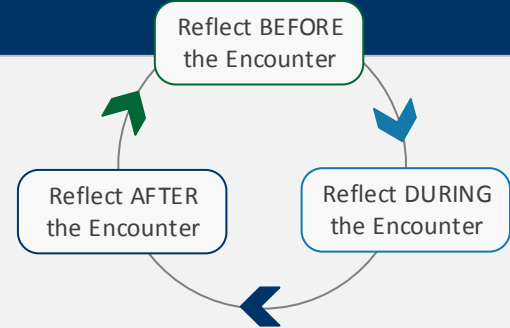


Reflective Teaching Practice

The B-D-A Framework

- Structures the learning experience by engaging the student BEFORE, DURING and AFTER patient encounters or other clinical experiences.
- Communicates that you are mindful that the student is there to learn, not just to “tag along”, and that you have given some thought to how learning can occur.



BEFORE	<ul style="list-style-type: none"> Prepare the student to engage in the clinical experience Identify learning demands Establish student’s relevant knowledge & skills Establish or clarify learning objectives Identify relevant and appropriate resources Reflect on how you can help prepare the student
DURING	<ul style="list-style-type: none"> Observe student interaction with patients and other health care professionals Ask student to be mindful of questions or issues that arise during patient encounters or other clinical experiences Reflect on how you can guide or assist the student during the clinical experience, as necessary
AFTER	<ul style="list-style-type: none"> Invite the student to self-assess performance Encourage and respond to student questions or concerns Provide constructive (formative) feedback Encourage the student to reflect on their goals for future learning Discuss relevant resources to support further learning and improvement



A Structured Approach to Medical Problem-solving

Medical students use this approach in the Clinical Reasoning Course in Years 1 & 2

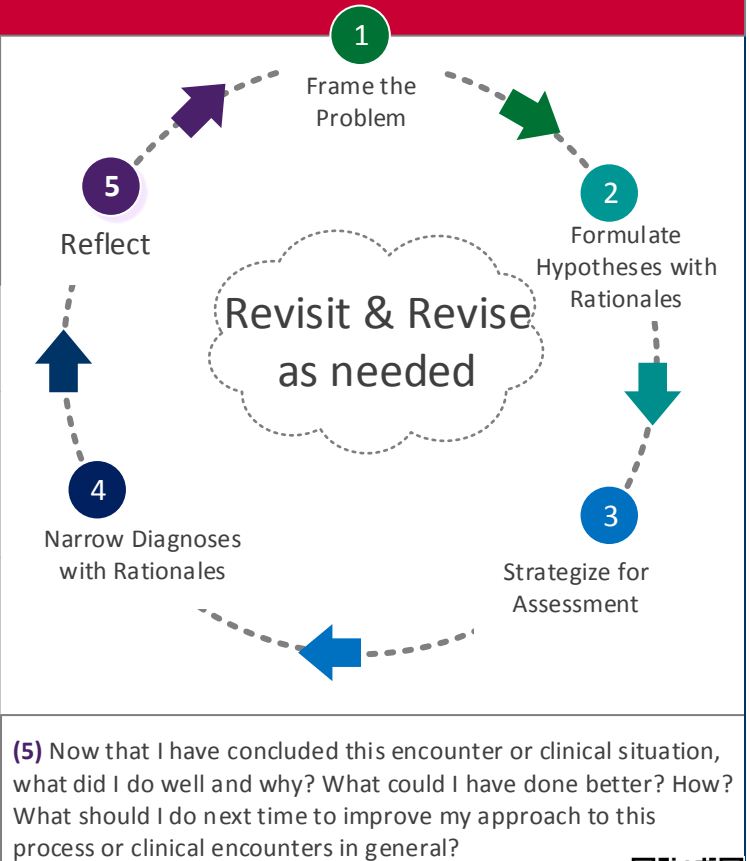
You can ask students to apply or adapt this inquiry approach for guiding their development of differential diagnoses and participation in discussing plans of care.

(1) What problems or questions do I need to address for/with this patient?

(2) Given these problems or questions, what are the possible conditions that could be causing the patient's symptoms? Why would I include these or not?

(3) What do I need to know and how should I go about finding out? Are there other things about the patient's situation I should consider?

(4) Given what I know now, how does this new knowledge help me differentiate from among the possible diagnoses? What can I rule in or rule out? Why or why not? What else do I need to know?



(5) Now that I have concluded this encounter or clinical situation, what did I do well and why? What could I have done better? How? What should I do next time to improve my approach to this process or clinical encounters in general?

