

Being a More Effective Preceptor: How to go from Telling to Learning

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-
- ▶ Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut.

Masnerus L. The New York Times. 11/7/93



ATM

WELCOME



PLEASE INSERT YOUR CARD AND REMOVE QUICKLY

RECEIPT

CARD

Learn is hard

- ▶ The learner has to do the work
- ▶ The more work they do, the more they learn



Learn by failure

- ▶ Each time you rediscover, you learn more
- ▶ Failure shows you're working hard



Learn by getting feedback

- ▶ **Personal reappraisal is better than external feedback**

- ▶ **Appreciate what you do well**

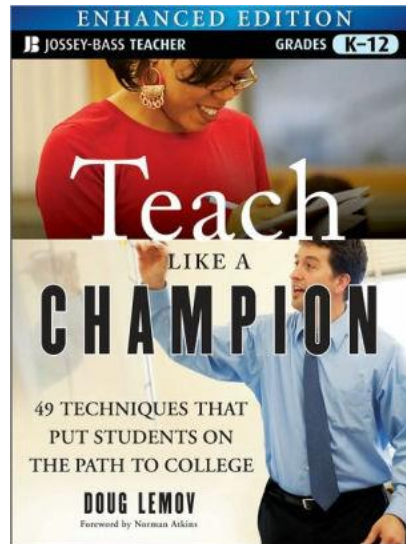


Learning by continual practice

- ▶ **Commit to change in the future**



Teach like a champion



Helping the learner do the work

- ▶ Cold calling
- ▶ Time the name and writing
- ▶ No opt out



Cold calling

- ▶ What is it?
- ▶ Why do it?
- ▶ What makes it work?
 - ▶ Make it warm and fun
 - ▶ Make it common
 - ▶ Spread it around



Time the name

- ▶ What is it?
- ▶ Why do it?
- ▶ What makes it work?
 - ▶ The use of writing



No opt out

- ▶ What is it?
- ▶ Why do it?
- ▶ What makes it work?
 - ▶ Make it routine
 - ▶ Ask a question where they have to give you the same information but not the same question



Failure as learning

- ▶ **The current view of failure in medical education**
 - ▶ Failure is horrible
 - ▶ Testing is high stakes and infrequent

- ▶ **A new view**
 - ▶ Failing is how you learn
 - ▶ Frequent assessment is critical

- ▶ **Normalize error**



What about student anxiety

- ▶ The current view of student psyche
- ▶ My view
 - ▶ Grit
- ▶ Positive framing
- ▶ Precise praise



Feedback

“Sharing of information on actual performance to help guide and improve future performance towards a desired goal”

B. Hodges



Why give Feedback?

- ▶ **We have a limited ability to observe ourselves**
 - Without this data, most of us assume we're pretty good
- ▶ **Second set of eyes to observe what we're doing**
- ▶ **We can become aware of which behaviors help or hinder effective communication**



Accuracy of Self- Assessment

- ▶ Results – 13 studies showed little, no, or an inverse relationship between self assessment and results of direct observation.
- ▶ Worst accuracy among the:
 - ▶ least skilled
 - ▶ most confident

Davis, DA JAMA 2006;296(9):1094-1102



Reactions to Feedback

- ▶ Results:
- ▶ Students in the “complement” group gave a higher satisfaction rating but did not improve their performance.
- ▶ Students in the “feedback” group improved their knot tying performance but reported lower satisfaction scores.

- ▶ *Boehler ML Medical Education 2006; 40:746-749*





What Isn't Tasty About the Sandwich?

- ▶ Implies good and bad and evaluation
 - ▶ Otherwise, no need to sandwich...
- ▶ Positive is viewed as insincere
- ▶ The “meat” feels judgmental
- ▶ Observations may not be relevant to learner



Feedback 101

- ▶ I really liked how you did X
- ▶ Next time, I wonder if you could try Y.



6 Stages of Feedback

1. Agree on a learner goal
2. Observe learner's behavior
3. Help the learner self-assess
4. Describe what the learner did well
5. Provide clear data about the difference between the learner's current and learner understands the difference between the current and desired behavior
6. Develop a plan; Educational Rx

Continual practice

- ▶ Going from novice to expert is a journey
- ▶ Behavior change
 - ▶ Trigger
 - ▶ The behavior
 - ▶ Reflection
- ▶ Commit to learning



Commitment to change

- ▶ Write down 3 “feedback behaviors” you will try during your current or upcoming clinical assignment.



▶ Questions?

▶ Feedback?



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