Carpe Docens: Effective clinical teaching for busy clinicians

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The Challenge: Competency Based Education

"What year are you in training?"

UME/PME focussed

"Can you do it?"

Career-long learning

Assessment based on Observation and Feedback
Understanding learning
And Active learning

• Learning is what goes on in the head of the learner
• The only way to tell if learning has occurred is to observe and assess for change or consolidation in behaviors

• Active learners:
  – Have and will use Experience
  – Show Self direction and Self-identify needs
  – Want to move from knowing to doing
  – Desire to “do it” with independence
Aim for doing ....with increasing independence

Miller’s pyramid for clinical assessment

Competence involves doing
The clinical teaching environment provides unique opportunities to accomplish the following:

**Application** in **authentic** context

Clinical reasoning/ decision making skills

Approach to uncertainty

CanMEDs integration into medical expert

Assess Competence and EPAs

Calibrate self-assessment

This unique (and precious) environment should not be used for other teaching or learning that is better done elsewhere.

“Do not waste the hours of daylight in listening to that which you may read by night” - Osler
A major teaching task is to guide and focus active learners to best use these opportunities to develop competency and expertise.
“Do not waste the hours of daylight listening to that which you may read at night” - W Osler
Clinical Teaching: To big to do alone….so:

- Collaborate with a contract
- Share tools
- Focus & guide tasks and performance
- Follow through with assessment & feedback
- Link and guide subsequent action
Invest (time) in Education contracts to Enable **active** learning

**Setup for collaboration**
- Recognize learner (?Active?)
- Share Expectations
- Situate

For each **new** teaching-learner relationship

For each **new** encounter
Focusing and Guiding the learning cycle

- Objectives: Focus and Guide
- Choose and Do task
- Situated and setup
- Review Action
- Feedback and linked action
- Assess
- Demonstrate/Observe
- Degree of scaffolding
Focusing and Guiding the learning cycle

Objectives: Focus and Guide

Choose and Do task

Situated and setup

Review Action

Feedback and linked action

Assess

Degree of scaffolding

*Knowledge
Attitudes
Skills

KAS* low: Demonstrate
KAS* high: Observe
Identify Competency (KAS) Level

- E (Educator) - Self assessing expert
- M (Manager) - Decision maker
- I (Interpreter) - Decision maker
- R (Reporter) - Data Collector

Miller’s Pyramid

Focuses and guides learner’s performance
Makes criteria and conditions for assessment clear/explicit
Focusing and Guiding The learning cycle

Objectives: Focus and Guide

Choose and Do task

Situated and setup

Review Action

Feedback and linked action

KAS* low: Demonstrate
KAS* high: Observe

Degree of scaffolding

Assess

*Knowledge
Attitudes
Skills
Q: Dr. X, what do you think?

A: Tell me what *you think* and I’ll comment on that.
The one-minute preceptor:

Explicit methods of performance and observation guide assessment and feedback

- Get (make) a commitment
- Probe for (Explain) reasoning
- Coach (self reflect/address uncertainty)
- Reinforce what was done well and Correct mistakes
- Teach (Learn)
  - 1-2 general rules that apply to other contexts

R= Reporter      I = Interpreter      M= Manager      E = Educator

B Fisher 2018
Teaching and Time Tips

Attempt teaching and learning tasks that are achievable within the time frames available

(Note these are likely minimums)

5 minutes: Basic “one-minute” preceptor exploration of clinical reasoning

10 minutes: Review a patient’s “focused history” or “focused exam” (not both)

30 minutes: Review a new admission

Don’t try to teach (address) everything

Keep the learning cycle tight ………..Focus and guide
Teaching and Time Tips

Avoid pitfalls of Time pressure

Don’t:

– Interrupt thought or action after Q: (7 second wait rule)
– Give (answers) instead of receiving answers (ask Qs)
– Reward (too quickly)
– Take over (too quickly)
– Target fixation (on one learner)
Teaching and Time Tips

Ways to address mixed knowledge, skill, and experience levels in your group of learners

– Observe focused history or clinical exam and have 2\textsuperscript{nd} learner summarize/add value to 1\textsuperscript{st} learner’s performance

– Watch learner provide patient education/“summary”

– Observe senior learner teaching/use as “TA”
<table>
<thead>
<tr>
<th>Feedback: Focus attention and Guide</th>
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</table>

<table>
<thead>
<tr>
<th>Prime</th>
<th>Example</th>
<th>Example</th>
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<tbody>
<tr>
<td></td>
<td>Let’s do some teaching</td>
<td>When we go into the room let’s look at “X”</td>
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<table>
<thead>
<tr>
<th>Label</th>
<th>Example</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This is what I am teaching</td>
<td>Look at “X” and tell me what you see?</td>
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</table>

<table>
<thead>
<tr>
<th>Emphasize and Book-end</th>
<th>Example</th>
<th>Example</th>
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<tbody>
<tr>
<td></td>
<td>So the 2 take-home messages about what I taught you are…</td>
<td>What was the most important thing you learned about looking a “X”</td>
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</table>
Keep it tight and let the learner practice

Connects goals of 1. performance improvement and 2. accurate self-assessment.

<table>
<thead>
<tr>
<th>Learner’s evaluation</th>
<th>Learner attempts</th>
<th>You comment and calibrate</th>
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</thead>
<tbody>
<tr>
<td>Link to subsequent feedback</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Validate what’s done well (continue) or mastered (move on)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What needs improving- focus on issues you can control</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Decide what to do next time Clear and useful instructions for improvement linked to support Commit to act on advice</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Check that feedback understood</td>
<td>✓</td>
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</table>
Review, Compare and Contrast, Present

<table>
<thead>
<tr>
<th></th>
<th>Condition X</th>
<th>Condition Y</th>
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<tbody>
<tr>
<td>Key feature</td>
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<td>+</td>
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<tr>
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5 minutes of sketching out what you know about topic (or don’t) improves reading critical appraisal, and retention

Making compare and contrast tables renders gained knowledge into more proactive-ready formats (script method of expert thinking)

5 minutes or less to Summarize what has been learned further consolidates learning and helps identify level of understanding of material (teaching, even to one’s self, is a high form of learning)

Using this method as a guide for learners helps them formulate clear “learning” tasks and promotes learning relevant to clinical application