Key Roles of Clinical Teachers

There are three key roles of clinical teachers: Intentionally Role Modeling; Teaching students to think and act like physicians; Supervising student development in a safe working environment.

Intentional Role Modeling.

"Role modeling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession, but its net effect on the behavior of students is often negative rather than positive. By analyzing their own performance as role models, individuals can improve their personal performance."

From Role modeling—making the most of a powerful teaching strategy by Sylvia R Cruess, professor of medicine, Richard L Cruess, professor of surgery, Yvonne Steinert, professor of family medicine

Unintentional Role Modeling

Students closely watch us for cues about both our professional and personal preferences. Sometimes faculty role model behaviors they would never want students to emulate such as mistreatment of staff, prejudice against or neglect of certain types of patients, backstabbing of colleagues or disrespect for certain types of students.

Sometimes faculty model very good behavior unconsciously and through reflection can make that role modeling intentional.

A. Hidden Curriculum

Studies have shown that students arrive in medicine wanting to help patients, but by the time they reach residency, they have developed negative attitudes towards certain types of patients (gender, religion, race, drug & alcohol abusers, chronic illness, elderly etc.) because of unconscious messages they are receiving from attendings, other health care professionals and other students that certain patients are less deserving of care.

"Another woman with mysterious abdominal pain!" This was said to a male resident by the attending male physician. A week later after the resident had left, "the mystery" resulted in the patient's IUD perforating her uterus. The resident only heard that women frequently have mysterious abdominal pain; the physician probably was completely unaware of the message the student left with.

B. Automaticity

Practicing physicians move through their day without thinking about why or how they do what they do because they work primarily in a state of unconscious competency. This state is necessary for carrying out your day-to-day tasks but can confuse students who
see you jumping from point A-F. You may have trouble explaining to them how you concluded F from A, because it was so spontaneous (based on previous learning).

In order for role modeling to be effective, you have to make it intentional (emphasis mine) by consciously modeling how you think and act as a physician. This modeling allows the implicit to become explicit. So what does this mean?

Making the IMPLICIT (Unconscious) EXPLICIT (Conscious)

Before the student arrives

· Pick two or three things you do very well and break these procedures/techniques down into steps that the student needs to know in order to replicate what you do.

· Create two or three illness scripts for the most common issues students will see in your clinic.

· List 5-10 attitudes that you think exemplify great physicians and think about how you are going to role model those attitudes while students are in your clinic. Pick some that relate to patients, some that relate to staff, some to other areas of your life.

While the student is in your care

· Encourage the student to ask questions about why you made the decisions you made.

· Pick one or two difficult cases a week and walk the student through how you made the decision you made; even if it seems obvious to you that A=F, it may not be as obvious to the student. Avoid asking students to read your mind.

· Share your illness scripts with students before asking them to create their own.

· Guard the appropriateness of your behavior to patients and staff even when the day is trying.

· Talk to students about working with patients whose values, behaviors, and illnesses can create issues for the physician. Try and reflect the guidelines of the profession even if they aren't your own (save those discussions for colleagues).

· Demonstrate and encourage Deliberate Practice by giving students multiple opportunities to apply what you are teaching them with patients.

-excerpted from The Medical Education Blog