

# Teaching and Curriculum Development in Correctional Settings

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# Agenda:

- Introductions
- Workshop Goals and Objectives
- An Educational Planning Tool: GNOME
- Application
- Micro-skills Model for Teaching
- Application
- Q & A Wrap-up

# Workshop Goals:

Participants will gain knowledge and skills necessary to construct effective teaching encounters

# Objectives:

By the end of the workshop, participants will be able to:

- Define 3 aspects of effective teaching
- Discuss the elements of an effective educational plan for teaching and curriculum development
- List and use 5 skills for effective and efficient teaching

# What Makes a Good Teacher?

## Effective Teachers:

- Respect the learner and learner's experience
- Emphasize what can be applied NOW
- Challenge the learner to “think” – to deepen understanding
  - Provide an opportunity to practice
  - Partner with the learner

# An Effective Teacher can:

- Organize an educational experience
- Interact effectively with learners
- Motivate learners

# The Educational Planning Tool

- **G**oals
- **N**eeds Assessment
- **O**bjectives
- **M**ethods
- **E**valuation



# Parallels: Teaching and Clinical Practice

- **Needs:**  
Assess learner's needs
  - **Objectives**  
Specify desired behaviors
  - **Methods**  
Lecture, reading, discussion, demonstration....
  - **Evaluation**  
Measurement: test, assessment  
Share results
- **Needs:**  
Assess patient's needs
  - **Objectives**  
Specify desired pt. management outcomes
  - **Methods**  
Medication, therapy, referral, education, counseling...
  - **Evaluation**  
Measurement: lab results, clinical course, re-exam....  
Share results

# Goals

Broad, overall aims or aspirations.

The goal of this workshop is:

“Participants will gain knowledge and skills necessary to construct effective teaching encounters “ – *in correctional health.*

# What Goals are Unique to Curricula in Correctional Health ?



# Knowledge In Correctional Health

## Medical

- Infectious disease
- Substance abuse
- Chronic illness care
- Mental health
- Musculoskeletal

## Corrections

- Dynamic interface
- Security levels
- Anatomy of set up
- Corrections role in punishment

# Skills in Correctional Health

- Wider range than in other settings:
  - Procedures
  - People skills
- Careful word choice in speech and in documentation
- Be confident
- Managing difficult patients
- Avoid being set up
- Strong assessment skills
- Sensitive, objective observation
- Patient education – literacy
- Teamwork
- Do not order unnecessary tests
- Discharge planning from a prison

# Attitudes in Correctional Health

- Holistic view of patient
- Ability/desire to separate patient from crime
- Empathy
- Firm, thick skinned, maintain boundaries
- Consistency

# Needs Assessment: Where is the learner NOW?

- **Consider all 3 learning domains:**
  - Knowledge
  - Skills
  - Attitudes, Behaviors or Values
- **Determine Needs by:**
  - Asking
  - Observing
  - Reviewing reports
  - Using Educated Guess
- **Use information from Needs Assessment to frame Objectives**

# Objectives

- Each goal translates into multiple objectives
- Objectives are observable and measurable sub-tasks
  - Specific observable behaviors
  - Specified conditions
  - Defined criterion for performance

# Written Objectives

- What the learner will know, do, or feel (believe)
- By when
- Measured how

Sharing the objective with learners leads to better learning

## Application:

- Write at least 1 objective for your learners. Choose from the list of knowledge, skills and attitudes unique to work in correctional health.
- Format: The learner will (know, do, feel)\_\_\_\_\_, By\_\_\_\_\_ I will know it has been achieved because:\_\_\_\_\_

# BREAK TIME

# Methods

What Comes To Mind?

# Methods

- Based on specific objectives and available resources
- Common methods:
  - For Knowledge: reading, lecture, discussion/questioning
  - For Skills: instruction, demonstration, experience/practice
  - For Attitudes/Behaviors: demonstration, modeling, mentoring, reflection

# Methods: Questioning

- Explore knowledge base
- Gain insight into problem solving skills
- Identify attitudes, beliefs

# Types of Questions

- Focused, direct or closed
- Leading
- Open
- Reflective



# Questions + Style = Learning

Focused  
Assertive

Knowledge

Leading  
Suggestive

Knowledge  
Skills

Open  
Collaborative

Skills  
Attitudes

Reflective  
Facilitative

Attitudes

# Question Examples

Focused  
Assertive

What questions would you ask the pt. to characterize a headache?

Leading  
Suggestive

Under what circumstances would you order one antibiotic over another?

Open  
Collaborative

What do you think is going on?

Reflective  
Facilitative

How comfortable are you taking a sexual history?

# **Characteristics of Teaching Styles**

<b><u>Teacher Centered</u></b>	<b><u>Learner Centered</u></b>
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**Assertive/  
Suggestive**

**Emphasis on  
preceptor's  
knowledge &  
experiences**

**Facilitative/  
Collaborative**

**Emphasis on  
learner's  
reasoning skills and  
feelings**

# Teaching Styles

- No style is inherently better or worse
- In any interaction we often use more than one style
- Each of us has one or two predominant styles
- Be aware of your style- and strive for flexibility

# Evaluation

- Has the learner accomplished the objective?
- Formative v. Summative
- Common methods:
  - Oral and written exams
  - Observation
  - Reflective write-ups
  - Portfolios
  - Performance review

# Teaching In the Real World!

## A Five-Step “Micro-skills” Model of Clinical Teaching

**Neber, JO et al. JABFP 1992 5: 419-424**



# Common Pitfalls in Ambulatory Teaching

Preceptors often direct all their attention toward patient care issues rather than learner issues

Behaviors:

Ask low level Q's to get details and save time

Deliver mini-lectures (which don't promote discussion or foster learning)

## 5 Step Micro-skills

- Appropriate for real-world teaching
- Effective and Efficient
- Focuses on learner's decision-making process and facts used in the process
- De-emphasizes bestowing new knowledge to learners
- Focuses on value of positive and negative feedback

## 5 Step Micro-Skills

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was done right
5. Correct Mistakes

# 1. Get a Commitment: re diagnosis, work-up +/- plan

- Forces student to think it through
- Use when learner presents then stops.....
- Preceptor must resist urge to interpret data for learner
- Best guess or hunch is OK

## 2. Probe for Supporting Evidence:

A matter of *style*

- What were the major findings that led you to that diagnosis?
- What factors did you take into account in developing that plan?
- What other options did you consider?
- Great way to identify prime teaching points for later instruction

## 3. Teach General Rules

- Teaching points often revealed by now
- May be skipped if learner doing well
- Teacher may demonstrate how to get more information
- Example: “*Uncomplicated UTIs usually respond to a 3 day course of antibiotics and pts do not have back pain*”

## 4. Reinforce what was Done Right

- Give specific, positive feedback
- Not general praise
- Example: *“By asking the patient’s perspective you were able to reassure her much more effectively and efficiently”*
- Formative Evaluation

# 5. Correct Mistakes

## Tact

- Get Self-eval from learner
- In appropriate setting
- Direct supportive comments are best
- Avoid vague judgmental comments

## Timing

- Proximal to clinical encounter is best

## Action Plan

- Outline corrective steps
- Give timeline for review

# 5 Step Micro-Skills

1. Get a commitment
2. Probe for supporting evidence
  1. Teach general rules
  2. Reinforce what was done right
3. Correct Mistakes

## 55 y/o with cough

- Sick for two days, usually healthy
- Fever to 103, poor PO intake, less active than usual, former 1 ppd smoker
- Cough with some sputum
- Irritable in clinic, 94% on RA
- Lungs with some rales and decreased sounds on L base
- Rest of exam unremarkable

# 55 y/o with cough

- 1. Commitment:  
Patient has pneumonia
- 2. What brought you to that conclusion?  
Cough, fever 103, miserable, lung exam findings
- 2 + 3. Why pneumonia vs URTI?  
High fever, lung exam findings, some hypoxia
- 3. Pneumonia is LRTI. How do you distinguish between upper and lower tract disease?

# 55 y/o with cough

- 4. Nice job recognizing that he was “ill”  
High fever, miserable, lung exam, mild hypoxia
- 5. Action Plan:  
Remember to review pt’s medication allergies  
For the rest of the week, continue to distinguish  
between URT and LRT processes.  
Read about first-line antibiotics for out-patient  
treatment pneumonia

# Micro-skills Role Play

- In clinic with new learner
- Learner just saw 48 y/o female pt with DM II, on Metformin 2500 mg per day, ongoing hyperglycemia, polyuria, feeling tired.
- Presentation to preceptor.....

## Time Efficient Preceptors

- 4 minute more/patient if student present

- [REDACTED]

- Spent 2.2 min more hearing presentation

- Spent 1.6 min more in pure teaching

- Spent 1/2 minute less with patient

- Patient received 12.4 more minutes w

health care team

# Don't Make Yourself Crazy

- Prioritize
  - You don't have to teach everything at once
  - You don't have to teach the whole curriculum
- Can't satisfy student's needs 100% of time
- Time management
  - Have student help you
  - Use One Minute Preceptor Strategies
  - Use protected time for longer teaching

# Have student come in early

- Needs Assessment
- Prioritize learning needs
- Orientation

# Orientation - Written Handout

- Description of practice
- Student's role and responsibilities
- Preceptor's style
- Who's who in the office/ward:  
Team member's functions.

# Plan Your Teaching

- Come in 15-30 minutes before 1st patient
  - Review daily schedule with learner
  - Are there themes? What should student read?
  - Should we have a “mini-review”
- Use lunch hour to.....
- Debriefing at end of day
- Weekly evaluations

# Summary

- Manage your schedule
- Orient your learner (esp to your expectations)
- Have student “work” for you (save you time)
- Punt student periodically
- Prioritize
- Plan your teaching