

# Teaching the Teachers to Teach

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# Doctors are Teachers

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“A Greek  
Word”

# Doctors as Teachers

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Patients

Families

Students/Residents

Each Other

Ourselves

# Doctors

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Science of Medicine

Art of Medicine

Procedures of Medicine

? Teaching of Medicine

# Role Models

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- Some Good
- Some Bad
- Most Mediocre

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Most good Medical  
Educators are self taught.

Must incorporate more  
formal programs into our  
training programs.

Good Teachers→Good Listeners

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Collect data, Assimilate,  
Distribute

# One must learn how to teach in different forums

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- Class room lecture
- Small groups
- Rounds
- Bedside/Clinic
- Surgical/Delivery Suite

# Classroom Lecture (Passive)

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- Organization
- 3-4 main learning objectives
- Bright easy to read slides
- Use diagrams, photos, visual aids
- Be accurate and up to date
- Use humor as a tool
- No prepared texts or scripts

# Small Groups (Active)

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- Content Expert
- Pre assigned study/reading
- Facilitate/lead discussion
- Learners to participate as much as possible
- Nurturing/compassionate
- Not intimidating

# Rounds

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- Ask questions with real answers
- Involve all levels of learners
- Use real life/patient examples
- Be Socratic
- Be honest – I don't know
- Generate questions
- Don't embarrass

# Bedside/Clinic

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- Involve patient – most will enjoy
- Don't lecture or use examples not related to the patient
- Outside room review data
- Let learner come to conclusions
- Follow up on assignments

# Socrates was not a Sadist!!!

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Encourage, Engage, Praise

Positive reinforcement is  
much better than negative  
reinforcement

# Surgical/Delivery Suite

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- Set goals and expectations before hand
- Involve all levels of learners
- Allow learners to perform
- Be patient!!
- Must be confident in your own skills

# Feed Back

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- Must be timely
- Must be constructive
- Include positive as well as negative
- Learn how to learn from mistakes
- Don't focus entirely on the negative

# Feed Back

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- All feed back is not a grade
- Be nurturing/compassionate
- Don't be arrogant or condescending
- Want to Help learner to grow

# Feedback

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Formative vs. Summaritive

# Formative Feedback

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- At time of performance
- Today, on this case, on this patient
- Must be timely
- Constructive
- How to improve
- Not a grade

# Summaritive Feedback

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- Over time
- Cumulative – performance
- More global evaluation
- Is a grade of performance over time
- Best to give examples how to improve
- Be constructive

# Summaritive Feedback

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- Use well verified tools
- Measurable scale (arbitrary)
- Set well established objectives & goals
- Ask were they met



# Active vs. Passive Learning

# Passive learning

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- Lectures, small group – leader speaks
- Very efficient in transmitting large amounts of information
- Poor retention 10 - 20% over time
- Poor way to learn

# Active Learning

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- Small groups – active participation (PCC)
- Journal clubs
- Problems based vignettes
- Require active intellectual participation of learning
- Much greater long term retention 60 – 70%

# Summary

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- Be organized
- Clear Goals/Objectives
- Be Accurate no BS
- Use humor as an effective tool
- Be spontaneous no prepared text

# Summary

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- More active less passive learning
- Don't embarrass, intimidate, criticize
- Do encourage, engage, praise
- Give immediate formative feedback
- Constructive not destructive criticism
- Give positives with negatives

# Summary

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- Thoughtful goal oriented summative feedback
- Be fair
- Be accurate
- Be honest
- Give examples of how to improve
- It is a grade

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*Your learners will look  
up to you!*

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*BE A ROLE*

*MODEL!!!*