EFFECTIVE CLINICAL TEACHING
Guidelines for Residents

As part of their doctoring curriculum, we ask interns and residents in the Drexel University College of Medicine Internal Medicine program to identify principles that residents can use to enhance the learning environment for interns and medical students. This document shows the principles and strategies that residents have suggested. Residents and staff continuously make revisions that have increased the utility of this guide.

Creating an Optimal Learning Environment for your Team

Principles

1. Golden rule: Treat your interns the way you would want to be treated! Interns are colleagues, not subordinates. Remember, you were in their shoes a short time ago. You and your interns are a team. If you can look at each other in that way, your patient care becomes more effective and efficient. (Some interns have done residencies in other countries and have considerable experience. Be open to learning from them.)

2. Be aware of how your attitudes influence your relationships with learners. What are your attitudes about your obligations as a resident and
teacher? How committed are you to helping your interns and students learn and grow as professionals? How responsible are you for the interns’ learning and well-being? Which of your attitudes or qualities might get in the way of your being an effective teacher or might enhance your teaching? Are you someone who takes an interest in others and cares about their growth and well-being? Do you mainly want to get the work done and get out as soon as possible? Are you a perfectionist, impatient or a forgiving person? Are you afraid of making mistakes or admitting you don’t know something? What is the balance between encouraging learning and independence, and micromanaging to ensure that things get done well? How do you manage that balance for which learners? Some interns have had the experience of residents saying after they asked for help, “You’re a doctor now – figure it out!” How do you arrange your priorities between your own well-being, the interns’ well-being and patient care? Do you like your interns and students? All of these attitudes will affect relationships with your learners.

3. **Residents have an obligation to teach** both interns and medical students. Please think about how you will be most effective at this, and spend some time preparing to teach. This teaching can be both academic and practical. (Examples of practical points: How to work with talkative patients, how to respond to family members’
concerns, how to decrease patients’ hospital stays, how to prioritize clinical tasks, how to manage your time and how to understand the “ins and outs” of the system.)

4. **Communication is key.** Keep the lines of communication open and positive with your interns and students. If you are unhappy with how some things are going, it will be important to set aside time to discuss the issues and “clear the air,” since resentment undermines team dynamics. Similarly, if something you’ve done causes an attending or fellow to express dissatisfaction, it is important to find a time to discuss the issues and present your perspective.

Since you are an authority figure, your interns may feel reluctant to bring up issues or be assertive about their own needs. In all likelihood, they will need encouragement from you to talk about how things are going for them and what they need from you.

5. **Perfection is the enemy of the good.** You don’t need to be perfect, or expect your interns to be perfect. Saying “I don’t know the answer to that, let’s look it up” or, “I’m not comfortable managing this problem, let’s get a consult” can be reassuring to your team members and set a good example.

6. **Provide positive energy!** Your positive attitude and enthusiasm can make a real difference in the team.
7. **You are a role model and a mentor for your team.** All your interaction with patients, colleagues and staff set an example of professional behavior. Also, you went through a lot during your internship, and the lessons that you can pass on to your interns can be a real help to them. As you know, internship is stressful. Interns will make mistakes. If you are supportive, positive and understanding and do not ignore relationship issues, your attitude will reduce anxiety and help the intern learn.

- a. Be welcoming of questions and requests for help. Interns may be reluctant to ask for help. If you let interns know you are there to support them, and you welcome questions if they are not sure of something, you will foster their growth, make the team more effective and better care for the team’s patients.

- b. Look for things that are going right, and compliment your interns for them, in addition to looking for things that are wrong and correcting them for the future.

- c. Remember not to talk disparagingly about other house staff. Your gossiping sets an example for others on the team to gossip as well and generally creates a negative tone. Also, gossiping can contribute to creating a false impression about an intern that could follow them for a long time.
d. You are contributing to the general culture of learning in the residency. Is your contribution a positive one?

8. **Monitor your own feelings and mood.** If you are irritable and easily annoyed, this will create a negative learning environment. Many house staff become burnt out or depressed sometime during residency and this contributes to negative attitudes and irritability. If you are feeling down, talk with a colleague or consider getting help. If you are having a stressful day or are feeling upset or short-tempered about issues that are unrelated to your team members, share that with the team so they won’t think that your mood is related to them, and maybe they can be helpful to you on that day. You won’t be able to be effective with patients and your interns if you don’t take care of yourself first. Please be sensitive to your interns’ emotional state. Interns are perhaps more prone to burnout and depression than residents. If you notice that your intern is down or dragging, ask what’s going on, ask if you can help and try to help.

9. **Be an advocate for your team.** As a resident and as team leader you are an authority figure and, at times, will need to protect team members from inappropriate demands. This means occasionally standing up for your intern if an attending or fellow is inappropriately negative about an intern’s work. Also, take responsibility for the team. (For example,
if the attending asks about something that hasn’t been done, don’t blame the intern!)

10. Think about what’s best for the patient, not about yourself, and you won’t go wrong. This seems like an obvious principle but sometimes it gets lost when a fellow or attending gets annoyed at you when you call in the middle of the night. You or your intern might feel intimidated to call because of a superior’s negative reputation, or you may not want to ask a question for fear of being criticized or that others might think less of you. If you can keep the perspective that we’re here for patients, and whatever the potential blows to our self-esteem, they are little when compared to the patients’ needs for us to care for them, you’ll do what is right.

Strategies

1. At the beginning of every rotation, discuss and clarify with your interns and students the goals and expectations for the rotation. It can be helpful to set high expectations. Be clear on the details of everyone’s roles, including your own. As a resident, you are the captain of your team and need to acknowledge that role. At the end of the day you are responsible. You do have more practical knowledge and experience and have much to offer. So don’t play down your leadership role.
Tell interns to call you right away if a patient takes a turn for the worse. Let the interns know you have their backs and will catch them if they fall. Talk to interns and students about how to organize and prioritize their days. Talk to them about not being shy about asking for help and when to ask for help. Ask them about their system and make suggestions to improve it. Help interns understand the “long view” of the goals of the rotation, since interns tend to get caught up in the minutia of all the tasks that need to get addressed each day and can lose perspective on their general patient care and learning goals. Tell interns the rules about new admissions. (For example, when is it ok for triage to give you new admits, etc.) Consider having sub-Is work up new admits as long as they are not critically ill and then go over the workup with them. Be open to suggestions.

Look at the first day as a team building exercise. Get to know each other. This sets the tone for the entire rotation. What are their expectations and learning goals for this rotation? How can you help them achieve those goals? Ask your interns and students how they learn most effectively. Do they learn best with a lot of guidance, or do they want to work independently and call you when they need you? How can you structure the work so that students are integral members of the team? Students need specific responsibilities, expectations and opportunities for feedback. They
can be important contributing members of the team – ask them about what worked best for them on previous rotations. Come up with an explicit agreement about how you and the interns and students will work together during the month.

2. Work as a group. If you do this and share the work, there will be more time for teaching (and for much needed breaks).
   a. Help interns manage their time and work more efficiently. Help interns prioritize tasks in the beginning of the year since everything seems important in the beginning.
   b. Consider setting goals at the beginning of the day. In the first months, ask the interns how many notes they can write by 9:30 – 10:00 a.m. (depending on the service) and call them at 9:30 or 10:00 asking, “Who have you seen and what do you need me to do?” On very busy services, some residents feel it’s a good strategy to offer to see the sickest patients and new admissions, and have the interns see the rest.
   c. It is a good idea in the first month or two of the year to round with the intern. Teach them how to gather information for the notes (i.e., vitals, labs, studies, etc.), show them interesting findings on exam and show them how to write the notes. Do this every day for a week or until the interns feel confident seeing patients on their own.
d. If your intern struggles to get through the patient notes, go over some of the patients and their notes and make concrete suggestions that can help the intern be more efficient.
e. Pre-round with your students and help them formulate their presentations to the attendings since faculty tend to grade students on how well they present.
f. Consider running the patient list with the intern and students three times a day – at the beginning of the day, after attending rounds since the attending always has some suggestions and at end of the day. At the end of the day, consider sitting down, going over what we all did today, what do we need to accomplish tomorrow? What did we do well? What do we need to work on to do better? Make the end of the day get-together a time of support and self reflection.

3. Be available, and make sure your interns know you are available. Show up when needed. Don’t teach over the phone.

4. Plan for mid-rotation informal feedback, and articulate what that feedback will cover. (This feedback session will be something like going to coffee with your intern(s), asking them how things are going, are they accomplishing their stated goals, asking how can we do better, what could I as the resident do differently that will help the team, etc.) Also, you might consider giving your students
feedback mid-block and asking them what they suggest you might do differently in the second half of the block to help their learning.

5. You are responsible for the care of patients on your team. This means that you should have a goal of seeing every patient on your team every day! For the sicker patients, you need to spend time and make sure all bases are covered. For the less sick patients, you can spend less time. You should review all patients’ labs every day.

6. Set aside learning time, apart from attending rounds. Every day, pick something from your patient panel: a physical finding or a feature of a patient’s disease that you can explain more fully. These sessions should last a few minutes to a maximum of 15 – 20 minutes. At the beginning of the year, a good teaching session would be “common calls that an intern will get and how to respond to them.” (This session would also be good at the end of the year for the fourth year students.) Also, you can assign students to look up basic topics and give a five-minute presentation on them the next day.

7. For specialty rotations, like at the beginning of MICU, CCU or oncology rotations, organize a 20 minute orientation with a fellow for the team. Make it a short overview of what is expected and perhaps create handouts of essentials unique to that specialty – adjusting vent settings in MICU, interpretation of swan readings and how to make
management adjustments based on these in the CCU, how to respond to a febrile neutropenic patient in oncology, etc.

8. Consider occasionally bringing coffee for your post-call interns or showing other concrete signs of support. Periodically check in with your intern to see how he/she is managing emotionally. Your encouragement and support will be reassuring and help your interns have a positive attitude.

9. Pay attention to communication and relationships with other patient care team members. You can work at improving a variety of communication, like how to respond to “suggestions” from nursing staff without being confrontational. Listen to nurses and be respectful in talking with them. Work at being assertive and respectful at the same time. Never get to the point of yelling at a nurse or colleague.

10. As a sister team resident, you should help your post call intern. You should be sure that both of your work is done – help your post call intern when she or he needs it - before you leave the hospital on weekends.