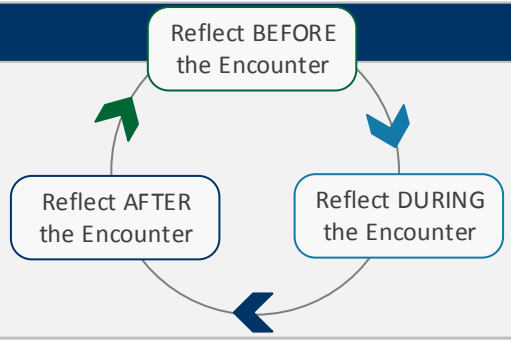
Reflective Teaching Practice

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	• 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	• 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	• 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 •

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Scan and go! →

Resident Development

Residents as Educators Resources

Foster Self-assessment through Post-case Reflection

CASE

- WHAT student learned

  Medical knowledge or scientific concepts learned or appreciated

PROCESS

- HOW student approached case, gathered & applied information
- Comparative analysis of approaches
- Error recognition

PROGRESS

- Recognition or description of progress or challenges in developing skills, behaviors, or attitudes for effective problem solving

SELF-GUIDANCE

- SYNTHESIS of problem-solving skills learned, behaviors improved or errors recognized over time
- SELF-ADVICE for IMPROVING approach to problem-solving

- Medical students are asked to write reflections following every case assignment in the Clinical Reasoning Course.
- Clinicians can build on this practice by asking students to engage in this sort of reflection after engaging in clinical encounters or at the end of a shift or rotation.
- Reflecting on WHAT is learned is the LEAST a student can do.
- Encourage students to reflect on HOW and WHY they do things, and to strive toward self-guidance.

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OMSE Office of Medical Student Education

Residents As Educators

Constructive Feedback Essentials

Evaluation or Feedback?

Evaluation tells the learner how well or poorly they performed.

- Great job!
- Needs improvement.

Feedback tells the learner why you think they did such a great job or need improvement. In other words feedback should always be constructive – helping the learner to achieve goals and learning objectives.

Find more resources for clinical educators online!
FID.medicine.arizona.edu

← Learn more about Feedback Strategies

1) Invite self-assessment as part of a feedback *conversation*.

Engage the learner in a conversation about their development rather than simply telling them how they are doing. To obtain a baseline for providing formative feedback, ask the student to describe what they did well and what they found particularly challenging or would like to improve.

2) Describe relevant, observable behaviors.

Describe *relevant, observable behaviors* to help the learner understand the specific knowledge, skills or attitudes that motivate your feedback.

3) Include corrective *and* complimentary comments.

Learners benefit from knowing what they did well and what they need to improve. Providing a rationale (above) transforms a compliment or correction into constructive (helpful) feedback.

4) Provide strategic guidance.

Discuss resources and opportunities that may support the learner's further development and specifically to address challenges identified in the feedback conversation.

Feedback Example

Constructive Compliment

It's helpful for your when you seek clarification of medical knowledge or procedural issues during case presentations. Today, for example, you asked for clarification of sepsis criteria when presenting on the hypertensive, febrile patient.

Constructive Correction

Your case presentations tend to start with a complete history of the present illness. When we present cases, we begin with a short statement, a one-liner, describing the reason for the emergent visit.

Guidance

All Emergency Medicine residents were given this guide that outlines our case presentation format. It might help you to use this while presenting or review it just before you present. I can give you feedback after you've had a chance to present using the guide. And, please continue to contribute to the discussions among residents and attendings. We often learn by thinking things through together.

Learn more about The UA College of Medicine's Educational Program Objectives →

A Structured Approach to Medical Problem-solving

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

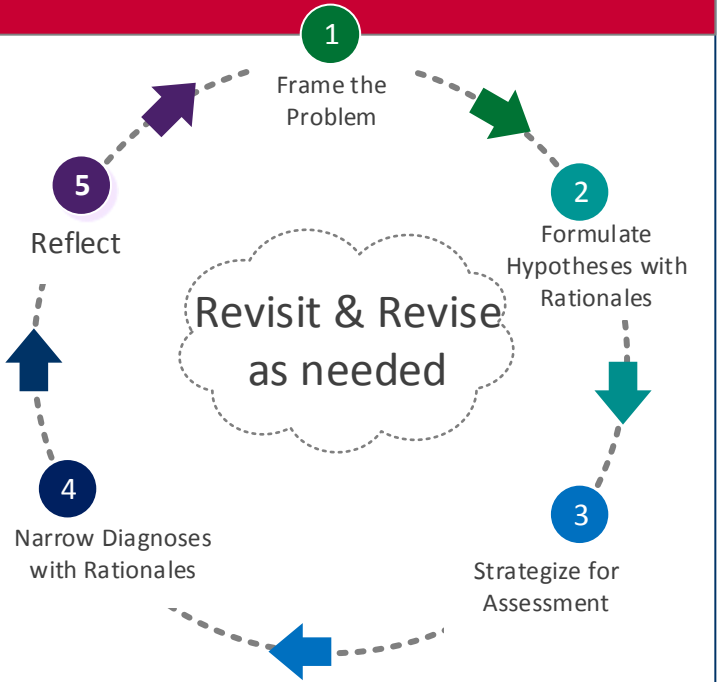
You can ask students to apply this inquiry approach in developing differential diagnoses and participating in discussing plans of care.

(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?

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