

## Top Ten Teaching Tips for Clinicians

1. Orientation is most important – you want the student to feel welcome and a part of the team at your site. Make sure to introduce the student to all staff, show students the bathroom, lunch room, coat facilities; review emergency procedure safety factors such as fire exits and resuscitation equipment; and explain your clinical protocols/guidelines and teaching handouts. Discuss requisitions, consultations, location of labs, ancillary staff locations, and anything else you think is helpful and useful. Try to be comprehensive this first day so you won't have to repeat yourself as often.
2. Students are afraid/nervous initially – use humor and a relaxed attitude and talk realistically about your boundary of safety. Set very clear parameters and expectations for your students. Spell out very clearly what you want.
3. Have students follow you the first day to watch how and why you do things the way you do. Give them explanations for how you organize, prioritize, evaluate, examine and educate. Role modeling needs to be intentional, so you should discuss your behavior and decisions with students so that they can understand specific rationale for actions.
4. Respect the student – always focus on the action not the person for correction of problems or prevention of future issues. Remember that you are a teacher, and effective teachers develop positive relationships with their students. Try to use humor and be flexible.
5. Adult learners appreciate a style that is geared to them – be probing, encouraging and collaborative rather than didactic. Encourage more discussion. Teach them how to analyze information or where to find additional information rather than just teaching facts.
6. Thinking out loud is very helpful to let students know how you are processing information, and this can often be done in the room while examining the patient/client. Explain what you are doing and why, what you are considering as a differential diagnosis, and what you are dismissing. This process teaches both patient/client and student, and patients/clients often enjoy being a partner in the teaching process. Brainstorming with the student involves the student in the decision making process and teaches the student how to analyze and evaluate information.
7. Set time limits for student workups. Time management skills are essential to practice, and students need to learn how to do an efficient, focused history and physical (NP) environmental, organizational, or community assessment (CNS). However, avoid pushing students to do too much too soon. The priority is to learn.
8. Feedback is fundamental to good learning. Here are some suggestions for providing feedback:
  - immediate feedback is more effective and helpful, and you don't forget to do it;
  - be specific and precise in your observations; be in the room with students for at least part of each visit, and you'll observe behavior in small segments;

- identify positives and negatives about performance, the so-called "sandwich technique" of putting criticism in between praise (positive/critical/positive);
- be non-threatening, factual, and precise;
- encourage students to assess and analyze situations independently before giving your input.

9. Top microskills for efficient, effective office teaching:

- Get a commitment from the student – “What do you think is going on?”
- Probe for supporting evidence – “What led you to that conclusion?”
- Teach general rules, major points – “Patients with UTI’s usually have .....
- Reinforce what was right – “You were right to be concerned about .....
- Correct mistakes – “Next time this happens, try this.....”
- Always watch your language

DO – *“Can you tell me why you’re doing \_\_\_\_ this way?”*  
DON’T – *“What are you doing?”*

DO – *“Let me show you how I do it and why I do it this way.”*  
DON’T – *“Don’t do it that way!”*

DO – *“Can we go to the next room, I need to talk to you.”*  
DON’T – Criticize students in front of other people

DO – Be kind, realistic and offer helpful suggestions  
DON’T – Be mean

10. Always end an evaluation with a plan for the next time to give students the opportunity to learn further about a topic, correct their mistakes and review needed skills.

Adapted with Permission from the UIC Midwifery Program