



<http://fhs.mcmaster.ca/facdev/pbsg-ed.html>

Time Efficient Teaching Strategies

Teaching on the Fly

Introduction to PBSG-ED Series

This special series of modules is dedicated to enhancing the educational skills of busy clinical teachers. The modules provide continuing education in a case-based format that makes judicious use of the most recent and best education evidence available. Starting from real-life examples of teaching and learning situations, the modules have been designed to promote discussion with colleagues around challenging issues/dilemmas that are likely to arise when working with learners. Their purpose is to foster reflection and provide opportunities to refine skills – preparing the way for selected changes that can improve teaching and learning.

Today's chaotic clinical settings leave little room for teaching and learning. In the outpatient setting, when teaching moments do occur, they typically take place in less than three minutes, usually between patient visits. The challenge is to maximize these brief educational opportunities for learners while providing effective care to patients.

Module objectives:

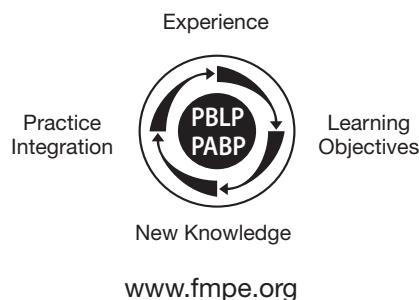
- To address how clinical teachers can simultaneously provide effective educational experiences and quality patient care.
- To provide educationally sound and time-efficient strategies and tools that facilitate and enhance teaching moments.

Note: While this module uses situations involving family medicine residents, the principles of time-efficient teaching strategies are applicable to all learners in health care settings.

Developed in collaboration with:



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Case Example: Dr. W., clinical preceptor for a first-year resident

Dr. W. is an enthusiastic clinical teacher, who welcomes residents to her practice on a regular basis. New residents start in July, which is generally a less heavily booked month in her setting—this allows her to have more time to spend teaching around cases.

This year is different. One of her colleagues has left practice, and Dr. W. has agreed to assume care for many of his patients. The arrival of the new patients coincides with the arrival of a brand new first-year resident, who has just completed medical school. The resident is booked to see patients every 30 minutes, with 30 minutes slotted mid-morning and mid-afternoon for catch-up. Dr. W. is booked every 10 minutes, with break times to coincide with the resident. This has worked out well in the past. However, there are problems this year. The extra load means some patients need to be squeezed in to see Dr. W. The resident is also fully booked with patients.

At the end of the first week, Dr. W. feels frustrated. She has managed to provide care to the patients, and believes that the care is of good quality, but she is not happy with her work as a teacher. Too often, she feels she has simply instructed the resident what to do instead of helping the resident work through the issues, and there has been little opportunity to discuss any of the cases.

- What would be important for Dr. W. to address at this point?
- What strategies might be helpful?

SAMPLE
Not for Use