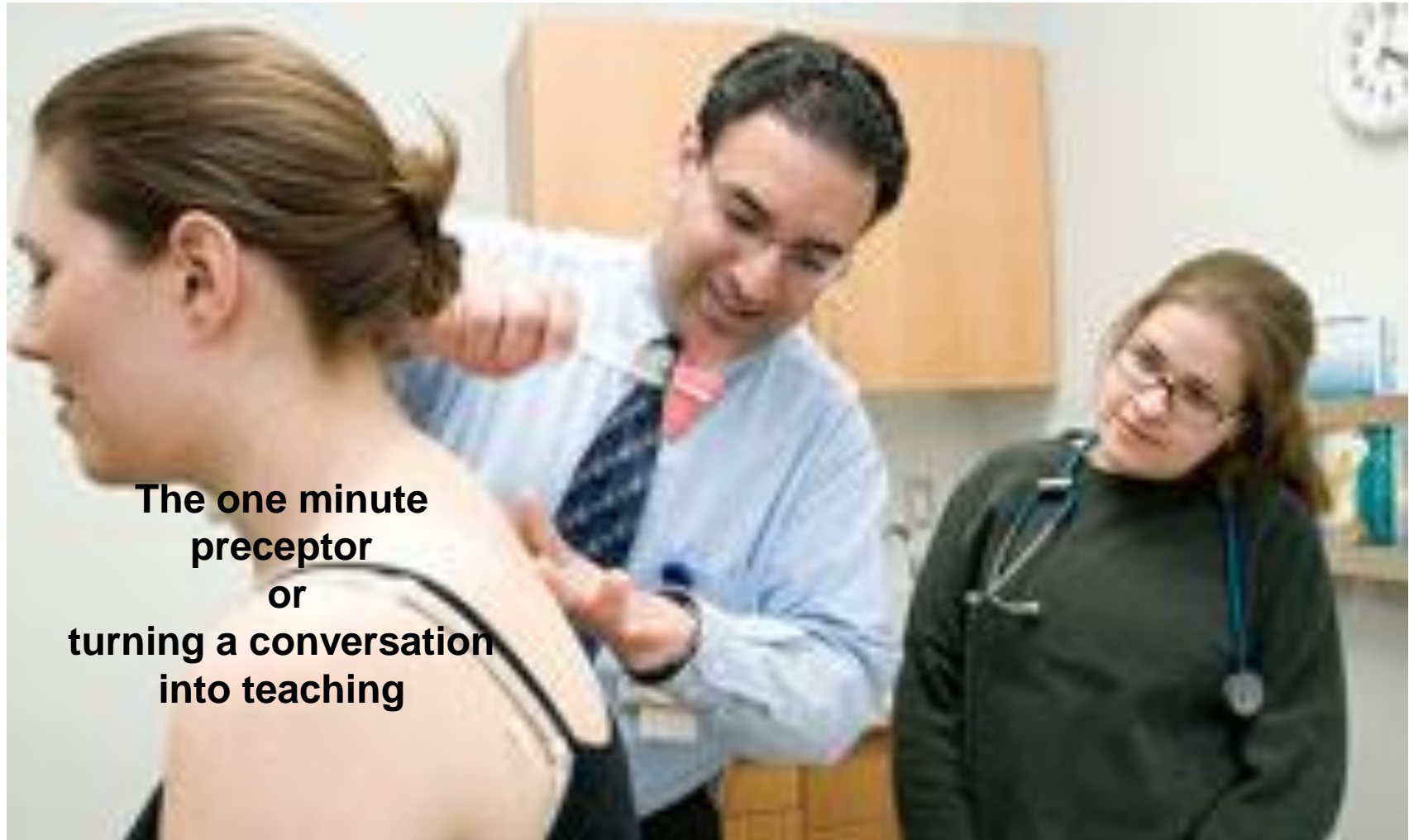


Making the best use of time



**The one minute
preceptor
or
turning a conversation
into teaching**

Clinical teaching or bedside teaching

Definition

“Any teaching in the presence of a patient may be called bedside teaching” (Alweshahi, Harley & Cook, 2007. p 205)



“It’s OK, this is a teaching hospital. Some people just have to learn that the hard way.”

<http://www.youtube.com/watch?v=oVWjAeAa52o>

Bedside teaching has a long history in medical education

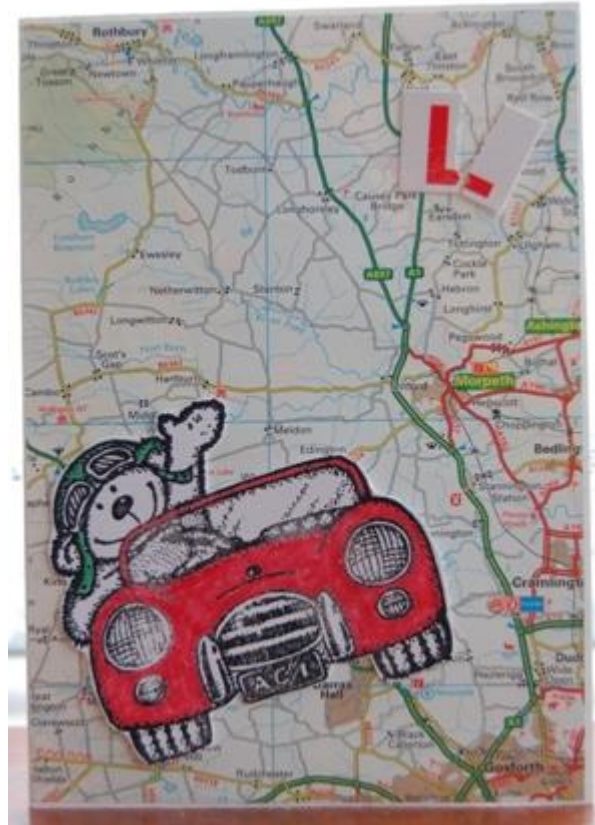


<http://www.youtube.com/watch?v=rRBq-6IVxzU>

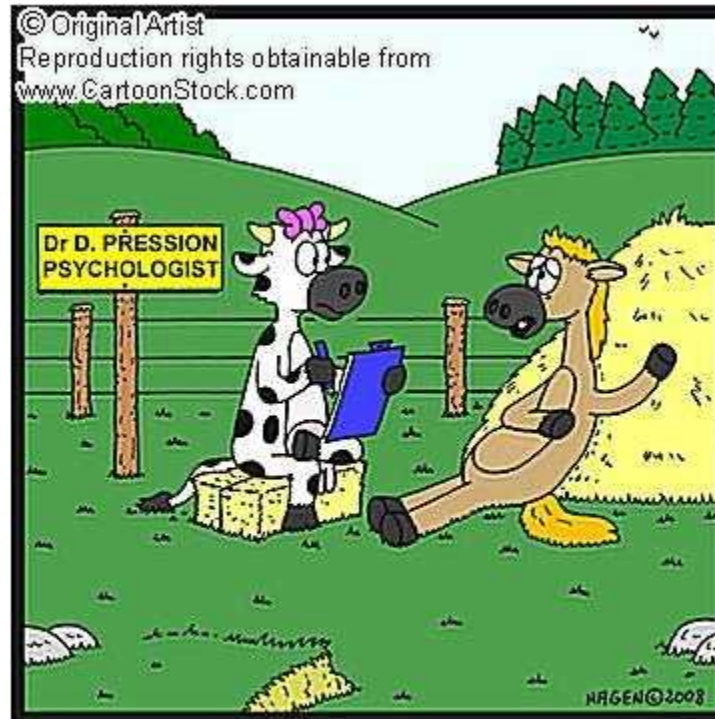
10 tips for effective teaching in clinical contexts (in no particular order)



1. Make yourself familiar with the students course



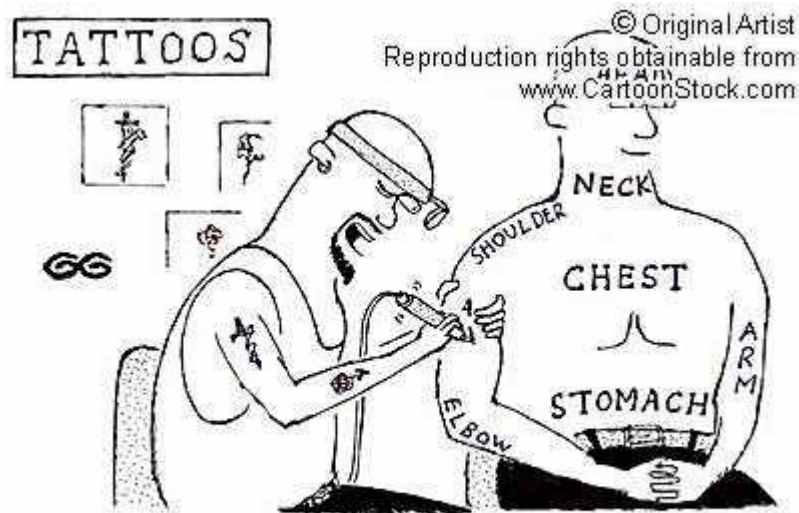
3. Identify the personal barriers that a student might face in attempting to learn in the clinical areas



Some people are betting all their savings on me...
I can't handle the pressure anymore...

4. Consider individual learning styles

- **The visual learner- may like reading, or charts and diagrams, illustrations, films etc.**



'YOU REALLY LOVE MEDICAL COLLEGE, EH?'

The **tactile learner**- may like handling equipment or practicing a skill.



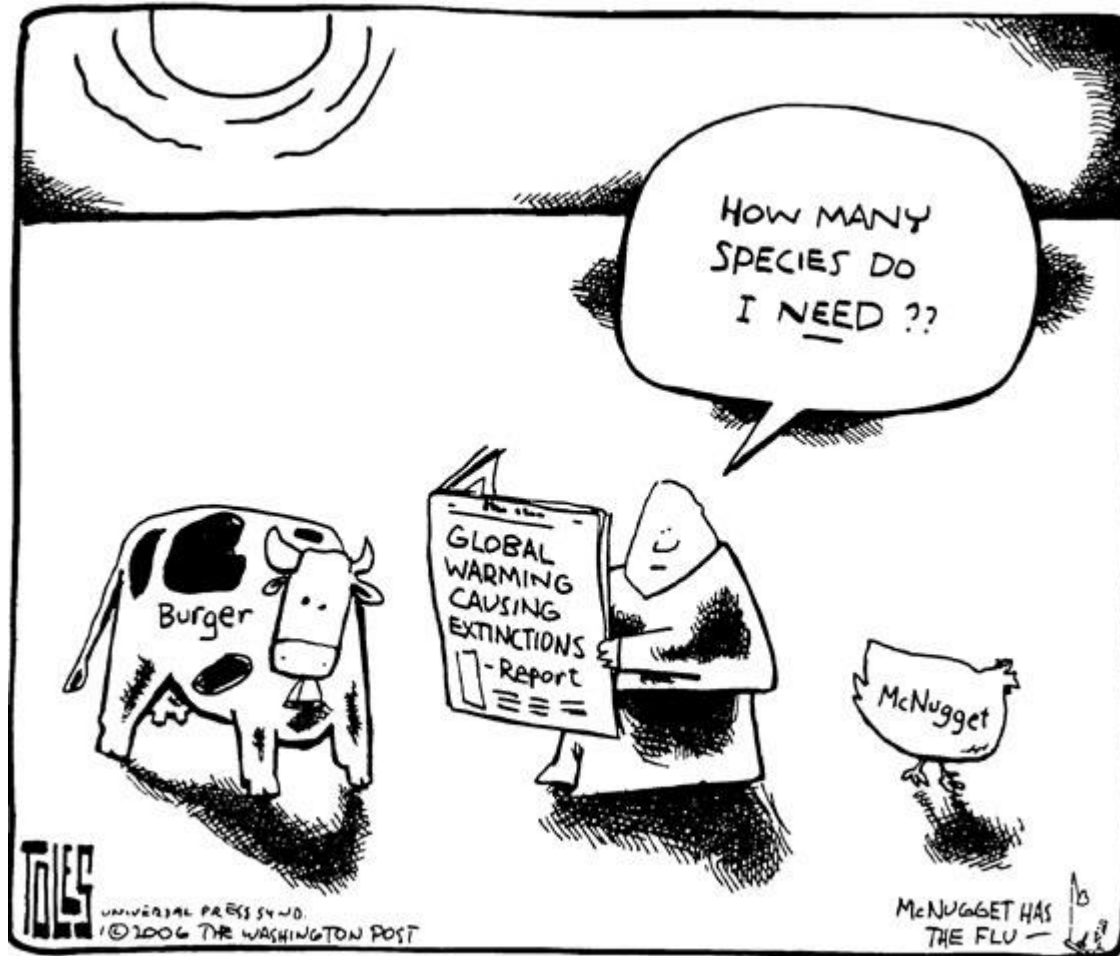
The **auditory learner** - may like discussions or a brief explanation.

MEDICAL SCHOOL! © Original Artist
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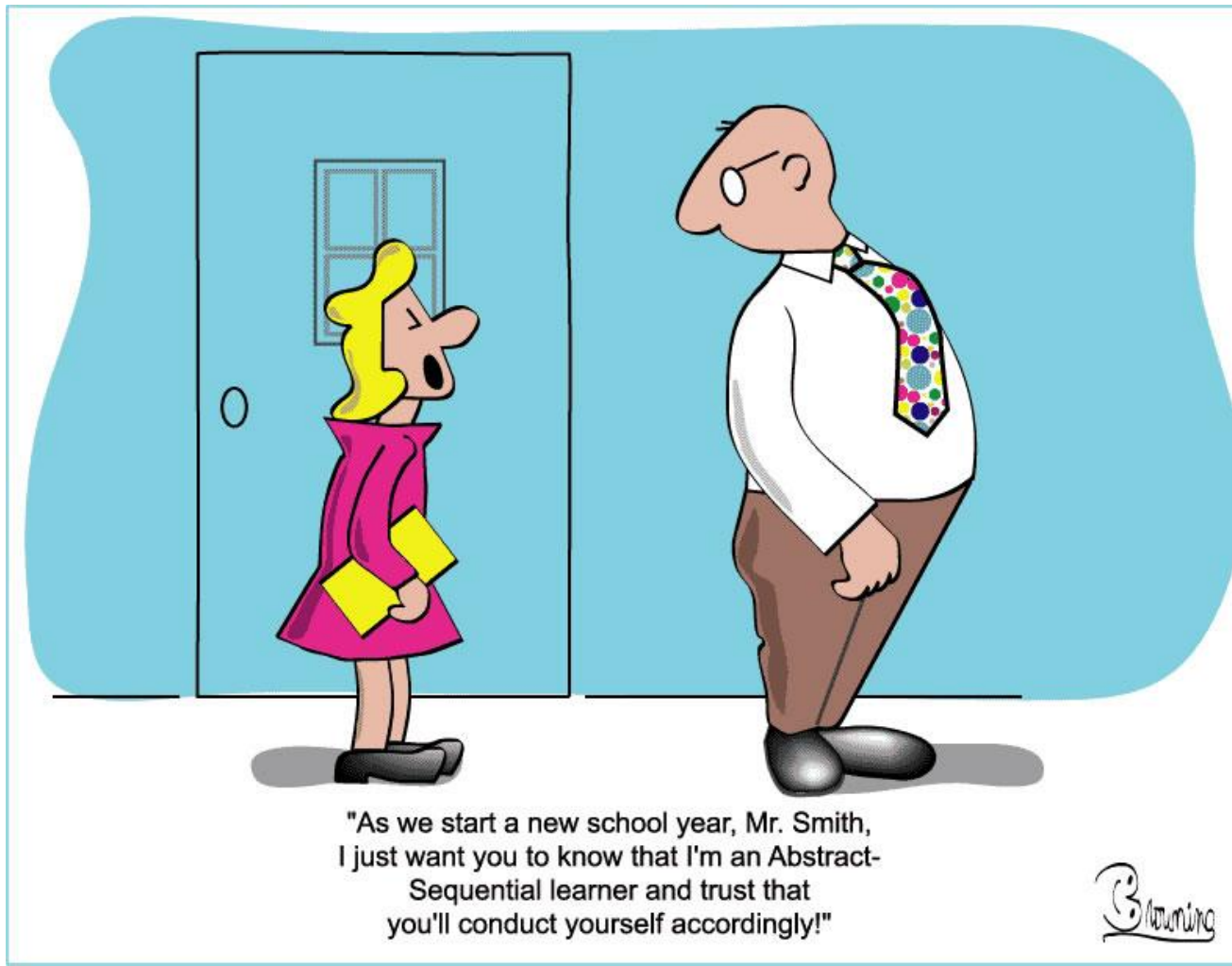


"...And because there are four basic steps to an appendectomy, we refer to it as a 'par four.'"

5. Put time aside to plan activities



6. And if you can plan those activities in conjunction with the student



7. Create a learning community

- **Make the student feel part of the team**



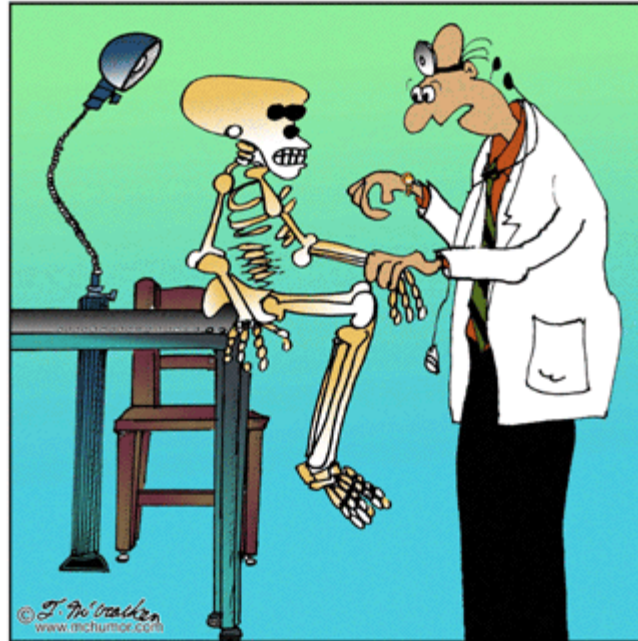
8. Be aware of the characteristics of an effective clinical teacher

- **Helpful, friendly, models professional behaviour, is consistent, poses open ended questions, responds promptly to unacceptable student performance, allows students to express their concerns.**



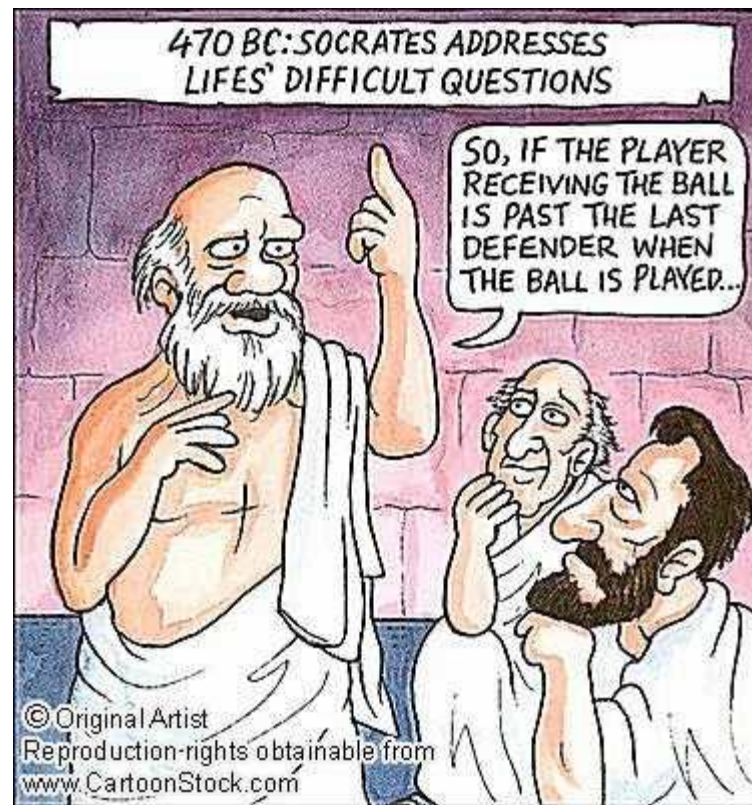
9. Provide regular feedback

McHUMOR.com by T. McCracken



"I wish you'd come to me sooner."

10. Encourage questions

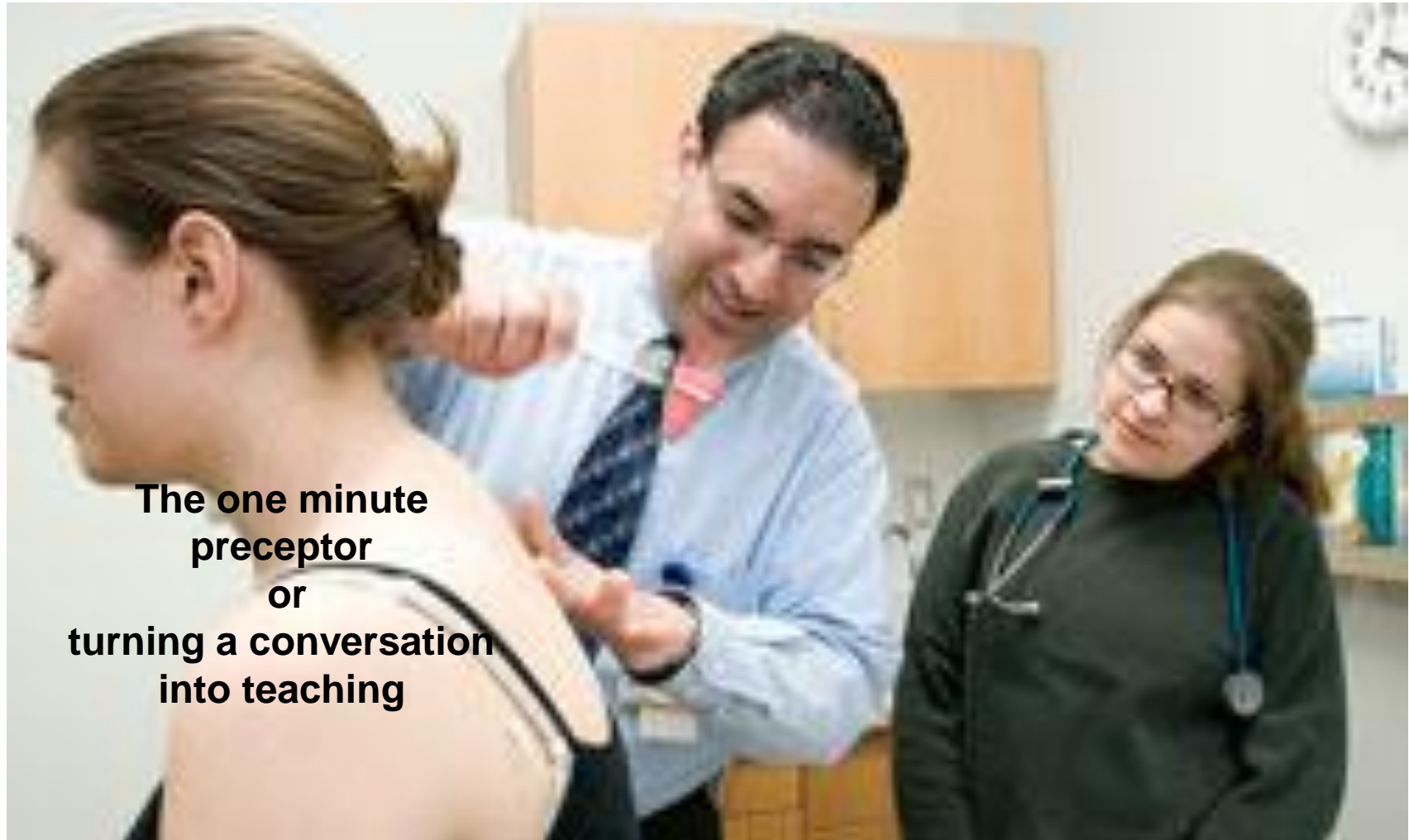


**And whatever you do, remember it may not
always work!**



“Couldn’t find anything wrong with this
one. Maybe he’s just lazy.”

Making the best use of time



**The one minute
preceptor
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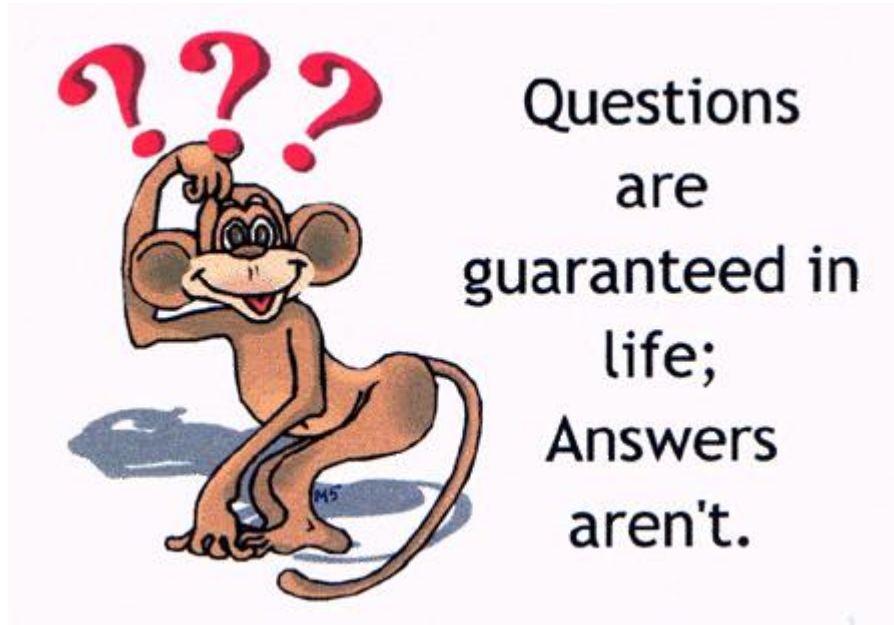
1. Get a commitment

- Teach immediately after a learning experience in practice



2. Probe for supporting evidence

Explore the student's thinking



3. Teach general rules

Present the student with one, or at the most two core principles relevant to the situation.



4. Reinforce what was done right



Give feedback that highlights what the student did, or knew that was right.

5. Correct mistakes

- Ask the student to identify one, or at the most two areas for improvement



And now for a real illustration:
e.g. Hand washing



The one minute preceptor
or turning a conversation into teaching

Adapted from:

Neher, J.O, Gordon, K.C., Meyer, B., & Stevens. N. (1992) A five-step “micro skills” model of clinical teaching.
Journal of the American Board of Family Practitioners 5 419-24

1. Get a commitment

- Teach immediately after a learning experience in practice



2. Probe for supporting evidence

Explore the student's thinking

Why did you wash your hands

before attending
to the patient?

Tell me what you

were taught about

hand washing techniques

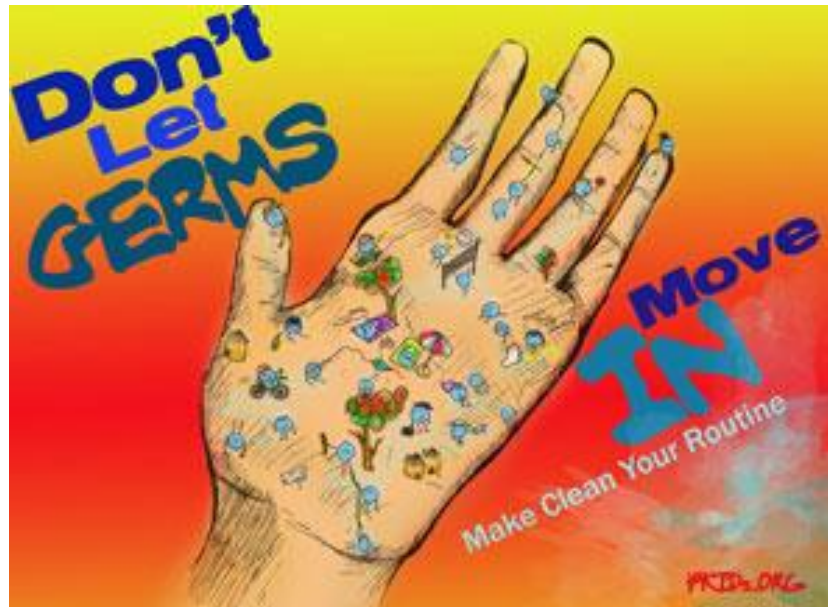


- Areas most frequently missed during hand washing
- Less frequently missed
- Not missed

(Adapted from Taylor L (1978), An evaluation of hand washing techniques - I, Nursing Times, 12 January, pp 54-55)

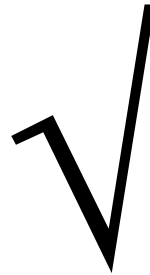
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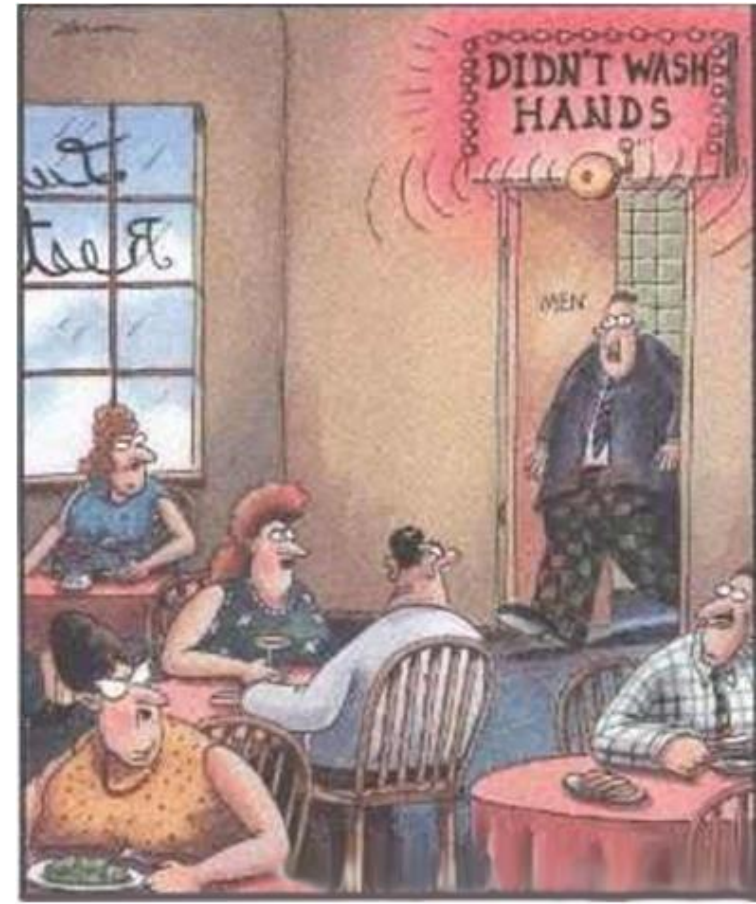
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5. Correct mistakes

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And now over to you for a real illustration:
From clinical teaching

The one minute preceptor
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Teach immediately after a learning experience in practice

- 2. Probe for supporting evidence

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