

Teaching Skills and Methods

Although a variety of teaching methods may be used by individual preceptors, this table includes common ambulatory teaching methods developed from an exhaustive review of the literature (Heidenreich, Lye, Simpson, & Lourich, 2000). The article may be downloaded at <http://pediatrics.aappublications.org/cgi/reprint/105/1/S2/231?ck=nck>

Common Ambulatory Teaching Methods Distilled From the Literature

1. Orienting learner: Assess learner before clinical encounters, orient to the clinical site and preceptor style and expectations.
2. Prioritizing learning needs: Before clerkship/clinic session, assess, prioritize, and tailor learner's experience.
3. Problem-orientated learning: Focus on a theme for clinic day to control variability inherent in office-based practice (eg, well-child visits).
4. Priming: Teacher-directed brief (1–2 minutes) orientation of learner to the patient and task(s) immediately before entering the patient's room.
5. Pattern recognition: The "Aunt Minnie" method emphasizing learner report of chief complaint and presumptive diagnosis rather than detailed case presentation.
6. Teaching in the patient's presence: Learners present findings in front of patient with preceptor "teaching" in response to this presentation.
7. Limiting teaching points: Focus on 1 to 2 key concepts/ principles per teaching interaction.
8. Reflective modeling: Learner observes preceptor actions complimented by preceptor explanations.
9. Questioning: Allows preceptor to assess learner to guide subsequent teaching of higher/lower-order concepts.
10. Feedback: Ongoing provision of information designed to guide learners performance beginning with concrete experience, learner self-assessment, abstraction of experience to general concept, then testing validity of concept (Kolb).
11. Teacher/learner reflection: Connects new elements to existing knowledge for both learner and teacher.

Quoted directly from Heidenreich, C., Lye, P., Simpson, D. & Lourich, M. (2000). Educating Child Health Professionals: The search for effective and efficient ambulatory teaching methods through the literature. Pediatrics, 105 (No. 1 Supplement), 231-237.

These were adapted by Dumas (2000) who developed the following helpful table

Common Ambulatory Teaching Methods	
Assess student's level of clinical competence, discuss preceptor expectations, teaching methods, and introduce student to the clinical site, policies, and personnel.	Limit teaching to 1 or 2 key critical components per student preceptor interaction.
Prior to each clinical session, develop a teaching learning plan that builds on clinical learning objectives.	Allow the student opportunity to observe preceptor behaviors. Provide rationale for selected actions.
Select a concept or problem area for each clinical day that enhances variability in clinical learning (e.g., physical exams of various age groups, consulting, and referrals).	Assess learners' level of knowledge and understanding in order to formulate plan for teaching related concepts.
Direct a briefing (1-2 minutes) of student regarding the patient and tasks to accomplish prior to accompanying the student into the patient's room.	Guide student's clinical development through analyses of specific experiences and student self-assessment
Assist the student recognizing that signs and symptoms occur in patterns and help the student make the link between between assessment data and a hypothesis or working diagnosis.	Support collaborative discussion that guides the student in making critical relationships between prior knowledge and new clinical experiences.
Teach in the patient's presence by having the student present signs and symptoms in front of patient. Utilize "teachable moments" in response to student's presentation.	

Dumas (2000). Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors, & Students. Washington, D.C.: NONPF

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