WPA template for undergraduate and graduate psychiatric education

IX. Educating medical student and resident teachers and supervisors

A. Basic educational theory

Attention to some basic principles common to all adult education enhances medical student and resident teaching irrespective of resources. These include, but are not limited to the following:

1. Teaching must be goal directed.
2. Learning is most productive when information is immediately needed, relevant, and practical for problem solving.
3. Motivation for learning is highest when it is valued and personally rewarding.
4. Students have various learning styles based on auditory, visual, and tactile or "hands on" approaches, and teaching is most effective when employing more than one style (Socratic questions, demonstrations, role playing, videotaping, brief lectures).
5. Both teacher and student must be prepared for educational activities.
6. Organizing information, whether in handouts and/or in presentation, facilitates student and resident learning.
7. Practicing, as in how to interview patients or present cases, is vital.
8. Providing for student self-assessment and reflection is integral to learning.

9. Encouragement, praise, and criticism must be honestly provided to enhance motivation.
10. Teaching must begin with an assessment of prior knowledge, skills, and attitudes, which avoids false assumptions regarding the level of student or resident knowledge.
11. Active learning, as opposed to observation and over reliance on lecturing, facilitates the acquisition of psychiatric knowledge and skills.
12. Sharing clinical experiences by teachers, including mistakes, is often helpful to students and residents.

In all of medical education, there exists a formal curriculum (learning objectives, assignments and experiences) and an informal curriculum (interactions with teachers where the "culture of medicine" is taught). The "hidden curriculum" reflects the values of an organization and its teachers and transmits positive and negative attitudes from one professional generation to the next. The respect or lack of respect accorded by teachers to patients, for example, is a potent organizer for student-patient interactions.

B. Teaching skills and attitudes

Teaching is most effective when it actively engages students through asking questions. Typical questions in clinical settings include:

1. What is your understanding of this patient's illness in terms of the biological, psychological, and social contributions? What is your clinical reasoning and supporting evidence?
2. What tests might be indicated?
3. What medications or other treatments would be helpful?
4. What are likely challenges to providing effective care of the patient?

Teaching is often richer when the instructor describes his/her approach to a problem and explains what information was significant in establishing a diagnosis and treatment plan. Effective teaching is also characterized by the provision of positive comments about what the student did correctly as well as pointing out empathically the learner's mistakes. Demeaning comments to students makes learning unsafe and are counterproductive (1). Opportunities for consolidation and integration of experiences are enhanced by the teacher's stimulating reflection through questions such as: what was learned today? What troubled or surprised you? What further questions did our experience generate?

Demonstrating interest in the student through active involvement (by asking questions, using clinical material, and creating goals and objectives for the experience) characterizes successful lecturing.

C. Providing feedback

Providing effective feedback to students and residents is vital. They strongly desire it and feel they never receive a sufficient amount. Providing feedback is positively correlated with

teaching ratings and improves learner's knowledge and skills (2).

Feedback is considered formative, as opposed to a final evaluation, because it influences performance prior to assigning a grade or rank, and it reinforces positive and alters negative behavior. To deliver effective feedback, teachers must organize their thoughts and observations prior to speaking with a student; establish an appropriate location for giving feedback; and select the correct time for the feedback. With respect to where feedback is offered, positive feedback is appropriate at any time. Negative feedback should be provided only in private and without interruption. The timing of feedback is most helpful when it occurs as proximal to the event as possible. It should not be delivered when the teacher is angry or does not have all the relevant facts about a student's performance. For lengthier and more formal feedback sessions, appointments should be made. The provision of feedback involves four different steps:

1. elicit self-reflection from the student (what and how do you feel about your work so far?);
2. reinforce what the student did well;
3. explain areas of possible improvement in non-judgmental language that describes specific, objective, observable, and modifiable behaviors;
4. establish that the student understands the feedback and ask for a plan on how to improve.

In general, there are a small number of challenging students who require additional effort and intervention. Slow learners have good attitudes but require more help and are grateful when given it. Some students have poor knowledge and/or skills and require additional opportunities.

Occasionally, students will be inhibited in learning because they are frightened of criticism or judgment. These students require encouragement. The unmotivated student must be engaged through understanding the lack of motivation. Is there a psychiatric disorder? Does the student need reminding of his/her responsibility to learn? Students with poor interpersonal skills or who treat patients in an unprofessional manner (either with condescension or undo familiarity) are often challenging. The teacher is obligated in these situations to inform the learner of the unacceptable behavior and establish clear expectations for acceptable rules of physician conduct. Such students may be unaware of the impact of their behavior on others and can be assisted in understanding this.

D. Some useful Internet sites for the medical student and resident teacher

Professional development as an educator is essential for all teachers. For those teaching in countries and regions with fewer colleagues, networking with others in similar positions can be difficult. The internet is one vehicle for keeping abreast of educational innovations and newer pedagogical methods. It is also an invaluable resource for not "recreating the wheel" when starting, implementing and evaluating a program by permitting the new educator to base his/her activities on proven and detailed models. The sites listed below are representative of Western countries (especially the United States), but may be helpful with the realization that there are analogous resources available throughout the world:

1. The Association of American Medical college website (www.aamc.org) has a listserv and a national curriculum database.

2. The e-journal *Medical Education* (www.mededuc.com) features articles like "Small group teaching: what students really think".
3. Another electronic journal specifically for educating health professionals is *Medical Education Online* (http://med-ed.online.org), also hosting discussion forums.
4. The American Association of Directors of Psychiatric Residency Training (www.aadprt.org) has available resources on every aspect of residency training, including an extensive library of model curricula.
5. For medical student education within psychiatry, the website of the Association of Directors of Medical Student Education in Psychiatry (www.admsep.org) is most helpful.
6. Another American resource devoted to career development of the psychiatric educator is sponsored by the Association for Academic Psychiatry (www.academic_psychiatry.org).

References

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2. Aagaard, E., Czernik, Z., Rossi, C., Guiton, G., (2010). Giving Effective Feedback: A Faculty Development Online Module and Workshop. Retrieved from MedEdPORTAL: http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=8119