

Strategies to Effectively Teach and Supervise Medical Students

RECITE PROGRAM

OFFICE OF MEDICAL EDUCATION



Outline

- Introductions
- What Makes a “Good Teacher”?
- Effective Teaching Strategies
- Cultivating A Positive Learning Environment
- Preventing Mistreatment of Medical Students
- Occupational Health Information for UCR Medical Students
- Recognizing Student Burnout



Learning Objectives

By the end of this session, participants will be able to:

1. Describe the roles and attributes of a “good” teacher.
2. Review how to set clear expectations for students.
3. Review the six steps of teaching micro-skills.
4. Identify principles of effective feedback.
5. Promote a positive learning climate.
6. Describe how to avoid mistreatment of medical students.

Introductions

- Who we are
- UCR SOM values the critical role which you play in the education of our medical students
- We want to present a few strategies to enhance your teaching and assessment skills with different learners in a variety of settings



Think back to your own experiences

- **What makes a “good” teacher?**
- **Type your answers into the chat...**
- **What makes a teacher who “needs improvement”?**
- **Type your answers into the chat...**



Attributes of Exceptional Teachers

1. They know and understand their students well, teach to an appropriate level and are able to do what they expect of their students.
2. The teachers understand that effective learning produces a **sustained influence** on the way people think, act, and/or feel.
3. They understand the need for students to see the relevance of what they are learning.
4. They have a program of self-assessment that guides their own efforts and adaptations.

Derived and Adapted in part from Ken Bain, What the Best Teachers Do. Cambridge: Harvard University Press, 2004. pp15-21 (modified)



Attributes of Exceptional Teachers

5. They communicate with their students in ways that keep their students actively thinking and defending their choices.
6. They try to create a natural critical learning environment that is comfortable and challenging.
7. They have a structured approach to provide specific, timely, corrective and reinforcing feedback to students.
8. They promote high standards and communicate clear expectations.

Derived and Adapted in part from Ken Bain, What the Best Teachers Do. Cambridge: Harvard University Press, 2004. pp15-21 (modified)

Effective Teaching Strategies

- **Setting clear expectations**
- **The 6 teaching micro-skills**
- **Principles of feedback**
- **Promote a positive learning environment**

Set clear expectations with students

- **Before students arrive:**
 - Review the course/clerkship learning objectives and any feedback/evaluation tools
 - Identify your own set of expectations of your learners
- **Introduce the students into the context of the learning environment**
- **Assess the students' levels and backgrounds**
- **Meet with students to discuss the course, the learner's and your expectations for the rotation**
- **Provide an overview of mutual learning objectives and tasks**
- **Establish individual/group ground rules**
 - Manner of conduct, individual's/member's role, group dynamic, peer critique, individual's/group trust and confidentiality
- **Clarify individual / group / day /session schedule as appropriate**

Adapted from Tufts University Residents-as-Teacher Guide; North Carolina AHEC

The Six Teaching Microskills

1. **Get a commitment**
 - **ASK: “What do you think is going on?” before you start to teach.**
2. **Probe for supporting evidence**
 - **ASK: “What led you to that conclusion?” before you start to teach.**
3. **Teach general rules**
 - **When this happens, do this...**
 - **Teach one to three rules maximum so learners can take in the information**
4. **Reinforce what was done right**
 - **“Specifically, you did an excellent job of...”**
 - **Reinforcement is important and may not be apparent to the learner what was correct**
5. **Correct mistakes**
 - **“Next time this happens, try this...”**
 - **Avoid extreme judgmental words like ‘poor’ or ‘bad’**
 - **Be specific about omission in facts or reasoning and provide guidance**
6. **Identify a learning plan**
 - **ASK: “What do we need to learn more about?”**
 - **GUIDE: “These are some resources I use to look up information...”**
 - **FOLLOW UP: “Let’s meet again to review what you learned.”**



Principles of Effective Feedback

- Frequent
- Immediate
- Specific behaviors rather than general attributes
- Formative versus summative assessment
- Balance between too little feedback versus too much
- Appropriate setting

So is this feedback?



An Effective Feedback Framework

1. Ask for the student's self assessment
2. Provide reinforcing feedback with specific examples
3. Provide corrective feedback with specific examples
4. Create a mutual action plan
 - “What is one thing you would like to work on?”
 - “How are you going to work on that?”
5. Ask for reciprocal feedback
 - “Do you have any feedback for me?”





Promote A Positive Learning Environment

- 1. Three second rule: Allow learner 3 seconds to respond before teaching**
- 2. Share your thought process out loud**
- 3. Identify teachable moments**
- 4. Be flexible**
- 5. Avoid derogatory remarks about other specialties, professions, patients or the community.**
- 6. Be enthusiastic about teaching, about your own profession and professional development**
- 7. Welcome mistakes as learning opportunities**
- 8. Model humility**
- 9. Do not mistreat medical students or peer residents or other staff**

Avoid Mistreatment of Medical Students

A national problem is also a local problem:
Medical students reporting any instance in which the student was treated badly or abused in any way.

UCR SOM	46.2%
All Medical Schools	40.3%

Source: AAMC Graduate Questionnaire 2021

Mistreatment of Medical Students

- Publicly belittled or humiliated
 - Spoke sarcastically or insultingly to me
 - Subjected me to offensive sexist remarks or names*
 - Engaged in discomfoting humor
 - Denied me training opportunities because of my gender, ethnicity, or sexual orientation
 - Required me to perform personal services (i.e. babysitting, shopping)
 - Threw instruments/bandages, equipment, etc.
 - Threatened me with physical harm (e.g. hit, slapped, kicked).
 - Created a hostile environment for learning.
-
- Feeling “publicly embarrassed” is not considered mistreatment

*may also fall under Title IX reporting

Student Mistreatment - Perpetrators of Public Humiliation

	Percent %
Pre-clerkship Faculty	1.9%
Clerkship Faculty (Classroom)	0%
Clerkship Faculty (Clinical Setting)	9.6%
Resident/Intern	7.7%
Nurse	3.8%
Administrator	0%
Other Institutional Employee	1.9%
Student	3.8%

N = 54

Source: AAMC Graduate Questionnaire 2021

Reporting Mistreatment of Medical Students

- Reporting site for medical student mistreatment
- Can be filed by mistreated student; or a peer student or resident witnessing mistreatment of a student
- UCR SOM Grievance Committee
 - Email: grievance@medsch.ucr.edu
 - Call 951-827-7826
- UCR Ombuds Reporting
 - Email: ombuds@ucr.edu
 - Call 951-827-3213
- All incidents are addressed with the alleged perpetrator and their direct supervisor



Title IX: Sexual Harassment and Sexual Violence

- **Sex-based harassment**
 - Unwelcome conduct that is sexual in nature or otherwise based on sex and that is severe, persistent or pervasive and creates an intimidating or offensive environment.

Title IX: Sexual Harassment and Sexual Abuse/ Assault

- **Sexual violence**
 - Sexual assault - sexual physical contact without consent. There are two types of sexual assault, penetration and contact.
 - Relationship violence (including dating violence and domestic violence) - physical violence in the context of a close relationship and part of a pattern of abusive behavior. Conduct that causes someone to fear physical violence may also be relationship violence (if, again, it is part of a pattern and in the context of a close relationship).
 - Stalking - repeated conduct that causes someone fear for their safety or substantial emotional distress, when the conduct is based on or motivated by sex (such as romantic interest). Examples of stalking include following, monitoring, or surveilling.

Title IX: Reporting

- All of you are “mandated reporters”.
- You are required to report if you have any knowledge of any behavior, regardless if the student wants you to report it.
- UCR Title IX website has info and resources for you and those who experienced sexual violence and sexual harassment
<https://titleix.ucr.edu/>
- Where to report:
 - Title IX Coordinator: <https://uctitleix.i-sight.com/portal/Riverside>

Is This Mistreatment?: Case 1 – Type your answer in chat

- “There was one chief resident that asked me to play tennis with him. When I made excuses, he pushed me harder. When I told him that I could not leave early to play tennis because I had work to do on the ward, he told my resident to give me the afternoon off. This chief never tried to kiss me, but he did make me feel very uncomfortable.”
- **YES:** *“The chief resident is in a position of authority over both the medical student and resident and he seems to be abusing this authority over both, detracting from the student’s experience on the rotation. The chief resident should wait until the rotation is over to ask this student to spend time with him outside of the clinical setting.”*

Is This Mistreatment?: Case 2 – Type your answer in chat

- “During my medicine rotation, my resident regularly asked me to interpret for Spanish speaking patients. Being a native speaker, I was happy to help the team, but this often ate up the time that I could be spending with my assigned patients or studying.”
- **YES:** *“This student has a skill that can certainly contribute to the overall functioning of the team, but the student is there to learn medicine and not to act as a Spanish interpreter. Therefore, it would be appropriate for him or her to translate for the patients under his or her care but she should not be taken away from her learning in order to act as an interpreter.”*

Is This Mistreatment?: Case 3 – Type your answer in chat

- “An attending I worked with during the pediatrics clerkship kept testing the team’s knowledge base during hospital rounds. He would ask specific students and residents clinical questions during rounds, e.g., the differential diagnosis of the patient’s chief complaint, or what the treatment options were. I felt very uncomfortable when it was my turn and I didn’t know the answers.”
- **NO:** *Although the student reported feeling uncomfortable, the description above does not suggest that the attending mistreated the student or the rest of the team. Nonetheless, this situation may present an opportunity for the resident teacher to talk with the student after rounds, find out more about the student’s learning needs, and help the student strategize how to approach learning opportunities in the most constructive way.*

Is This Mistreatment?: Case 4 – Type your answer in chat

- “The team resident made me get them dinner. They paid for the meal but made me lose out on 3 hours of patient care as I went through menus with them. Then I delivered them all food individually because they wouldn’t come to me.”
- **YES:** *“This errand is unrelated to patient care and furthermore takes the student away from the learning environment.”*



Preventing Student Mistreatment: Shared Accountability

- Treating others with respect is what its all about
- Everyone should be held to the same standards
- Contribute to establishing an “appropriate culture” that protects students and peer residents
- Manage your own stress and burnout
- Be a leader and spread the word

Occupational Health Contact Information for Medical Students

- Do not minimize the exposure event or the risk.
- In the event of a medical student needle stick or other blood borne pathogen or occupational exposure please have the student go immediately to the ER.
- The student must also call the STUDENT EXPOSURE HOTLINE number:
 - 951-827- 8275
- Encourage student to file a report: <https://bit.ly/3pQThKD>



Recognizing Burnout in Your Medical Students

- Deterioration in physical appearance or personal hygiene
- Dramatic changes in sleeping or eating habits
- Excessive moodiness or anxiety
- Bizarre behaviors that are obviously inappropriate
- Persistent and continued depression
- Signs of substance abuse (bleary-eyed, hung over, smelling of alcohol or pot)
- Reduced empathy
- Increasingly cynical or negative
- Continued tardiness or missing rotations
- Disjointed or unrealistic thinking
- References to suicide or harm to others

Contact if you are concerned about a UCR Medical Student

- Contact:
 - Clerkship Site Leader (here)
 - Clerkship Director (@UCR SOM)
 - Office of Student Affairs(@UCR SOM)
 - Senior Assoc Dean: Dr. Emma Simmons
 - email Emma.Simmons@medsch.ucr.edu
 - Assoc Dean: Dr. Daniel Teraguchi
 - email Daniel.Terguchi@medsch.ucr.edu
- Encourage the student about using the wellness resources on the back of their ID Badge
 - Student can contact Director of Support and Wellness
 - Student can activate Counseling and Psychological Services (CAPS)

Fatigue Mitigation: Student Work Hours

- Medical students have the same ACGME work hours restrictions as residents
 - 80 hour per week maximum (averaged over 4 weeks)
 - Maximum consecutive working hours: 24 hours of patient care plus 4-6 hours additional time for education, administration, hand-off
 - Time free from clinical responsibilities: 1 day per week, *averaged* over 4 weeks
 - Minimum time off between working periods: 8-10 hours (14 after 24 hours)
 - Maximum call frequency: Every 3rd night (*averaged* over 4 weeks)
- Students log duty hours and are reviewed for violations by clerkship directors

Fatigue Mitigation: Tips for Residents and Students

- Encourage exercise
 - Exercise after long shifts and regularly (but not right before the shift)
- Strategic napping
 - Naps between 2 and 9 am
 - Naps of 10-40 minutes shown to have most positive effects, and less problems with “sleep inertia” afterward
 - Avoid sugary foods immediately before naps
 - Avoid caffeine for at least 3 hours prior to sleep
 - Nap BEFORE driving home!
 - Wash your face, walk outside, or other “wakeful” activity after napping to reduce sleep inertia
- Call a cab or family to drive you, just like if intoxicated, if you are really tired!
- Avoid alcohol during busy call periods
 - Decreases sleep latency but increases awakening



Summary

- Remember to set clear and mutual expectations with medical students before the learning experience begins.
- Use the micro skills framework in order to be a learner-centered teacher.
- Promote life-long learning skills.
- Provide frequent and clear feedback related to specific behaviors.
- Avoid mistreatment of medical students and promote a positive learning environment.
- Recognize and mitigate student burnout

UCR SOM Teaching Development Resources

- UCR SOM Resident Teaching Skills Website
 - <https://residentteachingskills.ucr.edu>
- UCR SOM Office of Faculty Development Website
 - <https://facdev.ucr.edu>



Questions?

A close-up photograph of a hand holding a fountain pen, writing on a document. The pen is black with a gold nib. The document is white and has some handwritten text in blue ink, which is out of focus. The background is dark and blurred. The text "Please complete the attendance record" is overlaid in white, bold, sans-serif font.

**Please complete the
attendance record**



Thank you for teaching your medical students