Medical Education Teaching Tools

'I'm a busy rural doc, not an academic expert?'

Here some short tips for teaching medical students on the job.

The three "A's," Ability, Availability and Affability, that are the hallmark of good physicians turn out to be key characteristics of effective clinical teachers. Consider working on improving feedback techniques to help your students master clinical skills.

Important characteristics

- Clinical competence
- Non judgmental
- Role model
- Enthusiasm
- Feedback skills
- Availability
- Respectful of learners' autonomy

More "academic" qualities such as scholarly activity and expertise in evidence- based medicine were less valued by students.

For more about key features of great clinical teachers visit Doctors as teachers

Reference:
Buchel T, Edwards F. Characteristics of Effective Clinical Teachers. Fam Med 2005; 337(1):30-5

Key features of adult learning

- Active process
- Problem based
- Relevant to student's needs
- Immediate feedback
- Supportive environment (vs. negative experiences)
    - VIDEO – *Student Mistreatment* (a discussion about mistreatment and what UBC is doing to stop it)

Case based teaching

Teaching around cases is the core of clinical teaching. Time is precious, so it's important to be efficient. Train your learner to be succinct in case presentations and avoid the temptation to give mini-lectures. Students will retain the information better if they have to dig for it.

Providing Feedback:

Feedback encourages learners to continue with desirable behaviours and helps them understand errors and modify faulty techniques. Regular brief feedback is much more effective than occasional lengthy critiques.

Receiving criticism is hard; make sure you create a supportive teaching environment so the learner does not feel overly vulnerable. This may be helped by warning the learner when you plan to give feedback. The learner can also choose what aspect of performance to receive feedback on in the early stages of a clinical rotation.

Feedback should be:

- Descriptive rather than evaluative
    - *"You did not appear interested in Mrs. Braydon's social problems"* **(Evaluative)**
    - *"Make sure you acknowledge the patient's social problems as well as the purely medical issues"* **(Descriptive)**
- Specific, not general
    - *"That was a good history"* **(General)**
    - *"You did well to include a review of cardiac risk factors in that history"* **(Specific)**
- Balanced
    - Don't provide only negative comments
- Well timed
    - Frequent
    - Ideally, close to the event but
        - Ensure privacy for negative comments
        - Feedback on major issues may need scheduling to allow adequate reflection
- Limited
    - Pick only one or two topics to comment on.
    - Brief, focused feedback has high impact
- Within the control of the learner (fixable flaws)
    - *"Patients cannot understand your accent"* is not helpful
    - *"If you talk more slowly, patients will be able to understand you more easily"* may be useful to the learner

For example:

- Student comments first, starting with the positive
    - *"What went well?"*
    - *"Anything that could have been improved"*
- Preceptor comments
    - Echoes appropriate student comments
    - Focuses on the positive
    - Remarks on areas that could be improved
- Finish with a plan for "Next time"

Reference:
Modified from: Teaching Skills for Community Based Preceptors, UBC