



TEACHING TIPS

Evaluation

IMPROVE YOUR TEACHING THROUGH REFLECTION: A “BELOW-PAR” EXAMPLE

Research on successful teachers shows that they reflect on their successful teaching interactions as much as the unsuccessful ones to incrementally improve the quality of their teaching.¹ We have learned about the one-minute preceptor who uses a five-step micro skills model of clinical teaching.² This preceptor should also take one minute per day to identify a teaching approach that either worked or was ineffective. As a preceptor, ask yourself two questions: 1) “Why was this approach effective or ineffective?” and 2) “What, if anything, would I do differently next time and why?”³

Golf and teaching have much in common. Like golf, teaching is an acquired skill. To improve your skills, you must have an opportunity to practice, see results, get feedback on your performance and, then, have time to reflect on the experience. Passionate golfers will tell you that they reflect on their performance as much off the course as they do when they are playing. This time for reflection gives your mind an opportunity to relax and to integrate new bits and pieces of information into your skill set as a teacher or golfer. In both cases, do not expect overnight success and learn to accept setbacks. Seeing yourself on videotape, as mentioned in the “Teaching Skills” Teaching Tips, is an ideal method for reflection and one increasingly used by golf teachers. Optimally, they should also videotape themselves teaching!

Reflection will teach you about your teaching skills. Focus on bringing your teaching behaviors in alignment with what we know about good teachers. They are enthusiastic and receptive to learners, actively involve students in technical and problem-solving skills, encourage increased responsibility, and answer questions clearly and willingly.⁴ Take the time to reflect.

Sources: ¹Pinsky L, Monson D, Irby D. *How excellent teachers are made: reflecting on success to improve teaching. Advances in Health Science Education.* 1998; 3:297-315.

²Neber J, Gord K, Meyer B, Stevens N. A five-step “microskills” model of clinical teaching. *Journal of the American Board of Family Practice.* 1992; 5:419-424.

³Ferenchik G, Simpson D, Blackman J, DaRosa D, Dunnington G. *Strategies for efficient and effective teaching in the ambulatory setting. Academic Medicine.* 1997; 72:277-280.

⁴Heidenreich C, Lye P, Simpson D, Lourich M. *The search for effective and efficient ambulatory teaching methods through the literature. Pediatrics.* 2000; 231:237.

RIME WITH REASONS

The R-I-M-E model developed by Pangaro is a proven and reliable way to descriptively evaluate medical students.¹ The technique has been successfully adapted to a clerkship in obstetrics and gynecology.² RIME is a classification measure of a student’s progression from that of a Reporter to Interpreter, to Manager/Educator. Most medical students should be able to demonstrate they can reliably gather the facts on patients and present this information in an organized manner. It is expected that the students will progressively synthesize this

information, learning to connect signs and symptoms with tests, and to develop a differential diagnosis.

The RIME model has particular merit for providing feedback to medical students on their performance. Certainly, all clerkships should customarily give students an opportunity to assess their own performance and to receive feedback from their teachers, notably near the midpoint of the clerkship, such that students know how they are doing, and have the time and specifics for improvement.

The RIME model can also change the teaching culture as we get in the habit of asking questions of medical students that will identify where they are on this learning continuum. Questions that prompt students to think about what they are reporting will encourage them to recognize what is important and to make the learning connections. Students value questioning, especially when we ask their opinion and ask them to formulate a plan. Active questioning will give them the opportunity to demonstrate their knowledge, reasoning and management skills.³ In this manner, the teacher can then help students’ progress up the RIME ladder.

Sources: ¹Pangaro L. *A new vocabulary and other innovations for improving descriptive training evaluations. Acad Med.* 74:1203-7.

²Ogburn T, Espey E. *The R-I-M-E method for evaluation of medical students on an obstetrics and gynecology clerkship. Am J Obstet Gynecol.* 189:666-9, 2003.

³Alguire P, Dewitt D, Pinsky L, Ferenchik G. *Teaching in your office: A guide to instructing medical students and residents.* p.48. Philadelphia: American College of Physicians; 2001.