

**Teaching Teachers
to Teach**

John G. Gianopoulos, M.D.
The Mary Isabelle Caestaker
Professor & Chairman
Loyola University Chicago
Stritch School of Medicine

Doctors are Teachers

“A Greek Word”

Doctors as Teachers

Patients
Families
Students/Residents
Each Other
Ourselves

Doctors

Science of Medicine
Art of Medicine
Procedures of Medicine
? Teaching of Medicine

Role Models

- Some Good
- Some Bad
- Most Mediocre

Most good Medical
Educators are self-taught.

Must incorporate more
formal programs into our
training programs.

Good Teachers→Good Listeners

Collect data, Assimilate,
Distribute

One must learn how to
teach in different forums

- Classroom lecture
- Small groups
- Rounds
- Bedside/Clinic
- Surgical/Delivery Suite

Classroom Lecture
(Passive)

- 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)

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

Rounds

- 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

- 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!!!

Encourage, Engage, Praise

Positive reinforcement is much better than negative reinforcement

Surgical/Delivery Suite

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

Feedback

- 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

Feedback

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

Feedback

Formative vs. Summative

Formative Feedback

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

Summative Feedback

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

Summative Feedback

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

Active vs. Passive Learning

Passive learning

- 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

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

Summary

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

Summary

- 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

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

*Your learners will
look up to you!*

BE A ROLE

MODEL!!!
