

## Strategies to Overcome Six Common Clinical Teaching Challenges<sup>1</sup>

### 1) Overcoming unequal contributions from a group of learners

- a. Set expectations for equal contributions at the beginning of the interaction
- b. Ask each individual to prepare for the topic to be discussed in advance (email resources/ask students to provide resources to the group)
- c. Assign roles to group members and rotate these roles (board scribe, patient presenter)
- d. Call on students by name
- e. Go around the room and call on each group member
- f. Promote hands-on exercises
- g. Redirect the over-contributors (challenge their knowledge/ask probing questions / assign research topic to share with the group/ provide feedback on their group contribution)
- h. Reduce distractions (shut the door/ use less computers/ mute the TV)
- i. Prepare interactive lessons (physical exam/ procedure demonstrations/ pictures/ EKGs/ radiology rounds)

### 2) Addressing learner's lack of interest/enthusiasm (e.g. no one wants to be there)

- a. Establish a comfortable environment for learning (introduce yourself on professional and personal level)
- b. Use icebreakers and small group strategies (have students introduce themselves)
- c. Be enthusiastic
- d. Be aware of different learning styles (visual, auditory, kinesthetic) and adjust teaching accordingly (e.g. use board, lecture, role play)
- e. Directly engage the student and promote interaction – e.g. engage students by calling on them
- f. Allow silence to encourage student participation (remain silent until students involve themselves)
- g. Provide incentives (food/candy, shorten period of class)
- h. Identify student interests and motivations
- i. Stress necessity of participation (e.g. make student aware that participation is part of the evaluation, reinforce importance as it relates to future patient care and exams)

### 3) Responding when the teacher does not know the answer

- a. Acknowledge your own lack of knowledge
- b. Use the approach: “We are going to help each other learn”
- c. Turn the question back to the students and follow-up → learning pearl
  - Agree on research goals.
  - Determine where and when to discuss the answer.
  - Direct learners about where they can find the answer.
  - Be explicit about the duration of the student presentation; resources to use (UpToDate, textbook, original research article); depth of research; specific information to obtain.

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<sup>1</sup> Authors: Deza, C, Dickstein, A., Dmytrasz, K., Freebern, E., Kendale, S., Lucke, M., Meyer, C., Nathenson, M., Ritze, P., Sarges, P., Scaffidi, R., Silverman, E., Stafford, T., Taghizadeh, N., and Teplinsky, E.; Medical Education Elective, MED 436 TM, March 2009.

#### 4) **Balancing clinical obligations with teaching**

- a. Be well-organized.
- b. Teach learners to be organized.
- c. Set clear objectives for yourself and other team members (see roles/expectations section below).
- d. Prepare teaching material in advance (i.e. teaching scripts, articles, handouts).
- e. Incorporate teaching scripts into work rounds.
- f. Teach pearls during rounds.
- g. Assess learner's fund of knowledge and target material appropriately.
- h. Take notes/keep lists of potential topics/questions to discuss during available time
- i. Create list of key topics for the rotation that the student should be aware of by the end of the teaching session.
- j. Take notes on the learner's performance throughout the rotation. Set time aside to go through your notes with the learner.

#### *Tips:*

- Use Teaching Scripts effectively:
  - 1-2 minute scripts that can be delivered on the wards – i.e. teaching on the fly.
  - Topic – “less is more” – specific, relevant, brief, provide framework.
  - Importance of topic – why is it critical for the student to know this information?
  - Pitfall – highlight the common mistake that results from misuse of the information.
  - Focus on key points – what are the take-home messages.
  - Ask questions/assess if the material is effectively conveyed.
- Think of topics on clinical pearls → focus on pearl.
- Identify learner's readiness for learning.
- Develop a framework for thinking about the problem.
- Set aside teaching time.
- Schedule time to follow up on questions.
- Teach the hot topics for rotation.
- Ask for feedback on teaching (strengths and suggestions for improvement).

#### 5) **Articulating roles and expectations**

- Review teaching and learning expectations:
  - a. Pre-rounding: Set specific expectations for pre-rounding. Examples include average arrival time, what specific information to collect (vitals, labs, overnight events, physical exam findings, etc.), number of patients for which student is responsible.
  - b. Patient interaction: Explain expected level of interaction between student and patient (shadowing vs. independent), level of responsibility for patient plan.
  - c. Schedule:
    - Arrival: What time is the student expected to arrive? Where does the student meet the team?
    - Day End: When and how does the day end?
    - Agenda: Explain an average day's agenda including any expected lectures or conferences.
  - d. Call: Define how often students are expected to take call, and how the call schedule will be determined.

- e. Notes: Clarify types of notes the student is expected to write (for example, admission note, progress note, post-op note, etc.). Define contents of the note, and when notes should be completed. Review student's notes and provide feedback.
- f. Reading:
  - Resources: Provide students with recommendations for appropriate books, articles, etc.
  - Quantity: Define expectations for how much independent reading is appropriate, and whether students should read in the hospital or at home.
  - Presentations: Define the types and duration of presentations for which the student is responsible (work rounds, attending rounds, grand rounds, etc.).
  - Teaching: Explain what students can expect from the team in terms of formal or informal teaching.
  - Assessment: Define how the learning will be assessed.

## **6) Providing Feedback**

- a. Provide feedback throughout the rotation.
- b. Good feedback begins with self-assessment from the learner. It should be specific, timely, non-judgmental, based on specific behavior rather than personality.
- c. Student should be allowed the chance to reflect, and to create an action plan with you.
- d. Ask the student for feedback on your assessment.