

# ART OF TEACHING ...

## KEY TO SUCCESSFUL LEARNING

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### DISCLOSURE

The presenter has no actual or potential conflict of interest associated with this presentation

### OBJECTIVES

- Describe four different preceptor roles based on learner's needs.
- Discuss teaching strategies to promote critical thinking.
- Discuss teaching and assessing emotional intelligence.

### PROCESS OF COGNITIVE LEARNING

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graph LR; A[Obtaining knowledge] --> B[Comprehend the knowledge]; B --> C[Applying the knowledge]; C --> D[Analyzing the knowledge]; D --> E[Synthesizing an answer to the clinical problem]; E --> F[Evaluating the end result];
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### ASHP ACCREDITATION STANDARD

#### Standard 4.8 Preceptors' Qualifications

"Demonstrating the ability to precept residents' learning experiences by use of clinical **teaching roles** (i.e., instructing, modeling, coaching, facilitating) at the level required by residents"



### PRECEPTOR ROLES

Preceptor Role
Direct instruction
Modeling
Coaching
Facilitating

### PRECEPTOR ROLES

- ▶ Direct Instruction
  - ❖ Conveys knowledge **DIRECTLY** to the learner
    - ❖ Lectures, discussion, assigned topic/articles
  - ❖ **GOAL:** Assist learner understanding foundational skills and knowledge
  - ❖ Fills in information necessary to acquire before skills can be performed
  - ❖ **APPLICABLE**
    - ❖ Beginning of rotation
    - ❖ New learning experience

### PRECEPTOR ROLES (CONTINUED)

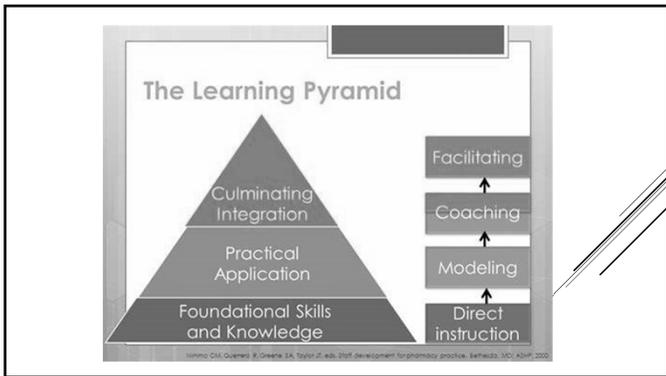
- ▶ Modeling
  - ❖ Preceptor **DEMONSTRATING** a process or skill while "thinking out loud"
  - ❖ **GOAL:** Learner to witness
    - ❖ Identification of problem
    - ❖ Thought process (steps of problem solving)
    - ❖ Observable actions
  - ❖ **APPLICABLE**
    - ❖ Learners who has established foundational knowledge and skills

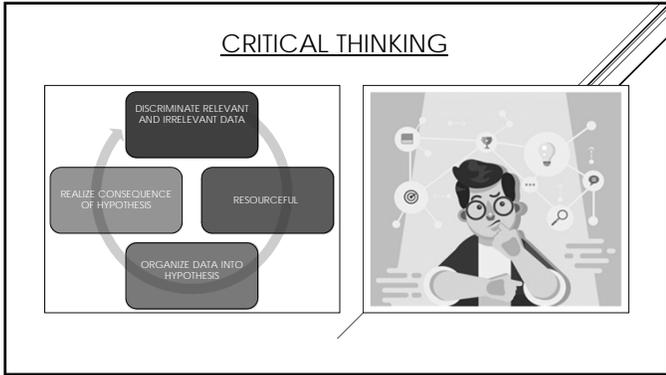
### PRECEPTOR ROLES (CONTINUED)

- ❖ Coaching
  - ❖ **Learner** performs the process or skill "thinks out loud"
    - ❖ Observed by the preceptor
    - ❖ Preceptor provides immediate to reinforce learning
  - ❖ **GOAL:** Learner to perform the skill with preceptor guidance and feedback
  - ❖ **APPLICABLE**
    - ❖ Learner ready to be member of a process
    - ❖ Not ready for independence

### PRECEPTOR ROLES (CONTINUED)

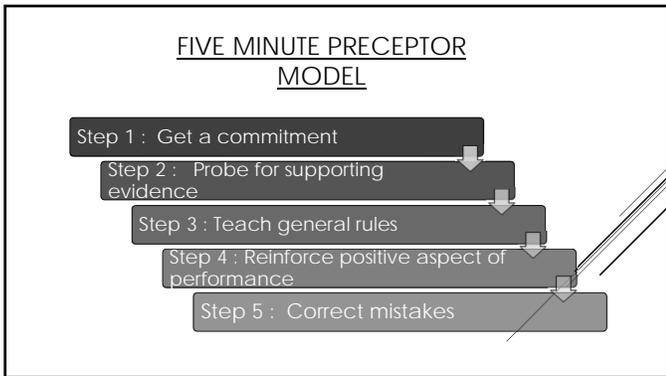
- ▶ Facilitating
  - ▶ Learner performs **INDEPENDENTLY**
    - ▶ Preceptor is available as needed and debriefing after the fact
  - ▶ **GOAL:** Learner to practice decision making skill
  - ▶ **APPLICABLE:**
    - ▶ Both the preceptor and learner feel confident of the learner's ability to function independently.
    - ▶ Towards the end of learning experience
  - ▶ Self evaluation → grow professionally and more independent





### TEACHING STRATEGIES CASE - BASED TEACHING

- ▶ Presenting patient case to be solved
- ▶ Aid in applying knowledge to direct patient care
- ▶ Challenge – assisting learner to understand thought process involved in clinical problem solving
  - ▶ Gather pertinent information
  - ▶ SOAP approach
- ▶ Identify errors and missed opportunity
- ▶ The learner's decision making process should be guided by the use of direct questioning



### TEACHING STRATEGIES SOCRATIC METHOD

- ▶ Ancient, highly disciplined powerful process
- ▶ Question based
  - ▶ Structured to lead better understanding of topic
  - ▶ Require references to support the hypothesis
  - ▶ Bridge to further analysis and research
- ▶ GOAL: learner must be able to engage in a better and deeper understanding of patient clinical status as well as processing patient information.

### TEACHING STRATEGIES

**Thinking aloud approach**

- Thought process must be verbalized by the preceptor → learner is able to associate the situation → promotes understanding

**Debriefing**

- Preceptor and learner must facilitate the sharing of ideas

### TEACHING STRATEGIES

**Simulated scenarios**

- Provides realistic experience to learn complex clinical skills
- Applicable for less skilled and less confident learner, concern of potential harm to patients
- Increased knowledge, confidence, and skills resulting into better management of actual patient cases

**Chart review**

- Focus on logical thought process
- Analyze → reason → evaluate

The emergency medicine learning experience requires the resident to respond to codes. The resident expressed her concern that her lack of confidence and skills may harm the patient. What is the best approach to enhance critical thinking and at the same time learning experience without negative consequence from incorrect management to patient?

- a. Chart review
- b. Case base teaching
- c. Socratic method
- d. Simulated scenarios

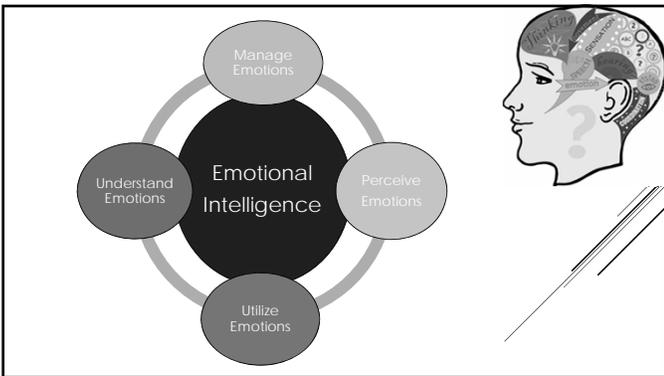
**ASSESSMENT QUESTION #2**

### VISION, MISSION AND VALUES



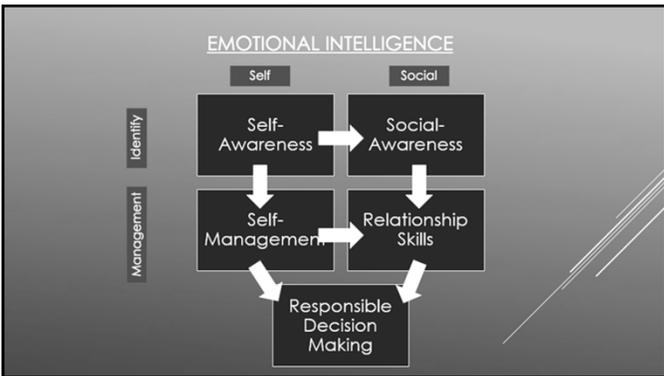
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**"OUR EMOTIONS HAVE A MIND OF THEIR OWN, ONE WHICH CAN HOLD VIEWS QUITE INDEPENDENTLY OF OUR RATIONAL MIND"**

**Daniel Goleman, Emotional Intelligence**



### TEACHING AND ASSESSING EMOTIONAL INTELLIGENCE

**Effective communication skills**  
► How, when, and where at what to say



### ASSESSING EMOTIONAL INTELLIGENCE



#### Communication competencies

- ▶ Utilize open ended questions
  - ▶ Do not use acronyms, complicated medical terminology
  - ▶ Directly face the patient
- ▶ Utilize specific questions for clarity
  - ▶ Avoid slang
  - ▶ Maintain eye contact

### ASSESSING EMOTIONAL INTELLIGENCE

- ❖ Feedback
  - ❖ How, when, where at what to say
- ❖ Timely
- ❖ Written self-reflection



### ASSESSING EMOTIONAL INTELLIGENCE

#### Reflection questions

- ❖ Perceive
  - ❖ What did your colleague or patient say?
  - ❖ How did he expressed his concern?
- ❖ Understand
  - ❖ What do you think he/she was thinking?
- ❖ Manage
  - ❖ What could have said to improve the interaction?

### KEY TAKE AWAY POINTS

- ▶ Four different roles a preceptor can take responsibility: direct instructions, modeling, coaching and facilitating. Assessing and identifying learner's needs will assist in adopting the role.
- ▶ Critical thinking is a skill that all possess, teaching strategies to learners molds them to apply it in decision making process.
- ▶ Preceptors need to assess and teach emotional maturity and intelligence. Perceive, use, understand and manage self and social emotions lead to safe and excellent patient care.

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