

**Bringing Education & Service Together (BEST)**  
**Mini-Retreat**

**Learning objectives:**

At the end of this mini-retreat, participating residents will be able to...

1. List the five “microskills” of clinical teaching.
2. Teach a medical student using the microskills.
3. Give detailed and useful feedback to a colleague about teaching.
4. Describe their own teaching styles and ways they might like to alter them.

**Agenda:**

**4:10 Team-building exercises**

- **Residents introduce partners with partners’ learning goals**

[The residents write out three learning goals for the teaching skills curriculum. The learning goals must be related to clinical teaching. Then the residents pair up so that each resident explains his or her learning goals to a classmate. The residents introduce each other, describing the partner’s learning goals for this curriculum. Faculty collect the learning goals sheets and save a copy, giving each resident a copy of his or her own goals.]

- **Connecting dots or paper-cutting exercises**

[Any appropriate team-building exercises can be substituted here. The idea is to encourage the residents to work together to solve problems and to get to know one another a little better.]

**4:25 Film clip and brief discussion**

[Faculty show a 2-3 minute film clip to facilitate discussion about innovative teaching. We recommend the scene from *Dead Poets’ Society* in which Robin Williams, as the teacher, is teaching a high school student in front of the class how to write an impromptu poem. This scene can be used to discuss the advantages and disadvantages of risk-taking in teaching. Clips from the television comedy *Scrubs* can also be used, illustrating residents’ challenges in teaching medical students.]

**4:35 Brainstorming about teaching**

[Faculty have students brainstorm qualities of great teachers (e.g., “stimulating”, “creative”, “organized”) and teachers needing improvement (e.g., “boring”, “too critical”). The class can then discuss these lists to illustrate how they might approach improving their own teaching skills.]

**4:50 Review of results on the Clinical Teaching Perception Inventory®**  
[Hitchcock et al.'s Clinical Teaching Perception Inventory® (CTPI) is available online at no cost at [www.residentteachers.com](http://www.residentteachers.com). We recommend that residents complete this online inventory prior to the retreat, print out their results and explanations pages, and bring them to class. The results/explanations should stimulate an interesting discussion. Residents can share whatever aspects of their results they feel comfortable revealing.]

**5:00 Orientation to the BEST program**  
[Course faculty introduce themselves and explain the logistics of the longitudinal curriculum and its materials: the workbooks, the Schwenk and Whitman text.]

**5:10 Introduction to the “teachable moment”**  
Introduction to the five-step microskills model of clinical teaching  
[The faculty can demonstrate brief roleplay(s) to illustrate “not so good” and then “good” uses of the clinical teaching microskills in a brief, simple outpatient teaching case. The BEST curriculum contains a set of slides that can then be used to review the microskills concepts.]

**5:25 Break**

**5:35 Practice microskills with standardized students, feedback**

5:35 Residents divide into trios (mixed specialties), get instructions

Each resident chooses one case in which to be the teacher

5:40 First resident teaches case with student

5:50 “Student” and resident observer fill out checklist

Detailed feedback using checklist

“Student” models how to give feedback

6:00 Second resident teaches case with student

6:10 “Student” and resident observer fill out checklist

Detailed feedback using checklist

6:20 Third resident teaches case with student

6:30 “Student” and resident observer fill out checklist

Detailed feedback using checklist

[If trained standardized students are not available, the faculty can serve as standardized students. We recommend that trained facilitators (faculty and/or trained standardized students) help provide the feedback during this first session, to model for the residents how to give truly constructive feedback that is pleasant yet points out areas for improvement.]

**6:40 Large-group summary of what was learned, introduction to next module**

## **Residents' Self-Reported Learning Needs For This Session**

### **Teaching with Time Constraints**

“Efficiency of teaching between tight schedule”

“Efficiency, how to teach students to be organized”

“Time management”

### **Giving Feedback**

“Constructive criticism”

“Directing students on becoming more focused without undermining their confidence”

### **Teaching Basic Clinical Skills**

“How to effectively teach interviewing skills and organization”

“Teaching the student basics about how to precept, providing constructive criticism, teaching how to develop a differential diagnosis, being specific to the point”

“Review how to do an H&P, differential of abdominal pain”

“Important signs and symptoms in outpatient case that warrant further investigation or hospitalization”

“How to focus in one aspect of the problems in outpatient setting, how to teach others to do a focused history”

“I would like to learn how to teach this medical student to approach a difficult patient like this in the notion of ‘sexuality issues’. I am not quite sure how to do it well at this time.”

“Teaching students to take sexual history”

“How to treat questions from student about their comfort with sexual history – ‘I forgot to ask’”

## **Teaching Presentation Skills**

“How to better teach how to present in outpatient clinic, i.e., what to focus on”

“Attentive to structured presentation by student. Sometimes it’s easy to zip through history-taking, but it is important to help structure the history for students.”

## **Teaching Through Questioning**

“How to make precepting more interactive”

## **Other Teaching Skills**

“How to remember everything the med student reported and know what is important and what isn’t”

“What info should I have given/taught the student to make this more helpful?”

## **Teaching Cases: Microskills I**

### **CASE 1: An adult with chest pain**

#### **Information for the resident teacher**

Mrs. Smith is a 32-year-old woman who is new to your practice. She presents with chest pain but is currently pain free. You have not yet seen her. You are precepting a third-year medical student in your clinic today. You have sent the student to go see Mrs. Smith and report back to you. The student went to see the patient, and now has come back to present the patient to you.

### **CASE 1: An adult with chest pain**

#### **Information for the standardized student**

Mrs. Smith is in for an evaluation of her chest pain over the past three weeks.

- You (the student) are to begin the interaction with the preceptor by saying, “I have a patient who has severe chest pain. Do you want me to present her?”
- Case presentation will include: the patient is a 32-year-old female who is complaining of new onset chest pain. She has had five episodes of sharp midchest discomfort lasting anywhere from 10 minutes to 2 hours over the past three weeks.
- Precipitating or exacerbating events will include the information that the episodes typically occur between 7:00 and 10:00 p.m. when the patient is at home with her husband and family.
- Associated symptoms will include some shortness of breath and nausea but no radiation of the pain or palpitations.
- Family life will include the information that the family is having considerable stress at home but she seemed reluctant to discuss this further.
- PMH will include the information that her father had an MI and you forgot to ask about past medical history.
- You didn’t ask her about her sexuality or contraceptive history.
- If the resident asks what you think is going on with the patient, you say she has been having severe chest pain and you think it might be coronary artery disease.
- If the resident asks what you want to do for the patient, you say you are not sure but you wonder if you should order a treadmill study.

## **CASE 2: A toddler with an upper respiratory infection**

### **Information for the resident teacher**

Billy Scott is a 2-year-old boy you've seen once before in your clinic with his mom for a well baby check. His mom brings him in today with symptoms of an upper respiratory infection. You have not seen the child yet. You are precepting a third-year medical student in your clinic today. You have sent the student to go see Billy and report back to you. The student went to see the patient, and now has come back to present the patient to you.

## **CASE 2: A toddler with an upper respiratory infection**

### **Information for the standardized student**

Billy Scott is in for an evaluation of upper respiratory infection symptoms for the past three days.

- You (the student) are to begin the interaction with the preceptor by saying, "I just saw a toddler who has an upper respiratory infection. His mom wants us to prescribe antibiotics."
- You do not know whether the baby should get antibiotics or not.
- Case presentation will include: the patient is a 2-year-old boy who was well until three days ago, when he started to have a cough, nasal congestion, and subjective fevers.
- He no longer has fevers but mom is worried about the continuing cough.
- He is feeding well and has no diarrhea or vomiting.
- He is a little cranky but is otherwise behaving normally.
- An older sibling had similar symptoms last week.
- You forgot to ask about birth history, past medical history and family history.
- On exam, the baby is afebrile with normal vital signs. He is smiling and squealing and pulling the paper off the exam table. He has clear rhinorrhea. The rest of the exam (ears, mouth/throat, chest, heart, abdomen) is normal.
- After presenting the patient, you stop and do not volunteer an assessment or plan.
- If the resident asks what you think is going on with the patient, you are not sure but you think he has an upper respiratory infection.
- If the resident asks what you want to do for the patient, you don't know. You don't really think he needs antibiotics but the mom seems adamant about getting a prescription. You wonder what could be done instead.

## Checklist for Giving Feedback on Teaching Cases: Microskills I

### The Five Microskills of Clinical Teaching

1. Did your resident teacher ask you what you thought was going on with the patient, or what you'd like to do?  
(**"Get a commitment"**...)

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

2. Did s/he then ask why you thought that?  
(**"Probe for supporting evidence"**...)

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

3. Was the teaching material well organized?  
(**"Teach general rules"**...)

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

4. Did s/he provide positive feedback that specified what you did right?  
(**"Reinforce what was done right"**...)

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

5. Did s/he correct your mistakes thoroughly and accurately?  
(**"Correct mistakes"**...)

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

### Other Teaching Skills

6. Did s/he listen to you and look at you without interrupting your case presentation or dominating the discussion?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

7. Did s/he ask you good "learning" questions, and solicit your questions?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

8. Did s/he encourage you to bring up gaps in your knowledge base?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

9. Was the session paced well without dragging out or seeming rushed?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

10. Did the resident teacher state the goals of the teaching interaction?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

11. Did s/he mention that the clinical topic of this case is an important learning issue for you?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

12. Did the teacher give examples or analogies to show how this case relates to other clinical situations?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

13. Did s/he ask helpful questions that probed your knowledge base?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

14. Did s/he explicitly encourage further learning?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

15. Did s/he encourage outside reading and discuss texts, articles, computer aids, consultants, or other learning resources?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

16. Did s/he ask you to define your own learning needs and ways you would like to address them?

\_\_\_\_\_No                      \_\_\_\_\_Somewhat                      \_\_\_\_\_Yes

## Evaluation: Retreat

Please rate the quality of your learning experience for each part of this module, using the key below. A score of 4 indicates an average learning experience compared with the rest of your residency training.

	1	2	3	4	5	6	7			
	Not acceptable	Needs some improvement	Fair	Good	Very good	Excellent	Wow!			
1. Team-building exercises				1	2	3	4	5	6	7
2. Film clip and discussion				1	2	3	4	5	6	7
3. Brainstorming about teaching				1	2	3	4	5	6	7
4. Review of CTPI® results				1	2	3	4	5	6	7
5. "Teachable moment" roleplays				1	2	3	4	5	6	7
6. Practice teaching cases				1	2	3	4	5	6	7
<b>7. Retreat as a whole</b>				1	2	3	4	5	6	7

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What did you like best about this session?

What could be improved about it?

What will you do differently after having participated?

Thanks!