

Tricks and Tips for Fieldwork Supervision: Clinical Teaching Tip

The teachable moment: as you are discussing a client with a student you realize that the client information you are presenting has particular teaching value (you know something about the client which the student needs to know). Try employing the following in your clinical teaching:

1) Get a commitment – ask the learner to state **what s/he thinks** about the issue presented. Asking learners how they understand the facts is the first step in diagnosing their learning needs. Without adequate information on the learner's knowledge, teaching might be misdirected and unhelpful. When encouraged to offer their suggestions, learners not only feel more of the responsibility for patient care but enjoy a more collaborative role in the resolution of the problem.

2) Probe for supporting evidence - Before offering your opinion, ask the learner for **the evidence that he/she feels supports his/her opinion**. Learners proceed with problem solving logically from their knowledge and data base. Asking them to reveal their thought processes allows you both to find out what they know and to identify where there are gaps. Without this information, you may assume they know more or less than they do, and risk targeting your instruction inefficiently.

3) Teach general rules – Provide general rules, concepts or considerations, and target them to the learner's level of understanding. A generalizable teaching point can be phrased as: "When this happens, do this..." Instruction is both more memorable and more transferable if it is offered as a general rule or a guiding metaphor. Learners value approaches that are stated as more standardized approaches for a class of problems.

4) Reinforce what was right - Take the first chance you find to comment on: a) **the specific good work** and b) **the effect it had**. Some good actions are pure luck, others are more deliberate. In either case, skills in learners are not well established and are, therefore, "vulnerable." Unless reinforced, competencies may never be firmly established.

5) Correct mistakes- As soon after the mistake as possible, find an appropriate time and place to **discuss what was wrong and how to avoid or correct the error in the future**. Allow the learner a chance to critique his/her performance first. Mistakes left unattended have a good chance of being repeated. By allowing the person the first chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards. Learners who are aware of their mistakes and know what to do differently in the future need only to be reinforced. Learners who are aware of their mistakes but unsure of how to avoid the situation in the future are very likely to be in a "teachable moment" (they are eager for and appreciate tips that will help them get out of or avoid the uncomfortable situation in the future).

This teaching model is described in: Neher, JO, Gordon, KC, Meyer, B, and Stevens, N. A Five-step "Microskills" Model of Clinical Teaching. *Journal of the American Board of Family Practice*. 5:419-424, 1992.