Teaching Methods

A Sampler of Approaches
Session Objectives

› Identify situations in which modeling is an appropriate and effective teaching technique

› List steps for implementing the modeling technique

› Identify 1-3 techniques to teach multiple levels of learners in the same group or session

› Describe at least 3 effective facilitation techniques for bedside teaching, office-based precepting and brief didactics (Chart Rounds).
So what’s a “Teaching Method?”

› Principles and strategies for instruction
› The “HOW” we go about / approach teaching

› What methods do you use?
› Other methods you have seen?
Included in this ‘Sampler’

› We will move from early learners

to

› More advanced learners

› Modeling

› Working with multiple levels of learners

› Guiding discussion/ dialogue:
  – Inpatient Rounds
  – Office-based Precepting
  – Brief Didactics/ Chart Rounds

› One Minute Preceptor for clinical reasoning
Modeling as a Teaching Method
Objectives

› Discuss situations in which modeling is an effective teaching method
› Discuss the connection between task analysis and modeling
› List steps of modeling, including POSE
What is a “Role Model”? 
A Call for Modeling

Rather than strictly following the old guideline of practice makes perfect, it might be more important to instill in memory a perfect standard.

(Posher, 1973)

Practice does not make perfect.
Only “perfect practice” makes perfect.

(Vince Lombardi)
A Call for Modeling

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Modeling We Have Experienced

(audience participation appreciated)
Modeling and Learning
Modeling and Learning

Unconscious Incompetence

Conscious Incompetence

Conscious Competence

Unconscious Competence
Aims of Modeling

› Enables teacher to establish tangible performance criteria with learner

› Helps learner develop schema or picture of desired behavior
Modeling Demo - Video
Modeling and Task Analysis

› Need to be explicit with the learner about the steps of a task

1. Get patient consent
2. Prep and drape the patient
3. Open the kit and understand kit’s content
4. Identify appropriate anatomic landmarks
5. Insert the needle, thread line & hook up IV
MODELING AND TASK ANALYSIS

Order is important!
A MODEL FOR MODELING

› **P**review what will take place **before** the experience

› **O**utline what you are doing, experiencing, and thinking **during** the activity

› **S**hare findings **during** the activity (if appropriate)

› **E**valuate learning **after** the experience
Modeling Demo – Video 2
Modeling Opportunities in the Clinical Encounter

TYPES OF CLINICAL WORK:
› Informational
› Educational
› Body
› Comfort
› Ethical
› Brokering
› Collaborative

TEACHABLE ACTIONS:
› Questioning, listening
› Preventive, counseling
› Physical exam, procedures
› Empathy, respect
› Informed consent, advocacy
› Consults, community health
› Coordination of care

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When is Modeling Helpful?

› New skills
  - to show what should be done

› Complex skills
  - can illustrate most challenging portion of task

› Challenging skills/difficult encounters
  - angry patient
  - crying patient
  - delivering bad news

Can be used for all levels of learners!
Remember…

› Modeling also includes some of the principles for adult learners:
  – Immediacy
  – Relevance
  – Engagement
  – Inclusion
“Speed Dating”: Tips for teaching in 4 settings
We will identify strategies in 4 settings:

1. Teaching multiple levels of learners on one team/in one group

Guiding discussions (using our Questioning Styles) 3 different settings:

2. In-patient Rounding
3. Office-based Precepting
4. Brief Didactics / “Chart Rounds”
We will use the concept of Speed Dating for our method

› There will be 4 stations in the 4 corners of the room

› Your badge has a colored dot to indicate which station you will go to first

› You will rotate through all 4 stations at 15 minute intervals – UNLESS you choose to stay for a second round!

› We will debrief and hear tips/best practices from all 4 stations at the end of our session
Multiple levels of learners

Keeping *Needs Assessment* in mind … let’s consider some strategies:

- Assign Roles
- Divide & Conquer
- Share teaching
- Up the Ladder
- and More
Inpatient Rounding Strategies

 › Different models to consider. What are pros and cons of teaching in each?
   - Bedside rounds – plan discussed in hallway and then examine patient together
   - Family/patient centered rounds – patient presented/plan developed in room with patient
   - Any other models/strategies that you use?
Office-Based Precepting

› Focusing on 1:1 or 1:2 precepting of learners in the ambulatory setting
› Models of clinic structure
› Strategies for direct observation
› Strategies for giving feedback
› Interprofessional learning
Small Group Didactics/Chart Rounds

› What are brief didactics & “chart rounds”?
   – Small group teaching session after clinic ends
   – Learners from all different levels of training and backgrounds are invited

› Challenges
   – Various levels of training, knowledge, interest
   – People are tired after clinic

› Small group will discuss strategies for success
Sampler Wrap-Up
We have discussed a number of teaching methods this morning.

Please take a few minutes (~5) to jot down your thoughts about:

• What 1 idea did you like best?
• What 1-2 things did you hear that you will be able to try at home?
• Is there 1 idea you would like to incorporate in the future?