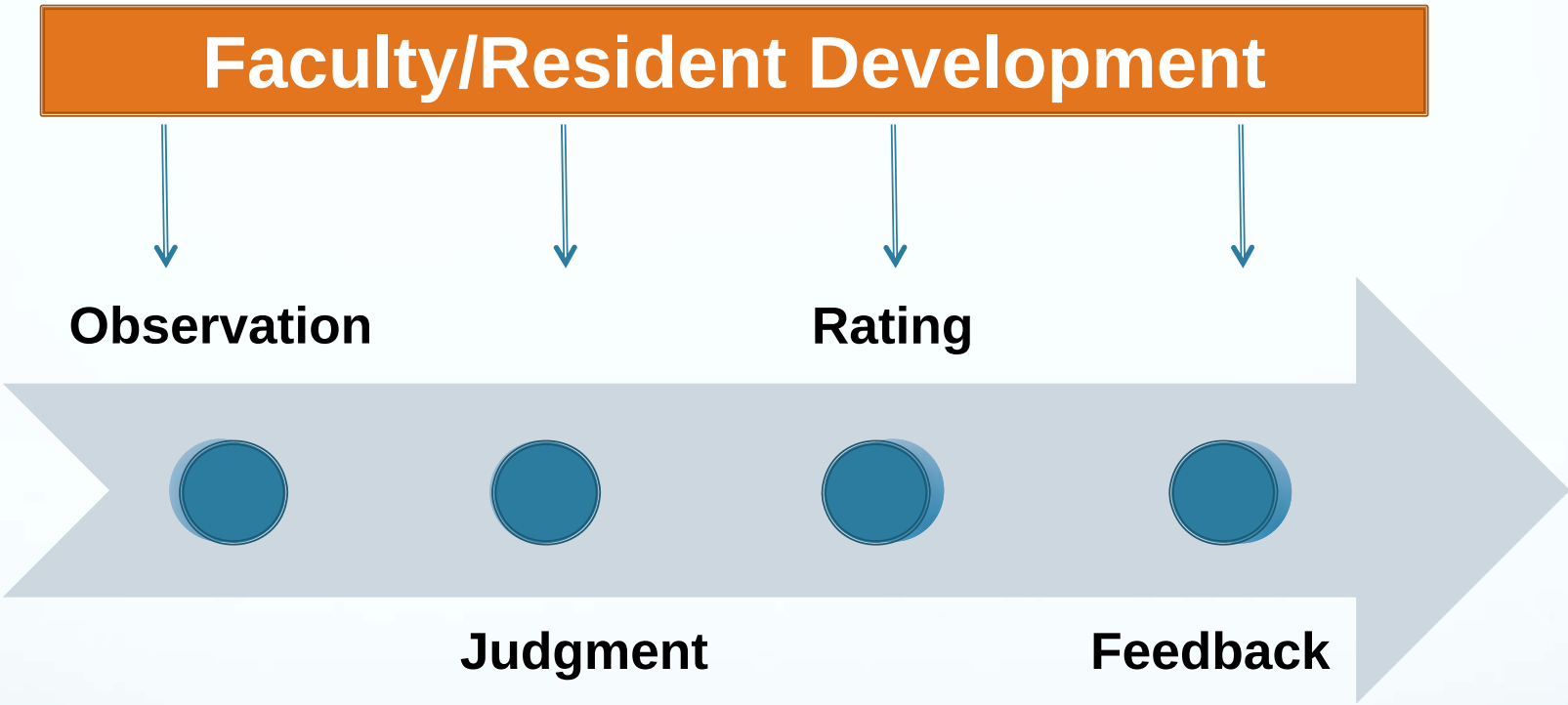
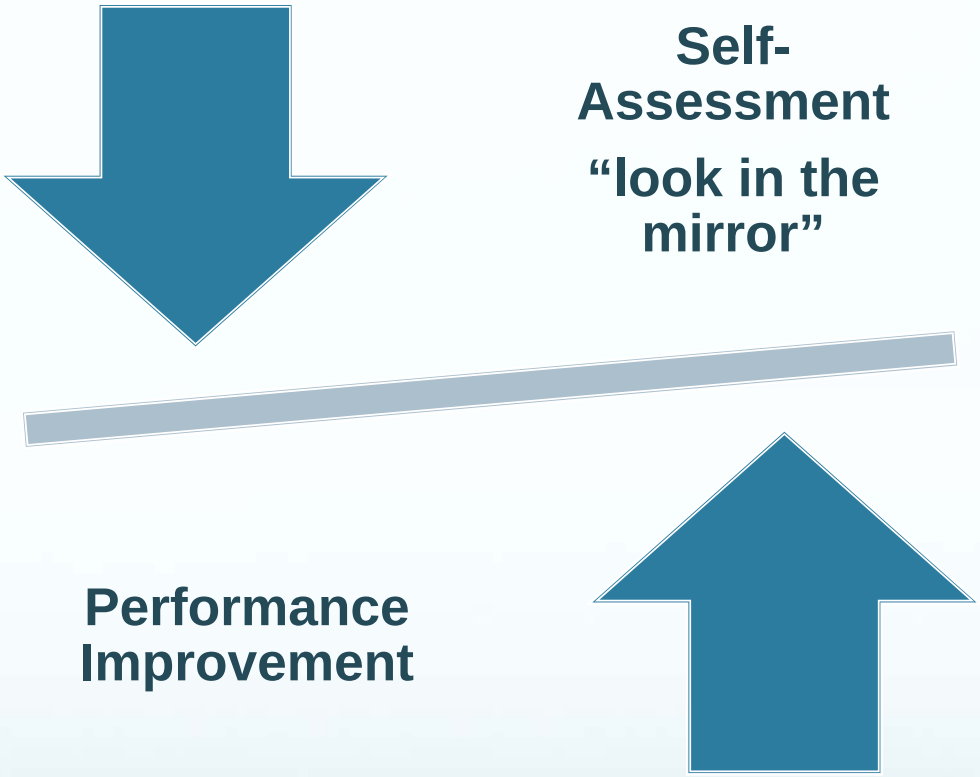


Figure 1. Conceptual model of progression of skills at giving feedback at the bedside.

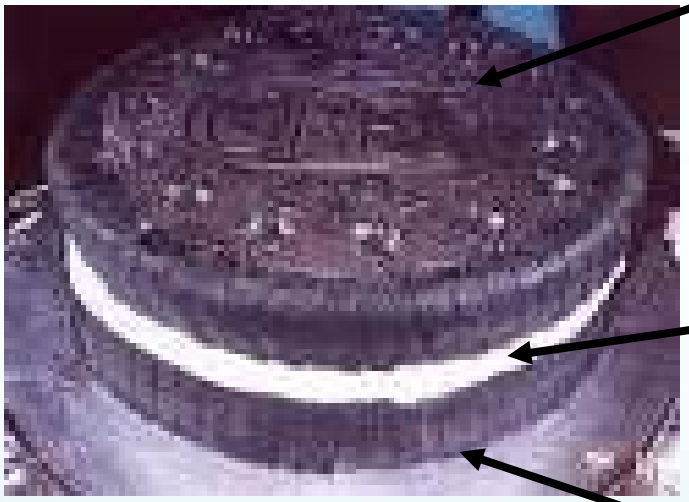
Wenrich MD, Jackson MB, Maestas RR, Wolfhagen IH, Scherpbier AJ. From Cheerleader to Coach: The Developmental Progression of Bedside Teachers in Giving Feedback to Early Learners. Acad Med. 2015 Nov;90(11 Suppl):S91-7.


Faculty/Resident Development
Observation
Rating
Judgment
Feedback



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

Feedback Sandwich



Positive Feedback

Collaborative Feedback

Direction/Coaching

Types of Feedback

- **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**

Global Feedback

- Minimal
  - “good”, “ugh!”, a shrug or nod
- Behavioral
  - “that was good because…”
  - “you can improve by…”
- **Interactive/collaborative**
  - let the learner react & self-assess their behaviors

Thank you…
Questions…Thoughts