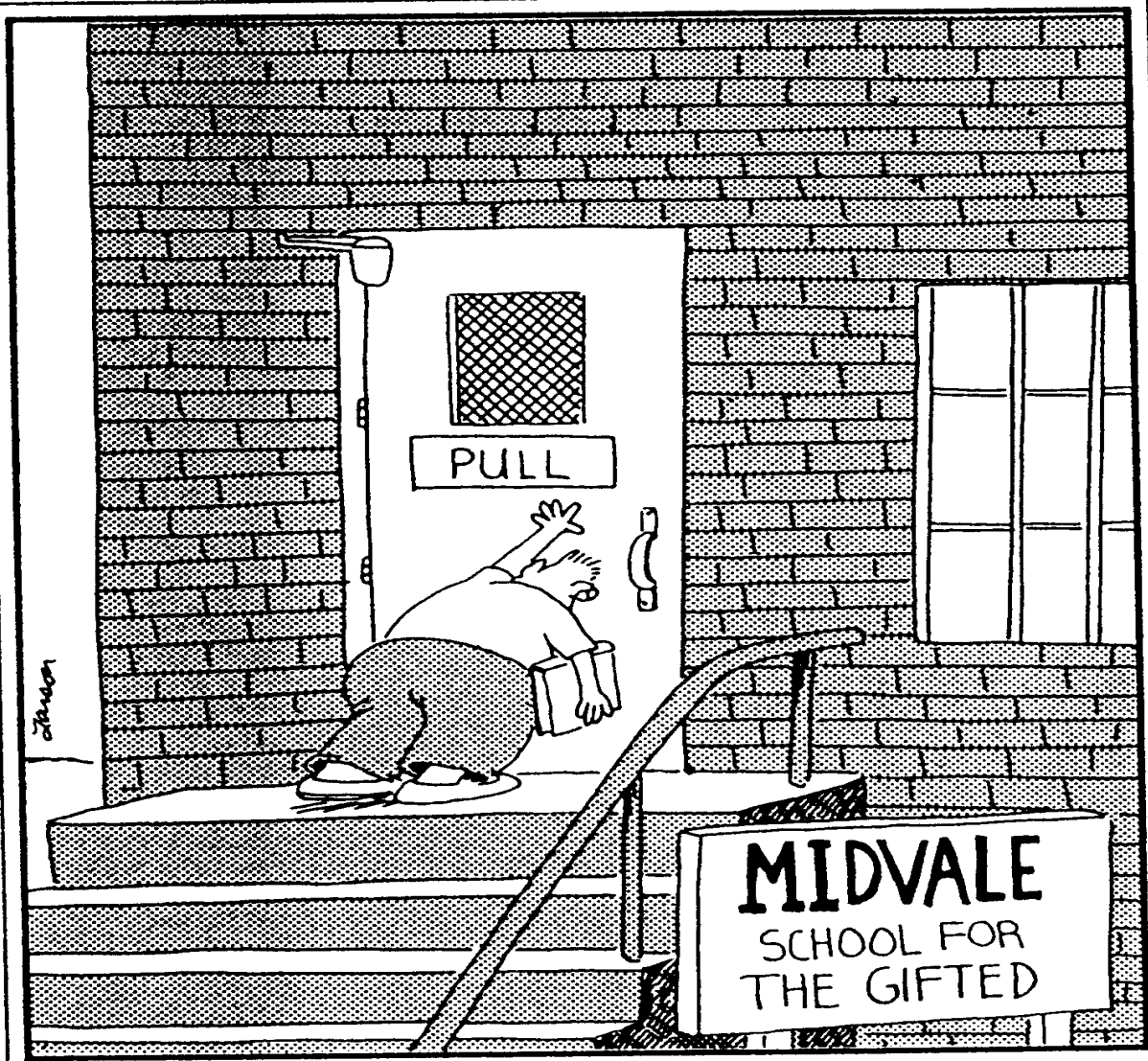


# RESIDENT TEACHING SEMINAR

Debbie Miller, Ph.D.

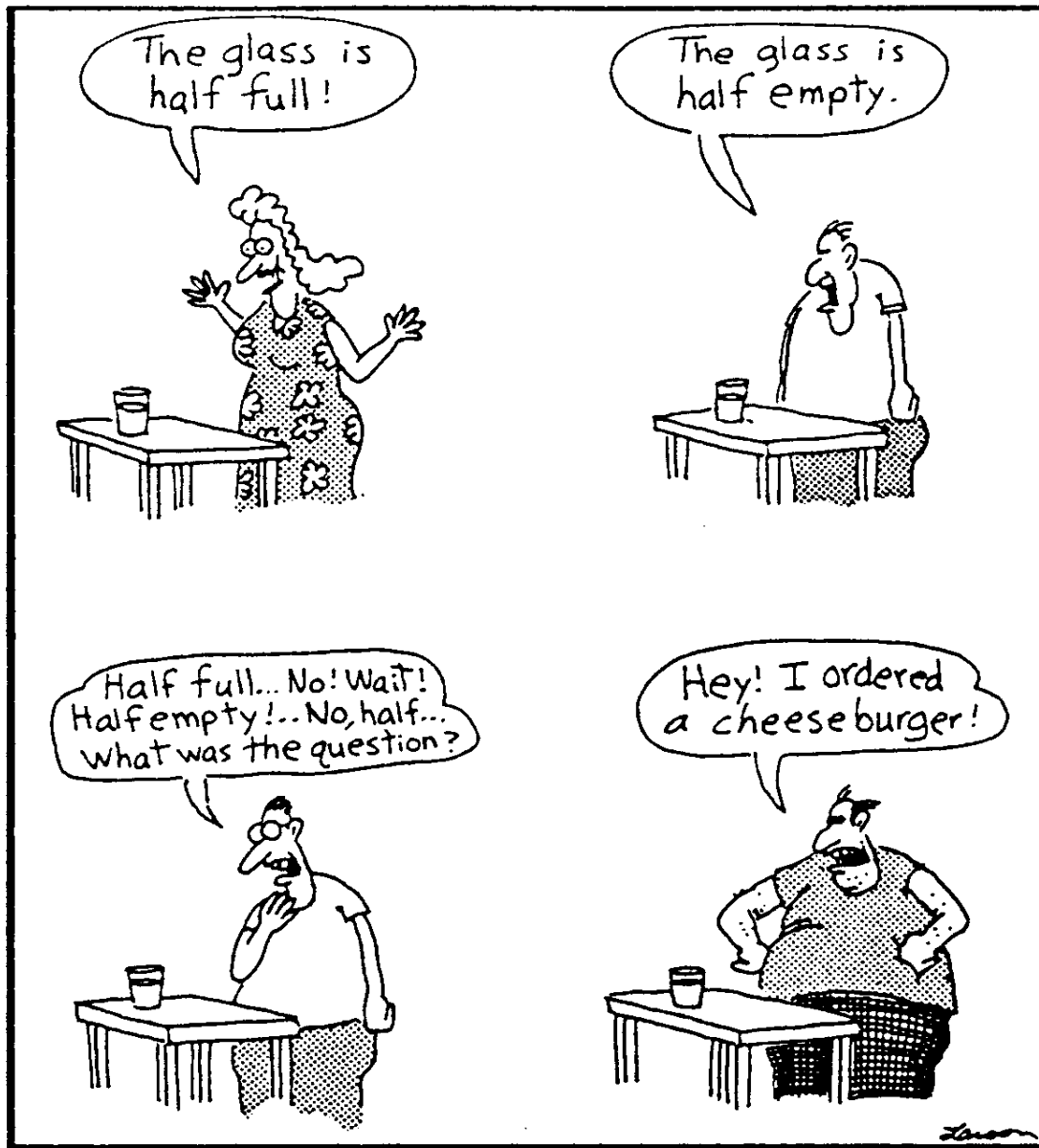
John Sadler, M.D.



**MIDVALE**  
SCHOOL FOR  
THE GIFTED

PULL

Janson



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?

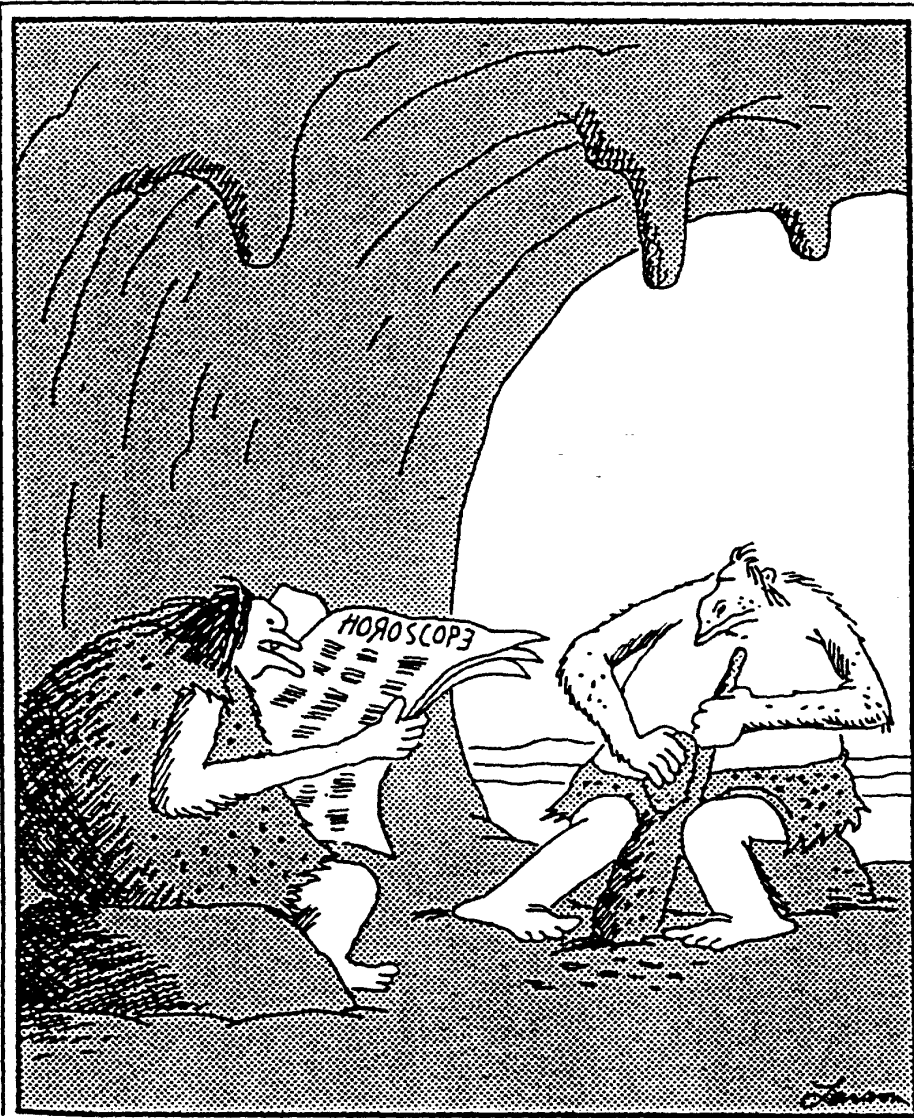
**Notice that all questions are OPEN ENDED**

**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)**

Larson

Right side! One two, one two, one two,  
left side! one two, one two, one two, one...  
C'mon! Keep those cerebellums up!..  
one two, one two...

$$\begin{array}{r} 767\theta^2 \\ \underline{14113^2} \\ (14113^2) \end{array}$$



Brain aerobics

# 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?

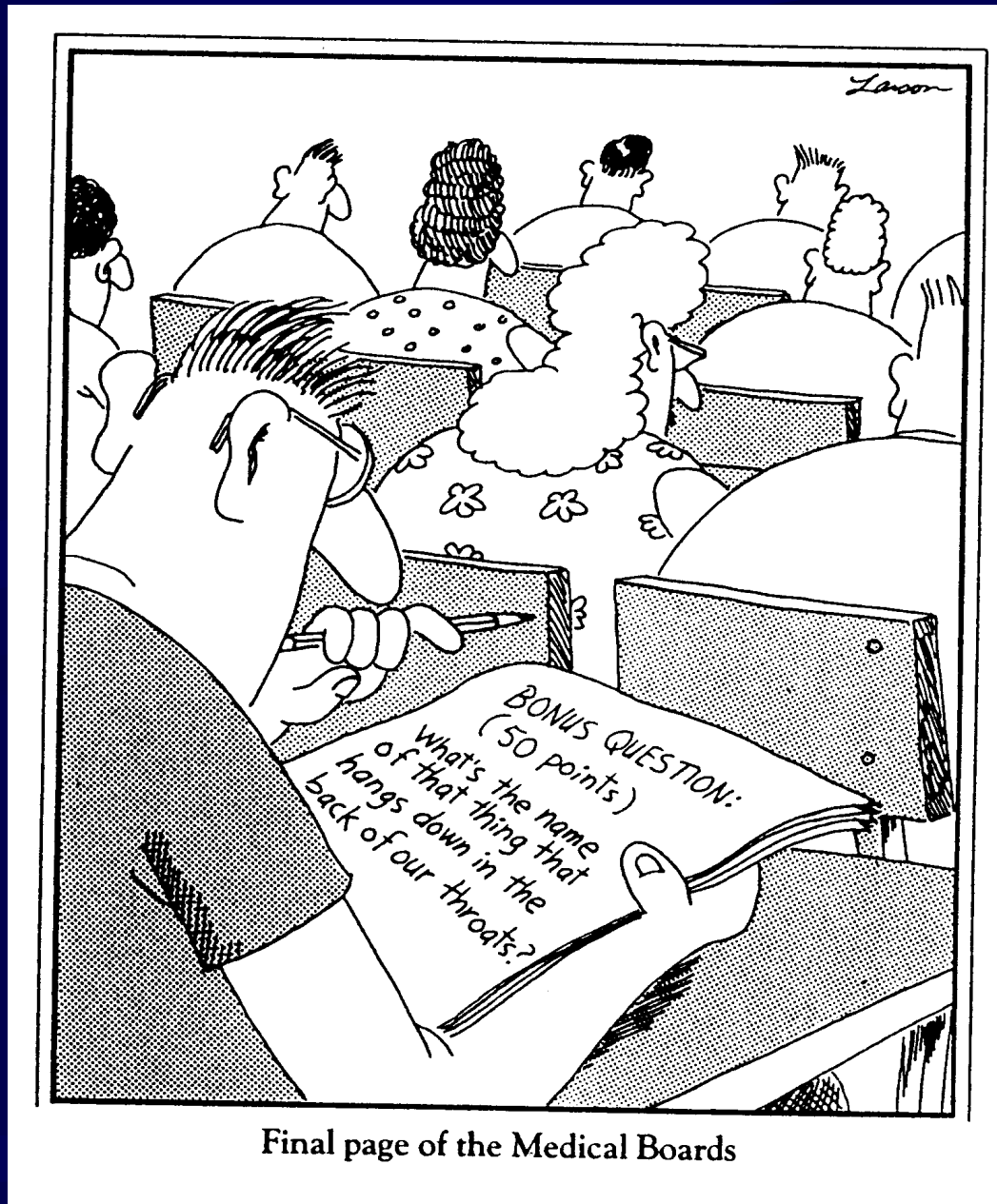
(“You did well on...” )

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

## **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.**