TIPS ON TEACHING

There are a few teaching models, often recommended to faculty, that you may find useful in teaching students:

- Microskills Model (one-minute preceptor or one-minute professor)
- Modeling Problem Solving
- One-Minute Observation
- SNAPPS Model

The Microskills Model (1) consists of five steps:

1. Get a commitment: "What do you think is going on with this patient?"
2. Probe for supporting evidence: "What are the pertinent positives and negatives that support that hypothesis?"
3. Teach general rules: "Always rule out obstruction when you see unexplained azotemia even if it seems unlikely."
4. Reinforce what was done right: "You did a good job of allowing Ms. Jones to express her concerns about possible side effects of the medication. You listened without interrupting and responded with very clear information."
5. Correct mistakes: "What you could do better next time would be to work on using more open-ended questions at the beginning of your history."

Modeling Problem Solving is essentially "thinking out loud" in front of the learner. This method is useful when time is short and can be particularly useful when the case is complex or beyond the student's level of capability. The articulated thought process can be a review of diagnostic possibilities and the pertinent positives and negatives that support each one or it can be a review of therapeutic possibilities. The "thinking out loud" can be done with just the student before going into the patient's room or, even more efficient, in the room with the patient and student together, assuming you would be reviewing those same possibilities with the patient. Although a somewhat passive form of learning, this method can be useful in demonstrating how a clinician thinks.

The One-Minute Observation (2) is, just as it sounds, a very brief planned observation of a specific portion of history or physical examination. It could focus on opening the history, examining the chest in a patient with dyspnea, explaining a new medication or a planned procedure. The key is to explain the purpose of the observation to patient and student, observe briefly without interruption, leave the room, and provide feedback immediately when the student joins you after finishing with the patient. By definition, one-minute observations don't take very long, but they can markedly increase the amount of feedback the student receives. You will probably find it surprisingly easy to give useful feedback about such short observations: the shorter the observation, the easier it is to confine your feedback to a digestible amount of information about specific, changeable behavior.

The SNAPPS Model, developed at Case Western (3), is a six-step, student led process that the supervisor facilitates:

Summarize the history and physical exam briefly
Narrow the differential to two or three possibilities
Analyze the differential by comparing the possibilities, and stating the pertinent positives and negatives that support each one
Probe the preceptor by asking questions about uncertainties

Plan management
Select a case-related issue for self-directed learning

This method provides the student with a mnemonic to guide him/her in organizing the case and its presentation. It can make the student feel positive about taking an active role in his/her learning and also relieve you of the obligation to constantly direct the student's learning.

TIPS ON GIVING FEEDBACK

1. Set expectations: "I will be giving you feedback each time we see a patient together" or "each time you present a case."

2. Give feedback that is timely: "I noticed that you did not ask Ms. Jones about the rash on her hands even though it seemed to be bothering her. Make sure you ask her about it before you write your note".

Not, "I meant to tell you the last time we admitted that your histories are a little incomplete."

3. Give feedback that is specific: "I'm not sure Ms. Jones understood what you said about taking the medications with food. She looked confused."

Not, "You should work on improving your communication skills."

4. Give limited feedback: "I see you have not used thiazide diuretics before. Read about them and we'll talk about it tomorrow."

Not, "Your presentations are not complete enough, I can see that you have not had much experience prescribing drugs to patients with renal disease, and you need to sound more comfortable and confident when talking to the patients, as well as working on reducing the amount of jargon you use.

5.Give feedback that describes behaviors the student can control: "I was pleased to see that you stopped when Ms. Jones mentioned her mother's death and made an empathic statement before going on with your questions about her pain last night."

Not, "You seem compassionate" or "You don't seem compassionate."

Adapted from Alguire PC, DeWitt DE, Pinsky LE, Ferenchick GS. Teaching in Your Office: A Guide to Instructing Medical Students and Residents. ACP Press; 2008.

References

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2. Ferenchick G, Simpson D, Blackman J, et al. Strategies for effective and efficient teaching in the ambulatory care setting. Acad Med. 1997; 72:277-280.
3. Wolpaw TM, Wolpaw DR, Papp KK. SNAPPS: a learner-centered model for outpatient education. Acad Med. 2003; 78: 893-898.