

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

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deliberate practice

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TOT Faculty

Modeling We Have Experienced

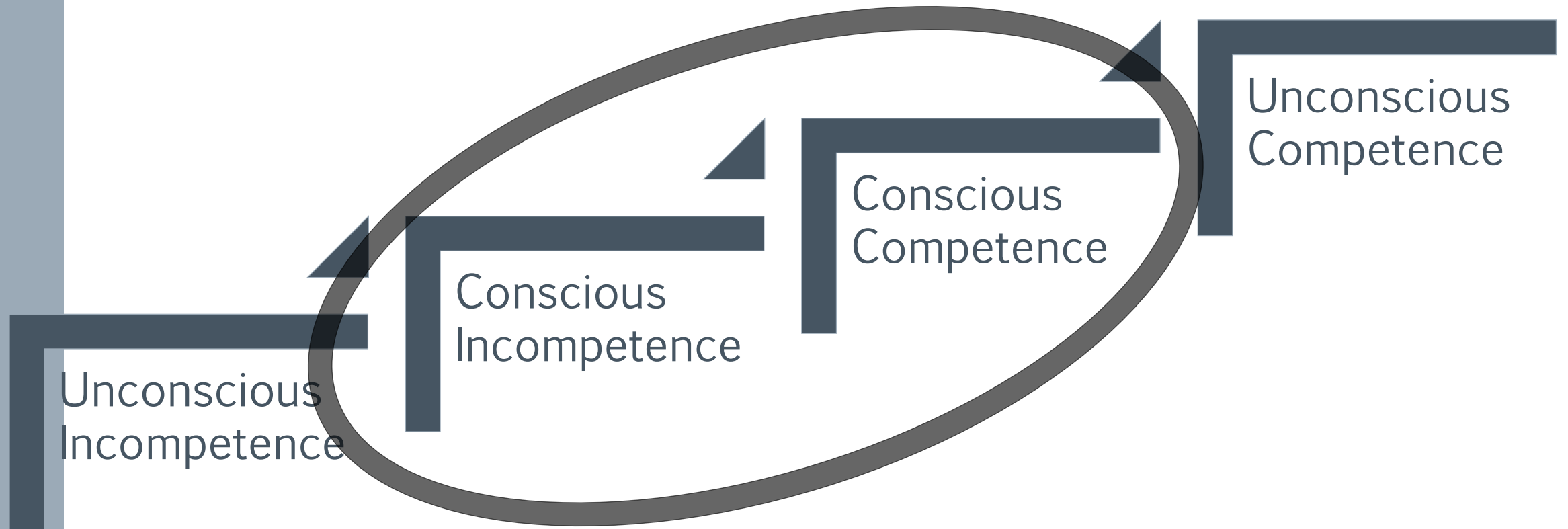


(audience participation appreciated)

Modeling and Learning



Modeling and Learning



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 | O | S | E

- › **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

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TEACHABLE ACTIONS:

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

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?