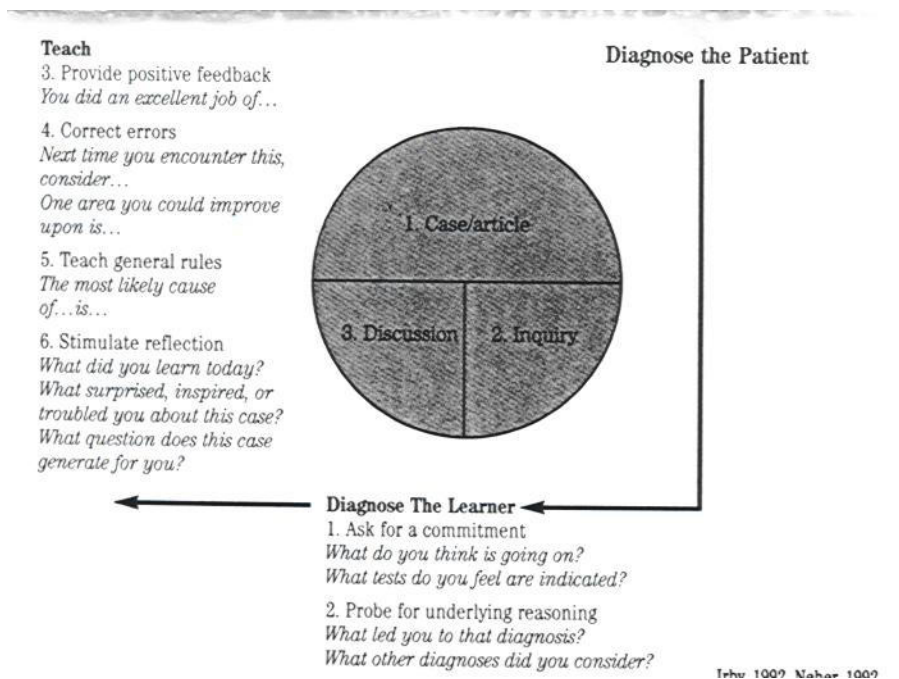


Teach in a Busy Practice

Compliments of CORE Faculty Development

- I. Teaching students or residents, while simultaneously taking care of patients is both a rewarding and challenging endeavor. The challenge of clinical teaching (according to Kreger, C. Strategies for efficient teaching in the midst of chaos in Hudson, A. & Watson, D. (Eds.)(2001). *The clinical teaching handbook*. Columbus, Ohio: The Ohio State University College of Medicine and Public Health) is that it:
- requires thinking in the midst of action
 - requires preparedness often without apparent preparation
 - involves multiple levels of learners
 - includes multiple roles/agenda for the teacher
 - occurs with limited time
 - occurs in multiple sites (bedside, hallway, conference room)
 - occurs often in a setting of little control.

- II. Irby (1992) and Neher (1992) Model
- The following model helps put the principle of experiential learning into a framework easily applied during a busy day of patient care. It is a teaching strategy that combines asking questions (diagnosing the learner) with providing “expert consultation” (teaching). It can be used with individual learners as well as with small groups; when there are 5 minutes or 50 minutes to teach; with multiple levels of learners; and in combination with other teaching strategies (such as role modeling, observation, “thinking out loud”, priming the learner).



References

Irby, D. (1992). How attending physicians make instructional decisions when conducting teaching rounds. *Academic Medicine*, 67:10, 630-638.

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Neher, J., et. al (1992). A five-step "microskills" model of clinical teaching. *J AMB*, 5:419-424.