

NSU Webinar: Why Your Clinical Teaching Matters

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Vision Statement

By 2020, through excellence and innovations in teaching, research, service and learning, Nova Southeastern University College of Optometry will be recognized by accrediting agencies, the academic and optometric communities, and the general public, as a premier College of Optometry, of quality and distinction that engages all students and produces alumni who serve with integrity in their lives, professional organizations, and optometric careers.

Mission Statement

The mission of the College of Optometry is to prepare, educate and train optometric physicians to practice at the highest level of proficiency, integrity, and professionalism; and to provide a multidisciplinary environment that encourages scholarly activity, service, and lifelong learning.

Goal 1

Students will graduate from the program with the necessary skills and knowledge to practice optometry.

Goal 2

Students and faculty will participate in scholarly activities.

Goal 3

Nova Southeastern University College of Optometry will assist optometrists in their ongoing pursuit to improve their skills and knowledge base.

Goal 4

Nova Southeastern University College of Optometry will contribute through education and service to the greater communities in which our faculty, students and graduates participate.

Definitions: What is the difference between a preceptor and a mentor, and what is your role in clinical education; preceptor or mentor?

- A preceptor is a teacher, someone who offers structured guidance to students, instructs on certain 'precepts' or a rule/law/behavior, in this case the practice of optometry. Thus, a clinical preceptor is someone who teaches clinical skills, professional behavior, critical thinking, analysis, diagnosis, treatment, patient communication and education skills, and other skills to students. This is generally a more 'arms length' relationship = students. Precepting a student includes providing assessment, evaluation of performance, and feedback that is used to guide future behavior of the student.
- A mentor has an established professional relationship with another professional and seeks to help that individual develop that into a stronger, more capable and confident member of a profession. A mentor offers guidance, advice, and serves as an objective listener to an established colleague; mentoring is the process of assisting another in professional development. Mentors share experiences, may offer advice and counsel, but do not seek to solve problems. Mentors and mentees, on the other hand, can certainly develop a more personal and friendly relationship = other faculty member or administrator.

There are no bright lines that fully delineate the roles of teachers, preceptors, coaches and mentors. Sometimes they overlap, but one ought to be mindful of necessary professional boundaries. Effective preceptors offer friendly, structured, clearly elucidated guidance and clear evaluation and feedback to their students.

WHY TEACH?

Why do teachers teach? What intrinsic and extrinsic benefits are derived from clinical teaching (internal and external rewards)? The top 5 reasons in medical education include:

- Student evaluations of the preceptor and feedback from college/university heads the list
- CE credits (institutional support)
- Faculty appointment (institutional recognition)
- Access to teaching aids/technologies
- Access to information/library privileges
- Financial compensation is last on the list of almost all articles reviewed

Teachers like to teach.

Teachers enjoy helping their future colleagues achieve competencies.

Teachers value feedback from their students.

How can you best help students to gain necessary skills and knowledge? What is the process of clinical education? Can we enhance or improve our teaching skills?

Underlying assumptions

1. Think of clinical education as part of a contract between parties
 - a. The parties include the University/College administration, the faculty and the students.
 - b. What do we agree to as faculty? (teaching = delivery of curriculum, guide, instruct, precept, assess, evaluate, and give feedback to students, resulting in grading the student's performance and reporting that grade to administrator.
 - c. What do students agree to? (completion of prerequisite coursework, assignments, proficiency exams, build competency). Observations, screenings, limited care, increased responsibilities.

2. Providing clinical care is a privilege. Clinical privileges are granted and are based on certain requirements.
 - a. Similarly when students care for patients, participation in care should be thought of as a privilege - granted jointly by the college and the doctor in charge.
 - i. Student clinical privileges can be either informal or formal.
 - ii. Can student clinical privileges be revoked?
 - b. We are the gate-keepers to allow students participate and to continue to participate in the care of our patients.
 - c. The patient is the most important person in the exam room.
 - i. Everything we do in the clinical setting is to enhance the care and comfort of patients. This means limiting student participation if/when necessary.
 - d. The patient expects and is entitled to having a qualified person care for them.
 - i. *Students should be engaged in the practice of optometry, and not practicing procedures on patients.*
 - e. Difference between a competent student gaining experience, and an incompetent student who sees patients as opportunities to practice procedures not mastered.
 - f. Teachers balance quality care vs. supporting training of qualified students.

How about Teaching Privileges?

1. Faculty appointment grants you teaching privileges but what are the formal requirements, if any, for being granted teaching privileges?
2. Are doctors of optometry automatically teachers of optometry?
3. What is involved in good teaching?

Best Practices, Clinical Practice Patterns & Guidelines and How to Utilize Them

Clinical care and clinical teaching each have guidelines designed to produce favorable outcomes for patients and students

What the literature says about best practices in teaching

1. Some cited characteristics of the best clinical teachers include
 - a. Teacher-student rapport
 - b. Enthusiasm/inspiring
 - c. Caring about students' growth and development
 - d. Self-awareness
 - e. Competence
 - f. Consistency
 - g. Clarity –understands progression of learning and states expectations
 - i. Recognizes changing student competencies based on year of study
 - h. Equality and respect for all
 - i. Role models professionalism
2. **Teaching effectiveness can be measured**
3. **Some clinical teaching methods include:**
 - a. Recheck health assessment
 - b. Case presentations
 - c. Student presentations
 - d. Questions
 - e. Chart review/audits
 - f. Direct observation of student
 - g. Chair-side instruction
 - h. Patient education delivered by preceptor
 - i. Patient education delivered by student
 - j. Preceptor demonstration; preceptor observes (e.g Preceptor performs test, student watches; then student performs technique and preceptor watches)
 - k. Assigned readings/journal club/written assignments
 - l. On-line videos or other resources
 - m. In-house workshops
 - n. Group discussions
 - o. Student observes or shadows preceptor
 - p. Segmenting and/or timing exam elements
 - q. Explains inter-connections between basic and clinical sciences
 - r. Encourages evidence-based care, utilizes practice guidelines
 - s. Demonstrates how to incorporate technology into clinical care
 - i. EMRs
 - ii. Diagnostic technologies
 - iii. Coding and billing technologies

4. Your teaching practices ought to be tailored to both your personal style and your mode of practice. Therefore, students benefit from your modeling excellence in care, compassion, and professionalism.
 - a. Good teachers do not need to possess every cited characteristic.
 - b. Likewise, some teaching strategies can be applied in some practice settings, but in other practice settings those very same strategies may not be appropriate
 - c. What matters is that there is an effort to create a positive learning environment adopting a tailored approach that is a good fit for your practice patterns and your teaching style.
 - d. Teaching should augment your practice and not be disruptive to care.
 - i. Everything that we do in a clinical teaching environment ought to be focused on enhancing the comfort, safety and best outcomes for the patient.
 1. Is the 2 hour plus exam/patient cycle time good for the patient?
 2. Is the 2 hour plus exam good for the student?
 3. Is the 2 hour plus exam good for you and your practice?
 - ii. Patients' perceptions a teaching environment is positive, with a sense of receiving a very high quality of care.
 1. However, even the most 'patient' patient runs out of patience.
 2. "The most important person in the exam room is the patient"
5. A word about assessment, feedback, evaluation and grading
 - a. Understand the grading system
 - b. Apply grading criteria uniformly, consistently, and regularly
 - i. Meet at the start of the rotation to review expectations
 - ii. Meet at regular intervals to assess and evaluate progress
 - iii. Communicate concerns. Reset goals. Meet again.
 - c. Students benefit the most from specific examples of their clinical behaviors and knowledge.
 - i. Cite examples from recent cases of how the exam outcomes could have been optimized.
 - ii. Explain proper clinical efficiency, techniques, communication skills, etc
 - iii. Demonstrate what you mean whenever you can, as appropriate
 - iv. Ask the student for feedback about your assessment
 - v. Ask the student what they need from you in order to achieve the next set of goals.

Let's wrap up with a few of my personal thoughts on clinical teaching and education

1. When should clinical education begin?
2. Should I look at the prior instructors' evaluations?
3. Why do I say that "students really grade themselves"?
4. What should I do if I have student is ill-prepared to meet the challenges of my rotation?
 - a. Should I give the benefit of the doubt to a weak student? It depends.
 - b. Collateral damage
 - i. Weak student assumes "I am doing fine".
 - ii. Responsibility as a faculty member – setting aside grading criteria

iii. Duty to the public – do you really want this person taking care of patients?

It's time for your comments and questions. Thank you!