Teaching on the Resident Services

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Welcome to the resident teaching service! It is a fun and exciting rotation with a lot of opportunities for growth and education. These are unusual times and your presence with the residents is especially helpful. As their clinical work has shifted to almost exclusively inpatient medicine, they may not be getting many of the outpatient experiences they had originally planned to have. Working with you allows them exposure to content, experiences, and skills they may not otherwise see!

Joining a teaching team can be nerve-wracking for some, especially those who do not routinely practice inpatient medicine. Below are 4 high-yield tips to get started.

1. **Share your clinical expertise**: Bring your "clinical world" to the inpatient setting by teaching the team expertise you have in your area. Consider teaching them more about how inpatient work-up and problems they are seeing everyday may translate to the outpatient setting. Think beyond inpatient medicine as this will help our residents still benefit from outpatient and specialty knowledge though they may not be rotating through those clinical areas now.

2. **Keep it short and sweet**: Times are stressful and attention spans may be limited. Teach in small, digestible pieces. Aim for 5-15 minutes maximum at a time. Use several days to bring together smaller parts of a larger topic. Your team will focus better, and they will benefit from spaced repetition of the key points.

3. **Have everyone on the team contribute!**: One of the most effective teaching strategies is to support others when they teach by reacting and building on what they contribute. This builds a strong culture of team learning and takes advantage of their diverse interests and backgrounds. Remember, we often learn best by "doing" - so make them *learn by teaching*!

4. **Teach at the bedside**: You may not feel like the world's expert on the general exam but bring your specialized exam skills to the team. What do you do in your usual practice setting? Demonstrate your exam expertise or role model your bedside communication expertise. In our era of social distancing, these opportunities will have to be judiciously chosen! Be prepared to do this on your initial evaluation to preserve PPE!

Guiding many of these actions are a few key principles of Clinical Teaching beautifully highlighted in these two infographics.
Best Practices in Clinical Teaching: Teaching On-Service

Apply Adult Learning Theory

1. Involve Adult Learners
   Residents create educational agenda & assign topics

2. Engage Prior Knowledge
   learning builds upon prior patient experiences

3. Immediate Relevance
   Problem-Centered Clinical Qs or Approaches to problems preferred over Disease Overviews
   Patient-centered learning with topics inspired by patients on service

4. Humanism
   Clinical Reasoning:
   - Journal Club, EBM
   - Diagnostic Time-Outs

Team Teaching
   - Chalk Talks w/ Feedback
   - 3 min Clinical Pearls

Bedside Rounds
   - Physical Exam
   - FOCUS
   - GOQ discussions
   - Group Procedure

Humanism
   - Narrative Medicine
   - Perspective Pieces
   - Sharing Patient Personal Stories

Field Trips
   - Radiology
   - Pathology
   - Consultant Rounds

Benefits of Autonomy

- Engages & Motivates
- Improves Confidence
- Solidifies Knowledge w/ Active Learning
- Hones Leadership & Teaching Skills
- Allows Attendings to Assess
- Autonomy is Essential for Coaching

Key Points

Autonomy ≠ Trust

Autonomy is the sense of volition, agency & choice, which all trainees need. Supervision may vary based on competency.

Feedback for All

Reserving feedback only for "struggling learners" stigmatizes feedback and inhibits lifelong learning & growth mindset.

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