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**Strategies For Clinical Teaching**

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**STRATEGIES FOR CLINICAL TEACHING**

Joanne Schupbach, M.S., M.A.  
Rush University  
Rush University Medical Center

*Audiology Online*  
**April 18, 2012**

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## LEARNING OUTCOMES

- Identify key elements for a positive learning environment
- Identify clinical teaching strategies that enhance student learning
- List specific teaching techniques based upon the level of learner

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**RUSH UNIVERSITY MEDICAL CENTER**

## CLINICAL TEACHING GOALS

- Increase students' knowledge and skills
- Refine practice efficiency and effectiveness
- Promote increasing clinical independence
- Prepare students for optimal health outcomes with patients
- Become a competent, compassionate, independent and collaborative clinician

Burns, et al (2006)

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**RUSH UNIVERSITY MEDICAL CENTER**

## CLINICAL LEARNING

**“Nursing is a practice discipline with an appreciable amount of nursing theory originating in practice.”**

Craddock (1993), Phillips, et al (1996 a, b)



**“Learning the art and science of nursing is a complex, intricate process demanding competence that is highly cognitive and firmly rooted in practice.”**

Taylor & Dean (1999)

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**RUSH UNIVERSITY MEDICAL CENTER** **POSITIVE LEARNING ENVIRONMENT**

Preceptors must understand that those assigned for practicum are students and appreciate the tentativeness and peculiarities of a clinician in training.

*Audiology Education Summit I (2005)*



Success of the experience is based upon the tone set by preceptors and the staff.

*Yonge, et al (2002)*

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**RUSH UNIVERSITY MEDICAL CENTER** **POSITIVE LEARNING ENVIRONMENT**

The attitudes and behaviors of nurses and their relationship with the preceptors influenced how staff related to the student.



Ohrling and Hallberg's (2000) study of nurses' experiences as preceptors revealed several main ideas with "trust" as a key.

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**RUSH UNIVERSITY MEDICAL CENTER** **POSITIVE LEARNING ENVIRONMENT**

- Provocative
- Stimulating
- Disciplined
- Authentic
- Supportive
- Caring



- Supportive
- Non-threatening
- Respectful
- Promotes inquiry
- Non-competitive

*Reilly & Oermann (1992)* *Yonge, et al (2002)*

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**RUSH UNIVERSITY MEDICAL CENTER** **POSITIVE LEARNING ENVIRONMENT**

Proper preceptor preparation was one of the most important factors related to the success of the experience.

Yonge, et al (2002) Audiology Education Summit II (2006)

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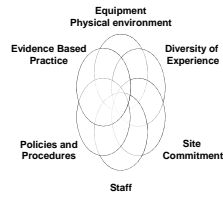
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**Essential characteristics of a quality clinical site**



Audiology Education Summit I (2005)

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- Teaching space is an important consideration.
- Not all training can be done bedside (or booth side)
- Space for the students to do work
- Private space to provide verbal feedback is imperative



Yonge, et al (2005)

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- Challenge the student's **knowledge**
- Allow some **independence**
- Allow room for error but **expect improvement**
- Provide encouragement
- Communicate with student
- Make expectations clear
- Show interest in student's growth
- Be approachable and not intimidating

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### STUDENT EXPECTATIONS

- Give constructive, **specific feedback**
- Understand that students **learn at a different pace** and to exhibit patience
- Model best practices and be a good role model
- Assist student overcome feelings of nervousness, lack of confidence or feelings of being overwhelmed
- Develop **trust** in the student

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### WHAT STUDENTS DON'T APPRECIATE

- Discrepancies across supervisors
- Assumption that student knows something what is beyond what has been taught to date
- Supervisor who is distant or unwilling to fully facilitate student's work
- Supervisor too quick to correct a mistake or tell me what is the next step
- Distant or non-communicative supervisor
- Negative feedback discussed in front of a patient

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### TEACHING PRINCIPLES

- Learning evolves over time
- Participation, repetition, reinforcement strengthen learning
- Varied learning activities enhance interest and retention
- Immediate use of skills and information strengthens retention
- Planned preparation for the student is critical

*Burns, et al (2006)*

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### TEACHING PRINCIPLES

"The roles of student, preceptor and faculty must work in synchrony for good learning outcomes."

#### Expectations of Student

- Student must be an **active adult learner**
- Preceptor must assess the student's needs, develop a learning environment consistent with program goals and evaluate the student's work

*Burns, et al (2006)*

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### ADULT LEARNING PRINCIPLES

- Requires involvement of the learner
- Focused and influenced by the learner's motivation
- Interactive
- Individual process
- Influenced by the readiness of the learner
- Is social
- Most effective when organized and communicated clearly
- Facilitated by positive and immediate feedback
- Integrated with knowledge

California State University-Fullerton  
Nursing Preceptor Handbook, 2010

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### TEACHING GUIDELINES

- Set clear and realistic expectations
- Teach to the learners' needs
- Observe learners' performances and give specific feedback
- Encourage independent learning and reflection
- Vary your teaching methods in different contexts
- Create a positive learning environment
- Reflect upon and improve your teaching
- Make learning memorable and fun



California State University-Fullerton  
Nursing Preceptor Handbook, 2010

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**RUSH UNIVERSITY MEDICAL CENTER** **LONGITUDINAL QUALITATIVE STUDY**

**The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study.**

M.A. Gray and L.N. Smith (2000)  
Journal of Advanced Nursing

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**RUSH UNIVERSITY MEDICAL CENTER** **LONGITUDINAL QUALITATIVE STUDY**

***Students viewed a mentor as crucial to their learning***

***Good Mentors***

Enthusiastic	Sense of humor
Patient	Good role models, professional, organized, caring, self confident
Understanding	Good communicator
Approachable	Knowledgeable
Friendly	Realistic Expectations
Pace teaching to facilitate student's progression	Provides regular feedback
Involve student in activities	Genuinely interested in student
Demonstrates confidence and trust in student's ability	Provides increasing independence to the student

Gray & Smith (2000)

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**RUSH UNIVERSITY MEDICAL CENTER** **LONGITUDINAL QUALITATIVE STUDY**

***Poor Mentors***

Break promises	Delegates student to their unwanted jobs
Lack knowledge and expertise	Often dislike their job and/or student
Demonstrate poor teaching skills	Distant
Demonstrate no structure in their teaching	Less friendly
Over protect the student by allowing for observation only	Unapproachable
Throw them into the "deep end"	Intimidate student
Have unrealistic expectations	Poor understanding of their preceptor responsibilities

Gray & Smith (2000)

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**RUSH UNIVERSITY MEDICAL CENTER** **LONGITUDINAL QUALITATIVE STUDY**

*Students' list of their future mentorship*

Support the student-don't breathe down the student's neck	Determine the student's needs to achieve learning goals
Encourage participation in patient care rather than just allow observation	Clarify expectations on both sides and provide opportunities for student to achieve goals
Show confidence and trust in the student's abilities	Allow the student independence by giving more guidance at the beginning
Develop a "relaxed" relationship	Provide the student with the best learning opportunities
Not assume the student has had certain experiences	Arrange for other staff "to look out for the student"
Ascertain from the student at the onset, the student's current abilities and goals	

Gray & Smith (2000)  
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**RUSH UNIVERSITY MEDICAL CENTER** **CLINICAL TEACHING**

**Challenges in the Clinical Setting**

- Rapid pace with multiple demands on the preceptor
- Teaching and learning is variable as cases vary in type, number, complexity
- Lack of continuity
- Limited time for teaching and feedback
- Learning may not be collaborative with preceptor
- Limited opportunities and time for reflection
- Learning may not be at an optimal pace for the student

Burns, et al (2006)  
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**RUSH UNIVERSITY MEDICAL CENTER** **CLINICAL TEACHING STRATEGIES**

- **The Beginner**
  - Observation
  - Routine and uncomplicated cases
  - Thorough chart review
  - Preparing the necessary components of evaluation
- **The Transitional Learner**
  - Preceptor steps back
  - Less input about basics
  - Student establishes basic priorities of assessment
  - More complex cases for more generalization

Burns, et al (2006)  
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**RUSH UNIVERSITY MEDICAL CENTER** **CLINICAL TEACHING**

➤ ***The Competent-Proficient Learner***

- Solid skills in many areas
- Increased clinical judgment and generalization
- More flexible thinking
- More time efficient
- Preceptor “steps out”
- Preceptor focuses on pattern development and use of general representations across complex patients

*Burns, et al (2006)*

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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

➤ ***Modeling-passive***  
Preceptor demonstrates skills while student observes

➤ ***Case Presentations***  
Select a case and have student present relevant information about the case  
*Burns, et al (2006)*

➤ ***Collaborative Learning-simulations***  
Preceptor and student work together on a case

*Gibbons, et al (2002)*

Gibbons, et al 2002

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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

➤ ***Sink or Swim Approach***  
Student is exposed to a variety of patients and is expected to assess patients fairly independently

➤ ***Manipulated Structure Approach***  
Patients are initially carefully selected based upon student’s skill level and previous experience. Cases increase in number and complexity over time.

*Gray and Smith (2000)*

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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

➤ **Reflection**

Ask questions to stimulate reflection

- ✓ What are your questions?
- ✓ What did you learn from seeing patients today?
- ✓ What troubled, surprised, moved or inspired you today?

Arseneau, 1995, DaRosa, 1997, Smith, 1997

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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

➤ **Self-directed learning**

- ✓ What is one thing you want to learn about?

➤ **Self-assessment**

- ✓ Share a success and a concern or question.
- ✓ Specifically, you did well on...
- ✓ One recommendation for improvement...

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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

➤ **Direct Questioning**

**“Think Aloud Method”**

*Lee & Ryan-Wenger (1997)*

**“One Minute Preceptor Method”**

*Neher, et al (1992)*

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**RUSH UNIVERSITY MEDICAL CENTER** **One Minute Preceptor Method**

<i>Learning Goal</i>	<i>Script</i>
Student makes decision regarding case	"What do you think?"
Probe for supporting findings and critical thinking	"What led you to that conclusion?"
Tell the student what was correct.	"You did a good job of..... and this is why it's important."
Correct the errors	"You did well on .....but I disagree with....."
Teach a general principle	"The key point I want you to remember."
Your own one minute reflection	"What did I learn about my teaching?" "What did we learn from this?"

Neher, et al (1992)

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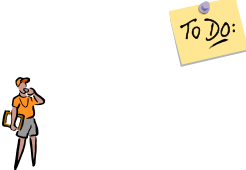
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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

- **Assign directed readings on a specific clinical topic**
- **Coaching**
- **Journaling**



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**RUSH UNIVERSITY MEDICAL CENTER** **TEACHING STRATEGIES**

- **Feedback**

- *Descriptive-specific situations /skills*
- *Immediate*
- *Reinforcing-what was positive about the experience*
- *Review-improvement of specific skills*
- *Correct mistakes*
- *Best if given informally*
- *Student self assessment first-more meaningful if the student self assesses first*



*Burns, et al (2005)*

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**Clinical Teaching Strategies Questionnaire**

*Developed through a comprehensive review of the literature and series of validation studies conducted by the faculty and students at Virginia Commonwealth University.*

- **65 items in five categories**
  - Ongoing orientation to clinical experience
  - History-taking and Physical Assessment
  - Diagnosis and Management
  - Feedback and Evaluation
  - General Strategies

*Sawin, et al (2001)*

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**Clinical Teaching Strategies Questionnaire**

- 29 strategies (45%) that were used with any level of student
  
- 36 strategies that were used according to the student's level of experience

*Sawin, et al (2001)*

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- **Orientation**
  - Assure the student there is no "dumb" question*
  - Ask what the student wants to learn*
- **History and Physical**
  - Focus on student's recognition of patterns in client data*
- **Diagnosis and Management**
  - Share reasoning process for decision with student*
- **Feedback/Evaluation**
  - Regularly offer students reassurance and positive reinforcement*
- **General**
  - Promote positive attitudes about the presence of students*

*Sawin, et al (2001)*

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## TEACHING STRATEGIES

- **Orientation**  
*Review charts with students to discuss expectations*
- **History and Physical**  
*Hold student accountable for recognizing subtle changes in exam*
- **Diagnosis and Management**  
*Expect student to thoroughly discuss intervention plan*
- **Feedback/Evaluation**  
*Assess student by observing case history/complete assessment*
- **General**  
*Act as a buffer between student and demands of the environment*

*Sawin, et al (2001)*

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## RECOMMENDATIONS

- Develop good pre-planning
- Brief interview prior to student's first day
- Discuss skill levels, goals, learning style
- Share your history and teaching style
- Review policies and procedures
- Delineate expectations clearly



*Burns, et al (2005)*

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## RECOMMENDATIONS

- Design student time with patients depending upon skill level
- Develop case presentation time
- Encourage discussion time (even if only a few minutes)
- Establish method of communication and regular meeting schedule with student (to discuss performance, learning, difficult cases, etc)
- Develop experiences that encompass entire scope of practice

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**RUSH UNIVERSITY MEDICAL CENTER**

### RECOMMENDATIONS

- Establish office space for student to perform duties and to reflect effectively
- Appoint lead preceptor who coordinates student learning and provides support
- Develop a structure for daily work
- Coordinate the student's clinical education with other preceptors

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### RECOMMENDATIONS

- Allow the student to follow through with each patient's entire procedure or treatment plan
- Ask student to establish goals and to self evaluate during the experience
- Include student in continuing education activities
- Give student time to reflect on experiences

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### RECOMMENDATIONS

- Review student's evaluation and time lines from the academic training program
- Be sure that all preceptors are consistent with training philosophy and procedures (mixed messages undermine success of training)
- Evaluate your supervision periodically



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### Recommendations

#### Students value and appreciate:

- Clear expectations for performance
- Helpful suggestions
- Immediate and specific feedback
- Honesty about their performance
- Praise
- Being respected and valued
- Encouraged to self evaluate before the preceptor evaluates

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### Precepting Practices

- Do you ask the student for feedback about your performance?
- Does the student complete a formal evaluation of your supervision?
- Does the student feel comfortable in providing feedback about your precepting?

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### Clinical Teaching Effectiveness Inventory

- Establishes a good learning environment
- Stimulates independent learning
- Allows appropriate autonomy
- Organizes time to allow for both teaching and clinical work
- Offers regular feedback
- Clearly specifies what should be learned and done
- Adjusts teaching to learner's needs
- Ask questions that promote learning
- Gives clear reasons and explanations
- Adjusts teaching to diverse settings
- Coaches on clinical and technical skills
- Incorporates research data and/or guidelines into teaching
- Teaches diagnostic skills
- Teaches effective patient and family communication
- Teaches principles of cost-effective care

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The most important outcome of education is to help students become independent of formal education.  
*Paul E. Gray*

The only person who is educated is the one who has learned how to learn and change.  
*Carl Rogers*

There is nothing so easy to learn as experience and nothing so hard to apply.  
*Josh Billings*

The secret in education lies in respecting the student.  
*Ralph Waldo Emerson*

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- 4/25/2012 The Innovations of Mead Killion (2 hour)  
Hosted by **Marshall Chasin, with Laurel Christensen, Patty Niquette, Catherine Palmer, & Larry Revit**
- 5/02/2012 Single Sided Deafness: Tunnel of Care  
**Michael Valente**
- 5/09/2012 What Determines Speech Understanding  
**Donald Schum**

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