



# TEACHING TIPS

## Assessing Medical Students

### THE ONE-MINUTE PAPER

When we finish a class, a clinic, M&M, or some other teaching opportunity, we often don't really know what students have learned. Typically, we wait until the next exam to find out. The one-minute paper is one way for instructors to receive immediate feedback on their teaching effectiveness, and discover how much students really understood and took away from your session.

To carry this out, give students the last few minutes of the class or clinic to write answers to one or two specific questions you create. Collect their answers, and analyze and synthesize the results to discuss the next time you are with them. For understanding, keep the questions general (e.g., What was the most important point in our discussion today?) or make them specific (e.g., Summarize the two ways we can demonstrate professionalism in our clinic). You can learn a lot about your teaching and, especially, whether the students really grasped the points you thought you had driven home. It's a great, easy and quick assessment method of students and of yourself.

*Source: Adapted from B. Magnan, University of Virginia Teaching Resource Center; [http://trc.virginia.edu/Publications/Teaching\\_Concerns/TC\\_Topic/DiscussionLeading.htm](http://trc.virginia.edu/Publications/Teaching_Concerns/TC_Topic/DiscussionLeading.htm)*

### QUESTION YOUR QUESTIONING

What kinds of questions do you ask of the learner? This is an important question. Research demonstrates that using questions to ask learners to problem-solve is one of the best ways to teach clinical reasoning. Questioning forms a basis for interactive learning - the best kind. Questions help the learner organize and clarify concepts, correct misunderstandings, recognize relationships, and synthesize and analyze information.

As a general rule, we need to talk far less and ask more questions.

- Avoid closed end or pimping (i.e., intimidating minutiae) questions.
- Ask open-ended and divergent questions.
- Questions that start with "why," "what more," "how," "describe," "explain" and "what if" will cause the learner to take the next step in thinking through a case.

If you need help in developing this skill, ask one of your learners at the next teaching rounds to keep track of the kinds of questions you ask.

*Source: Schwenk TL, Whitman N. The physician as teacher. Williams and Wilkins, 1987.*

### ADDRESSING THE KNOWLEDGE GAP: DO THEY KNOW WHAT THEY DON'T KNOW?

You have just spent the last fifteen minutes in the clinic watching a medical student interview a patient who is having irregular periods. You notice that the student asked several pertinent questions, yet neglected to ask some important questions that would lead to a definitive diagnosis and plan.

It is tempting to jump in and tell the student what he/she missed, yet you may be getting ahead of the student's thinking and your feedback may be lost. Before you start with your correction and advice, have the student self-assess his/her line of questioning and rationale for the questions. Always ask, "How do you think you did with this patient?" and, "What do you need to work on?" This gives the student a chance to reveal his/her thinking and comfort level while you assess the reasoning and communication skills, purpose and focus. The student will feel validated and you will have the information (and the invitation) you need to shape your feedback and teaching.

### HAVE THE LEARNER PRESENT IN FRONT OF THE PATIENT

If you want to save time and enhance the educational experience in the clinic or at the bedside, have the learner present his or her findings to you in front of the patient, rather than in the hallway. Although this may be a little intimidating to the learner at first, patients prefer this method, as they can hear what is being said about them, they can add to or correct the information and they value the time spent with the physician.

Learners also tend to make more concise presentations in front of the patient. It also gives you an opportunity to role model the skills you want the learner to acquire as you involve patients in the decision-making process. It teaches the learner the usefulness of a skillfully taken history and focused physical exam.

Of course, this approach may not be appropriate for sensitive issues, or in cases where you are assessing the learner's diagnostic skills. In most cases, however, this approach validates the patient's issues and strengthens the learner's data collection and presentation skills.

*Sources: Alguire P, DeWitt D, Pinsky L, Ferenchick G. Teaching in your office. A guide to instructing medical students and residents. Philadelphia: American College of Physicians. 2001: 65-67.*

*Whitman N, Schwenk T. The physician as teacher, 2nd edition. Salt Lake City, Utah: Whitman Associates. 1997: 185-187.*