RESIDENT TEACHING SEMINAR

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MIDVALE
SCHOOL FOR
THE GIFTED
The four basic personality types
Our Objectives:

The objectives are focused around three questions we are frequently asked about resident teaching:

1. TECHNIQUE - What makes an effective resident/teacher?
2. CONTENT - What do students need to learn while on the clerkship? How can I help them learn this material?
3. Are there additional teaching opportunities in the Department?
OBJECTIVE 1: TECHNIQUE
What makes an effective resident-teacher?

1. Help students avoid common pitfalls
2. Teaching Strategy - One Minute Preceptor
3. Giving feedback to students
4. Move from memorization to higher levels of thinking
5. Most Important Factors in Effective RESIDENT teaching

(information from journals/articles as well as from what our own students have told us!)
Help students avoid these common pitfalls when on clinical rotations:

- Students rarely check to see if the history they collected is correct
- Are imprecise in relation to dates and other key events
- Needlessly repeat topics
- Overlook clues
- Fail to confront patients with inconsistencies or gaps in accounts
- Allow patients to talk about transient matters
- Give little encouragement to patients to continue talking
- Bury their heads in their notes
- Assume there is only one illness
- Accept jargon
One Minute Preceptor
(please take longer than 1 minute!)

PATIENT INTERVIEW
- Listen
- Clarify

STUDENT INQUIRY
- Ask for a commitment
- Probe for underlying reasoning

TEACH/DISCUSSION
- Provide positive feedback
- Teach general rules
- Correct errors

STAGE 2 - STUDENT INQUIRY
How to move from facts to underlying reasoning  (clerkship final exam is vignette-related)

BLOOM’S TAXONOMY OF EDUCATIONAL GOALS

KNOWLEDGE
COMPREHENSION
APPLICATION
ANALYSIS
SYNTHESIS
EVALUATION
Questions that move through the taxonomy and probe for underlying reasoning:

What other details might also be important? Why?
What psychiatric disorder(s) have similar diagnostic criteria?
What features distinguish this case from other psychiatric disorders?
What effects has this disorder had on the patient’s life, family?
What is the diagnosis?
Review the important details of this case.
What other tests or information could confirm the diagnosis?
What treatment plan would you propose?
How can you be sure the diagnostic/treatment plan is correct?
What other medical illnesses might you see accompanying this or a similar disorder?
What problems might you anticipate in treating this patient?
How would you gauge response to treatment?
What other information would you have liked to had before making a diagnosis?
Notice that all questions are OPEN ENDED

TRY TO ASK CLINICAL QUESTIONS THAT ARE OPEN ENDED.....AVOID ASKING A STUDENT A QUESTION THAT CAN BE ANSWERED WITH ‘YES’ OR ‘NO’
STAGE 3

TEACH/ DISCUSSION

PROVIDING FEEDBACK
“‘You have a small capacity for reason, some basic tool-making skills, and the use of a few simple words.’… Yep. That’s you.”
Guidelines for giving feedback to students

Begin by inviting the student’s self-assessment

Help students make their own discoveries

Focus on student behaviors/performances rather than judgments about them as people

Try to be as specific as possible (refer to explicit examples)

Turn negative feedback into constructive challenges
Feedback vs. Evaluation

- Resident-based
- Formative
- Focus on Information
- Neutral
- Ongoing

- Faculty-based
- Summative
- Focus on Judgment
- Scheduled
CLINICAL TEACHING PEARLS
Most Important Factors in Effective RESIDENT teaching

1. Showed a personal interest in me
2. Was enthusiastic about teaching
3. Treated me with respect

4. Provided me with underlying reasons for recommendations
5. Helped me analyze complicated cases
6. Provided information outpatient care
7. Demonstrated good patient interviewing skills
8. Adjusted instructional approach to meet my level of skill and knowledge
OBJECTIVE 2: CONTENT
What do students need to learn during the clerkship?
How can I help them learn this material?

1. Course requirements
2. Utilizing the course objectives in clinical settings
3. Preparing for the clerkship written exam
COURSE REQUIREMENTS

Grading criteria (Clerkship Syllabus, pg. 1)
- Clinical grade – 60% (written and subjective)
- Examination grade – 40% (the new ‘A’ rule)

Long write-up (Clerkship Syllabus, pg. 12)

Discussion Groups (Clerkship Syllabus, pg. 14)

Exam review sessions
Utilizing the course objectives in clinical settings

Developed by members of ADMSEP as core learning material for psychiatry clerkship students in LCME accredited medical schools. (Clerkship syllabus pg. 4-11)

Using the course objectives in your clinical settings can help the students prepare for their written exam. (14 objective areas, develop teaching vignettes, using real patients if possible, based on two-three objective areas per week)
Right side! One two, one two, one two.
Left side! One two, one two, one two, one two...
C'mon! Keep those cerebellums up!
One two, one two...
REFLECT ON YOUR TEACHING
(TECHNIQUE AND CONTENT)

(post these questions on your mirror! )

What did I teach the student that he/she didn’t know?

Did I share a success?
(“You did well on…” )

Did I make one recommendation for improvement?
(“Next time we see a patient like this you might….”)
PREPARING FOR THE CLERKSHIP WRITTEN EXAM
Final page of the Medical Boards

BONUS QUESTION: (50 points)
What's the name of that thing that hangs down in the back of your throat?
OBJECTIVE 3:
Are there additional teaching opportunities in the Department?

1. MS1 course - Small group leader – can do with a partner, February-May. Beginning psychiatry course, interview patients.

2. MS3 course – Discussion group leader – once every 6 weeks or less according to your schedule – topic of your choice.

3. Resident Teaching Elective – work on special projects such as UT Telecampus, write test questions, give a major lecture, etc.