

# Not long ago I was a Medical Student; now I am teaching them?

**Insights and suggestions for Resident Physicians (Clinical Assistant Instructors) regarding Medical Student Education**

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# Topics

1. **Revelation**
2. **What are we supposed to be teaching?**
3. **Teacher/Student relationship**
4. **Teacher evaluation of Students**
5. **Student evaluation of Teachers**
6. **How to be a better Teacher**
7. **Take-home messages**

# I. Revelation

- **Since graduation from medical or osteopathic school, you have assumed a wide array of titles:**
  - **PGY –(put number year here)**
  - **Intern, Assistant Resident, Senior Resident, Chief Resident**
  - **Clinical Assistant Instructor**
    - **Granted to you by SUNY Upstate Medical University**
    - **Defines you as a resident physician member of the faculty of the College of Medicine**
    - **This is what you actually get paid to do**
- **Resident physicians have the most difficult role in a COM; both as faculty and student at the same time (these roles often conflict)**

## 2. What are we supposed to be teaching?

- **Published guidelines from:**
  - **Undergraduate Medical Education Committee [UMEC] of the Association of Professors of Gynecology & Obstetrics [APGO]**
  - **APGO Medical Student Education Objectives, 9<sup>th</sup> Edition ©2009**
  - **“define a central body of women’s health knowledge, skills and attitudes that are fundamental to the practice of a general physician, and are intended to provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning.”**
  - **Establish educational objectives**

# What are we supposed to be teaching?

- **APGO Medical Student Educational Objectives:**
  - **Educational Objectives:** 17 broad Educational Objectives that form the foundation of curriculum design for a Clerkship rotation and formulating minimal experiences and expectations; divided into 58 Educational Topic Areas
  - **Educational Topic Areas:** used to organize curriculum for teaching & clinical experience to assure exposure in one form or another to 58 Topic Areas
  - **Intended Learning Outcomes:** define expectations for students on our Clerkship.

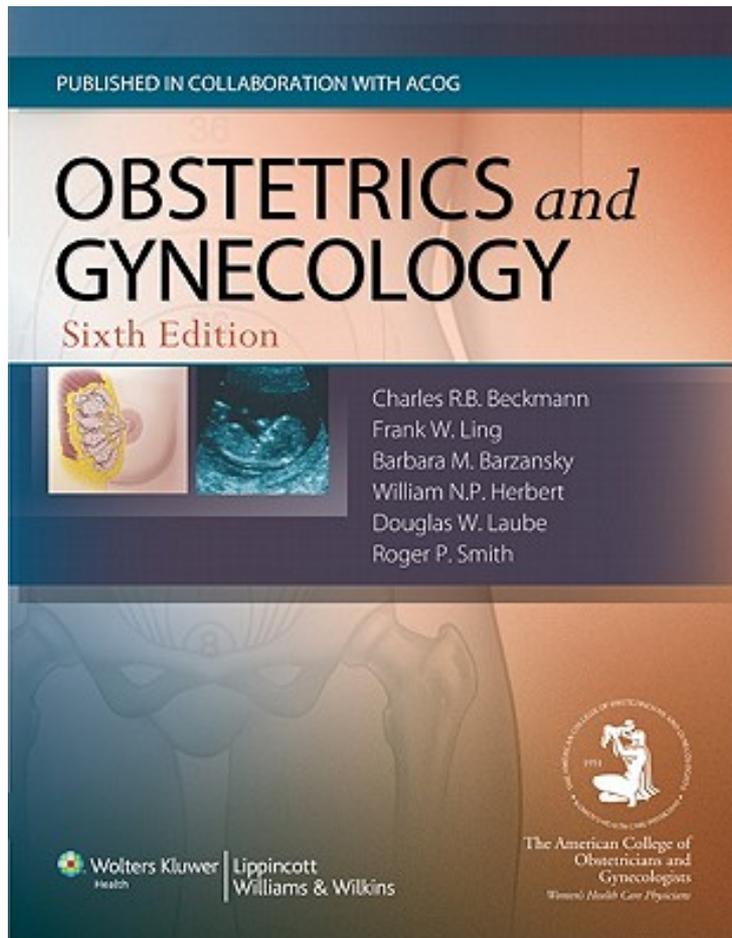
# What are we supposed to be teaching?

- **17 APGO Educational Objectives: by the conclusion of 3<sup>rd</sup> year medical student OB GYN clerkship, the student must:**
  - **Medical interview & physical exam of women; incorporate ethical, social & diversity perspectives**
  - **Prevention strategies throughout their lifespan**
  - **Role as leader & advocate for women**
  - **Pre-conception care (genetics, medical conditions & environmental factors; maternal health & fetal development)**
  - **Normal physiologic changes of pregnancy & interpretation common diagnostic studies**
  - **Common problems in OB**
  - **Intrapartum care**
  - **Postpartum care of mother & newborn**

# What are we supposed to be teaching?

- **17 APGO Educational Objectives: by the conclusion of 3<sup>rd</sup> year medical student OB GYN clerkship, the student must (continued):**
  - **Menstrual cycle physiology, discuss puberty, menopause, explain normal & abnormal bleeding**
  - **Etiology & evaluation infertility**
  - **Contraception, including sterilization & abortion**
  - **Common benign GYN conditions**
  - **Differential diagnosis acute abdomen & chronic pelvic pain**
  - **Common breast conditions; evaluation breast complaints**
  - **Perioperative care & GYN procedures**
  - **GYN malignancy (including risk factors, signs & symptoms and initial evaluation**
  - **Preliminary assessment sexual concerns**

# What are we supposed to be teaching?



- **National Board of Medical Examiners [NBME] gives Part I, II, & III of licensing exam**
- **NBME also gives Shelf exam for OB GYN**
- **NBME partnered with APGO to create OB GYN curriculum**
- **APGO partnered with ACOG to write this textbook**
- **Textbook framework & content matches national OB GYN curriculum**

# What are we supposed to be teaching?

- **UMEC APGO**
  - **Objectives that span the 3<sup>rd</sup> Year OB GYN clerkship and all other clerkships**
  - **Part of a interdisciplinary curriculum to provide competent health care for women**
  - **Medical schools**
  - **Professional & academic medical organizations**
  - **Applicable government agencies (federal, state, county, municipal)**
  - **Public**
  - **These skills should be possessed by every physician regardless of practice focus or specialty**

# What are we supposed to be teaching?

- **History**
- **Physical examination**
- **Diagnosis & management plan**
- **Pharmacology**
- **Preventative care**
- **Environmental exposures**
- **Immunizations**
- **Nutrition**
- **Psychiatric & behavioral problems**
- **Menstrual cycle & abnormalities**
- **Premenstrual syndrome**
- **Menopause**
- **Adolescence**
- **Autoimmune diseases**
- **Cardiovascular diseases**
- **Pulmonary diseases**
- **Neurological diseases**
- **Urinary tract disorders**
- **Gastrointestinal disorders**
- **Breast disease**
- **Vulvar & vaginal disease**
- **Pelvic pain**
- **Gynecologic malignancies**
- **Spontaneous abortion & ectopic pregnancy**
- **Maternal-fetal physiology**
- **Preconception, antepartum and postpartum care**
- **Social history**

# What are we supposed to be teaching?

- **Fitting into the big picture: SUNY Upstate Medical University College of Medicine [COM], Liaison Committee on Medical Education [LCME] and the MS III OB GYN Clerkship**
- **The Medical Program Objectives are based on six competencies**
- **Each Medical Program Objective is broken down into six sub-objectives**
- **Each Clerkship within COM is charged to cover all aspects of these Medical Program Objectives within the structure of the clerkship curriculum**
- **Conscious use of the objectives of UMEC APGO, LCME and COM is our prime directive**

# What are we supposed to be teaching?

- Who was Abraham Flexner?



**Hint: not Flexner**



# What are we supposed to be teaching?



- **Abraham Flexner**
- **1866 – 1959**
- **Prepared report published 1910  
“Medical Education in the United States and Canada”**
- **At the request of the Carnegie Foundation for the Advancement of Teaching**
- **“I want to influence in some measure the life of my times...through education.”**

# **3. Teacher/Student relationship**

- **Responsibility of Teachers**
  - **Treat students with respect and fairness**
  - **Treat students equally regardless of age, gender, race, ethnicity, national origin, religion, disability or sexual orientation**
  - **Provide current information**
  - **Try to use an effective format to teach**
  - **Be on time**
  - **Provide timely feedback with specific constructive suggestions, opportunities for improvement or remediation when necessary**

# Teacher/Student relationship

- **Responsibilities of Students**
  - **Treat other students and teachers with respect and fairness**
  - **Treat all other students and teachers equally regardless of age, gender, race , ethnicity, national origin, religion, disability or sexual orientation**
  - **Commit at least enough time and energy to studies necessary to achieve goals and objectives of the course**
  - **Be on time for didactic, investigational and clinical activities**
  - **Communicate concerns, suggestions about curriculum, didactic methods, teachers, or learning environment in a respectful, professional manner**

# Teacher/Student relationship

- **Inappropriate behavior**
  - **Unwanted physical contact or threat of contact**
  - **Sexual harassment**
  - **Harassment or discrimination based on age, gender, race, ethnicity, national origin, religion, disability or sexual orientation**
  - **Loss of personal civility**
  - **Requests for personal errands unrelated to didactic, investigational or clinical issues at hand**
  - **Grading or evaluation based on factors unrelated to performance, effort, or level of achievement**

# Teacher/Student relationship

- **Teacher concerned regarding a Student:**
  - **Basic Level**: address situation as soon as possible, non-confrontational manner between teacher and student in real-time
  - **Next Level**: address with **Clerkship Director, Division Director, and/or Department Chair**
  - **Higher Level**: (most formal and serious) **Associate or Assistant Dean, Office of Student Affairs** where appropriate action will be assessed including referral to other offices or programs within administration of **COM**

# Teacher/Student relationship

- **Student concerned regarding a Teacher:**
  - **Basic Level**: most effective method to address a situation may be as soon as possible in a non-confrontational way between individuals involved
  - **Offending individuals are often not aware the behavior was offended someone**
  - **“When you said or did (fill in description emotional response). “Please do not do that again”**
  - **Works as well for teacher concerned regarding a student**

# Teacher/Student relationship

- **Student concerned regarding a Teacher (continued):**
  - **Next Level: Senior or Chief Resident, Clerkship Director, Division Director or Department Chair**
  - **Higher Level: Associate Dean or Assistant Dean, administration within the COM**
  - **Meetings can range from informal discussions for advice for how to deal with a situation up to a formal process or complaint as needed**

## **4. Student evaluation of Teachers**

- **Understanding what areas students evaluate teachers can help the teachers be more mindful of how they teach**
- **Teachers that are aware of what is being evaluated can make adjustments to the areas that may be of concern**
- **There are 12 areas students evaluate their teachers during a clerkship rotation**

# Student evaluation of Teachers

- **(1) Teaching skills:**
  - **Poor performance: teacher disorganized, fragmented, explanations unclear, illogical**
  - **Ideal performance: teacher involved, organized, enthusiastic; skill explaining difficult or complex subjects**
- **(2) Expectations:**
  - **Poor performance: teacher not aware of student's educational needs or issues**
  - **Ideal performance: teacher clearly defines student expectations from beginning of experience**

# Student evaluation of Teachers

- **(3) Supportive learning environment:**
  - **Poor performance: uncomfortable learning environment**
  - **Ideal performance: positive and supportive learning environment**
- **(4) Feedback:**
  - **Poor performance: teacher provides no feedback or only non-constructive or non-specific feedback**
  - **Ideal performance: teacher provides constructive feedback in a timely manner**

# Student evaluation of Teachers

- **(5) Availability:**
  - **Poor performance: teacher never available or highly inconvenienced to be available**
  - **Ideal performance: teacher available and approachable; makes an effort to accommodate**
- **(6) Role model for patient care:**
  - **Poor performance: teacher displays insensitivity or lack of understanding patient's needs**
  - **Ideal performance: teacher provides respectful and compassionate care; obvious concern for patient's needs**

# Student evaluation of Teachers

- **(7) Student participation:**
  - **Poor performance: teacher unwilling to have students participate in patient care**
  - **Ideal performance: teacher actively involves students in patient care and decision-making**
- **(8) Professionalism:**
  - **Poor performance: teacher frequently irresponsible, unreliable, often late**
  - **Ideal performance: teacher is responsible, reliable, cooperative, respectful, on time, provides leadership**

# Student evaluation of Teachers

- **(9) Interaction:**
  - **Poor performance: teacher does not interact well with patients, students, residents, staff, and/or colleagues**
  - **Ideal performance: teacher consistently caring, respectful, empathetic to all members of team**
- **(10) Cultural sensitivity:**
  - **Poor performance: teacher does not recognize or respect cultural, gender or socioeconomic differences; stereotypes, ridicules differences**
  - **Ideal performance: teacher consistently recognizes and respects cultural, gender and socioeconomic differences among patients, students and colleagues**

# Student evaluation of Teachers

- **(11) Overall effectiveness:**
  - **Poor performance: when a student hopes to never have to work with a teacher again ever**
  - **Ideal performance: when a student would enthusiastically work with a teacher again and recommends the teacher to other students**
- **(12) Mistreatment:**
  - **When a student has reported that he or she has personally been mistreated by a teacher**
  - **Refer to addressing concerns on basic, next and higher levels**

# 5. Teacher evaluation of Students

- **How do we comment and grade a clinical learning experience with a student?**
- **What specific areas are we asked to comment and grade and why?**
- **The Accreditation Council on Graduate Medical Education [ACGME]**
  - **Established six medical competencies**
  - **Measurable goals or outcomes**
  - **Universal language for all teachers in all departments across the United States as a whole**
  - **Document competence in a number of areas beyond medical knowledge or technical skill**

# Teacher evaluation of Students

**INDIVIDUAL FACULTY/ RESIDENT EVALUATION OF STUDENT COMPETENCIES**  
**OUTPATIENT**

Student's Name \_\_\_\_\_ Dates Covered By Report \_\_\_\_\_  
 Clerkship \_\_\_\_\_ Faculty Member or Resident Completing Form \_\_\_\_\_

|  | 0   | 5  | 1   | 1.5   | 2 |
|--|---|--|---|---|---|
| <b>HISTORY TAKING</b><br>( ) 3. Has difficulty obtaining pertinent information. Interview disorganized or incomplete. Fails to recognize or pursue obvious problems.   | ( ) 4. History with significant omissions or excessive unrelated detail. Often poorly focused (May "miss the forest for the trees").  | ( ) 3. Adequate history taking skills; appropriate, usually logical, satisfactory. May omit and/or pursue irrelevant information. Identifies most problems.                          | ( ) 2. Good history taking skills; appropriate, logical, and address major problems.  | ( ) 1. Excellent history taking skills; thorough, yet efficient and well focused (e.g. skilled with challenging histories such as multiple medical or complex psychosocial problems). |   |
| <b>PHYSICAL &amp; MENTAL STATUS EXAMINATION</b><br>( ) 3. Inadequate exam; major deficiencies in technique. Often fails to recognize findings. May disregard patient comfort.  | ( ) 4. Frequently faulty technique. Exams often incomplete, disorganized or requires unreasonable time to complete. Often misses or misinterprets findings.                             | ( ) 3. Satisfactory technical skills. Usually shows regard for patient comfort (Could improve thoroughness and/or efficiency. Sometimes misses or misinterprets findings).           | ( ) 2. Good technical skills. Accurately detects most findings. Shows regard for patient comfort.                           | ( ) 1. Thorough, detailed accurate and efficient exam. Careful attention to areas relating to problems identified in history. Shows high regard for patient comfort.                  |   |
| <b>RECORD KEEPING (WRITE-UPS AND PROGRESS NOTES)</b><br>( ) 3. Inadequate write-ups (May be late, disorganized, use unacceptable format or abbreviations illegible, illogical assessment or plans).                            | ( ) 4. Some omissions and inaccuracies in records. Occasionally lacks ability to organize information or analyze new data.  | ( ) 3. Adequate records. Attempts analyze problems. Documents diagnostic and therapeutic plan.   | ( ) 2. Very good records. Rationale behind diagnosis and therapeutic plans well documented.                                 | ( ) 1. Excellent records relative to clerkship expectations (e.g. timely, accurate, uses problems lists / flow sheets, analysis of diagnoses or Rx, references).                      |   |
| <b>ORAL PRESENTATIONS</b><br>( ) 3. Frequently unclear and lacking basic structure. Has difficulty providing a coherent report. Omits key information and/or includes extraneous information.                                  | ( ) 4. Presentations incomplete, disorganized or unclear. Syntheses and rationales lacking or inadequate (often includes irrelevant information or may be overly dependent on prompts). | ( ) 3. Presentation complete (may be excessive or lacking in focus. Needs to work on brevity, synthesis or rationale).   | ( ) 2. Very good presentation. Well organized and complete. May need improved focus or more appropriate detail.             | ( ) 1. Excellent presentation. Clear, concise and focused. Use of written prompts as a minimum.   |   |
| <b>FUND OF KNOWLEDGE &amp; UNDERSTANDING OF DISEASE MECHANISMS</b><br>( ) 3. Inadequate knowledge base or understanding of disease mechanisms.   | ( ) 4. Knowledge base below average; may have significant gaps.   | ( ) 3. Adequate overall knowledge base. May seek new information.  | ( ) 2. Very good fund of knowledge and understanding of disease mechanisms. Seeks new information and attempts to apply it. | ( ) 1. Excellent fund of knowledge and understanding of disease mechanisms. Seeks and critically appraises new information.   |   |
| <b>PROBLEM SOLVING AND CLINICAL APPLICATION</b><br>( ) 3. Frequently unable to identify problems. Thinking process often illogical, rarely integrates data. Often fails to consider alternative explanations for findings.     | ( ) 4. Identification of problems sometimes incomplete or inaccurate. May show illogical thinking and/or inconsistent integration of data.  | ( ) 3. Able to develop a basic differential for common problems. Satisfactory integration of pathophysiology and clinical data. Can outline basic diagnostic prompting or direction. | ( ) 2. Good integration of history, physical/mental exam, and lab/study data in identifying and solving clinical problems.  | ( ) 1. Excellent analysis and synthesis of clinical data. Ability to develop differential diagnosis and rationale for diagnostic or therapeutic plans exceeds expectations.           |   |
| <b>RELATIONSHIPS WITH PATIENTS</b><br>( ) 3. May appear insensitive to patients' family's feelings, needs, or wishes. May lack empathy, compassion or flexibility. Inappropriate behavior or communication w/ patient/ Family. | ( ) 4. May have difficulty establishing rapport, communicating or interacting with patients.  | ( ) 3. Able to develop satisfactory rapport with most patients/ families (May avoid difficult or sensitive issues).  | ( ) 2. Good communication skills. Relates well to most patients and family. Sensitive to psychosocial aspects of care.      | ( ) 1. Excellent communication skills, able to put patients and family members in care. Deals well with sensitive issues. Relates well with difficult patients.                       |   |

# Teacher evaluation of Students

- **ACGME six medical competencies:**
  1. Patient care [PC]
  2. Medical knowledge [MK]
  3. Practice-based learning & improvement [LI]
  4. Interpersonal & communication skills [CS]
  5. Professionalism [PR]
  6. System-based practice and population health [PH]
- **These 6 items are incorporated into the Individual Faculty/Resident Evaluation of Student Competencies form used for each student, all clerkship rotations, both campus sites of COM**

# Teacher evaluation of Students

- **(I) Patient care:**
  - **Use information technology to support patient education and decision-making**
  - **Perform appropriate medical and surgical procedures within the scope of OB GYN medical student practice**
  - **Provide additional care with the goal of prevention & health maintenance**
  - **Demonstrate ability to work effectively within the team providing coordinated & disciplined care**

# Teacher evaluation of Students

- **(I) Patient care (continued):**
  - **Communicate effectively; demonstrate caring respectful behaviors with patient and family**
  - **Gather accurate essential information**
  - **Make informed decisions regarding diagnostic and therapeutic interventions; take into account patient preferences, recent evidence, clinical judgment**
  - **Develop and carry out management plans**
  - **Develop skills communicating with patient and family**

# Teacher evaluation of Students

- **(2)Medical knowledge:**
  - **Demonstrate investigatory and analytical thinking in approach to clinical issues as they arise**
  - **Understand how the basic and clinical sciences appropriate for OB GYN practice apply in OB GYN practice**

# Teacher evaluation of Students

- **(3) Practice-based learning & improvement:**
  - **Analyze experience and perform practice-based improvement using systematic methodology**
  - **Locate, appraise & assimilate evidence from literature related to the patient's health problem**
  - **Obtain & use information about patient population & general population**
  - **Apply knowledge regarding study design & statistics to evaluate evidence-based literature**
  - **Use information technology to support education**
  - **Facilitate learning for other students and colleagues**

# Teacher evaluation of Students

- **(4) Interpersonal & communication skills:**
  - **Create and sustain a therapeutic & ethically sound relationship with patient and family**
  - **Develop effective listening skills; be able to obtain & provide information using non-verbal, explanatory, questioning and writing skills**
  - **Work effectively with others as a member or a leader of the health care team**

# Teacher evaluation of Students

- **(5) Professionalism:**
  - **Demonstrate respect, compassion & integrity; demonstrate responsiveness to needs of patients, society that supersedes self-interest, demonstrates accountability to patients, society & profession; commitment to excellence & ongoing professional development**
  - **Demonstrate commitment to ethical principles pertaining to providing or withholding care, confidentiality, informed consent, business practice**
  - **Demonstrate sensitivity & responsiveness to cultural, age, gender & disabilities**

# Teacher evaluation of Students

- **(6) Systems-based practice:**
  - **Understand how an individual's practice might affect other practitioners, the health care organization & society at large and how the larger system impacts locally and with individual**
  - **Know how different types of medical practice differ from each other, including measures to control cost**
  - **Practice cost-effective health care & distribution of limited resources that limits impact on quality of care**
  - **Advocate for quality care; assist patients with system complexity**
  - **Know how to partner with health care managers & other providers to assess, coordinate & improve outcomes, system performance**

# Teacher evaluation of Students

- **Individual competencies on the SUNY Upstate COM form include:**
  - **History taking**
  - **Physical & mental status examination**
  - **Record keeping (write-ups & progress notes)**
  - **Oral presentations**
  - **Fund of knowledge & understanding of disease mechanisms**
  - **Problem solving & clinical application**
  - **Relationships with patients**

# Teacher evaluation of Students

- **Individual competencies on the SUNY Upstate COM form include:**
  - **Professional relationships**
  - **Attitudes & behaviors**
  - **Additional information/comments unique to the individual student**
  - **Overall clinical performance**

# Teacher evaluation of Students

- **Grading performance**
  - **Five items on the scale SUNY COM**
  - **Numerical scale runs from 1 – 5**
  - **Each item and an overall score is recorded out of possible total 50 points**
    - 1 = does not meet expectations (failure)**
    - 2 = below average (poor)**
    - 3 = clearly meets expectations (passing; but just passing)**
    - 4 = clearly meets expectations, excels in a few areas (High Pass eligible)**
    - 5 = excellent, top performance, excels frequently (Honors eligible)**

# Teacher evaluation of Students

- **Individual Faculty/Resident Evaluation of Student Competencies form: hints for filling out**
  - **Try to be as generous as the criteria & your judgment will allow**
  - **Remember not so long ago you were a medical student**
  - **Do not bring in irrelevant issues to the grading**
  - **Make comments match the numbers: many times forms give mediocre scores and the student is described as excellent or visa versa**

# Teacher evaluation of Students

- **Individual Faculty/Resident Evaluation of Student Competencies form: hints for filling out**
  - Remember to evaluate at the level of the learner
  - Be specific: “does not read enough” is almost useless; define what topic area(s) seemed weak to focus reading “needs to read more about...”
  - Remember that these forms are essential; we use them for mid-clerkship evaluations and final grades extensively (45% of final grade for each student is based on clinical applications performance)

# 6. How to be a better Teacher

- **Recognize that 45% (the major portion) of the student's final grade is determined by clinical experience and your evaluation**
- **Be friendly (if it is a horrible day; fake it)**
- **Incorporate students into the ebb-and-flow of the work day**
- **Make a point to invite them to see specific patients and accomplish specific tasks**
- **Introduce yourself; introduce student to patient, attending and/or other providers**
- **Have them interact with the patient along with you (history taking, specific areas of physical as appropriate)**
- **Advocate for student to do some tasks in OR, on floor or in office and supervise**
- **Have students write or enter notes, orders as often as possible**

# How to be a better Teacher

- **Perioperative care (OB or GYN):**
  - **Introduce student to patient, surgeon and staff**
  - **Briefly go over the indications and pertinent history leading up to the surgery**
  - **While waiting or scrubbing discuss the indications, pertinent history, physical findings, treatment plan and options in greater depth**
  - **During surgery go over anatomy, pathology and surgical technique including alternatives**
  - **After surgery, have student complete brief op note, orders with supervision**
  - **Discuss post-procedure management & plan**

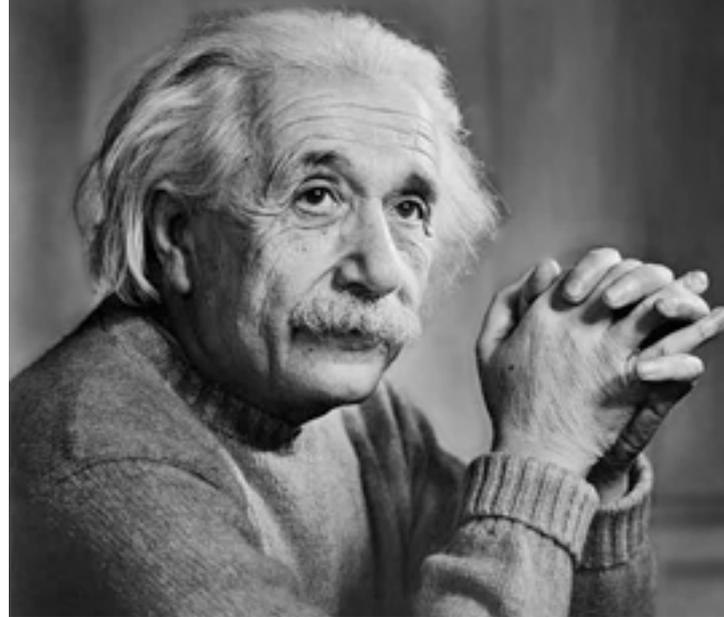
# How to be a better Teacher

- **Develop a series of short talks on common topics that you can lead a discussion with a student or students when service allows:**
  - **Start simple**
  - **Help you to be better prepared for rounds and Friday statistics**
  - **Help you to be better prepared for CREOG and ABOG exams (written and oral)**
  - **Gives you better insight into the students and gives the students a better impression of you**

# How to be a better Teacher

If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein

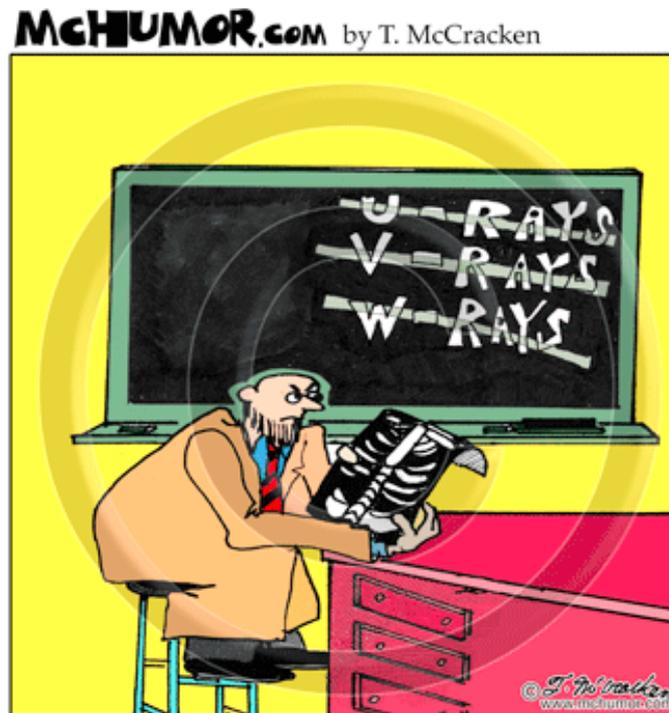


# How to be a better Teacher

- **Preparing didactic lecture presentations:**
  - **Goals for preparing a presentation**
  - **Understand your audience**
  - **Clarify your message**
  - **Know your time limits**
  - **Know yourself**
  - **Become comfortable with the AV equipment**
  - **Create better slides**

# How to be a better teacher

- **Who is Robert Gaskins?**



Roentgen tries to figure out what he's discovered.

# How to be a better teacher

- **Robert Gaskins**
- **Microsoft PowerPoint**
- **May 22, 1990**
- **“Death by PowerPoint”**
- **“PowerPoint Hell”**
- **State of boredom and fatigue induced by information overload during presentations**



# How to be a better Teacher

- **Goals of the presentation**
  - Identify and clearly communicate main message (take-home points)
  - Engage audience; dazzle with your interest
  - Project a level of expertise
- **Understand audience**
  - Present at a level appropriate for audience
  - Appropriate background to generate interest
  - Highlight one or two areas of controversy or investigation to foster future interest

# How to be a better Teacher

- **Clarify your message (first few slides)**
  - **State the major message of your presentation**
  - **Identify the key learning points**
- **Know time limits**
  - **One slide per minute of talk time**
  - **Reserve 10 – 15 minutes question time at end of hour presentation**

# How to be a better Teacher

- **Know yourself**
  - **Understand your quirks, limitations & habits**
  - **Practice presentation with a friendly audience**
  - **Practice out loud three times before giving presentation**
- **Become familiar with equipment**
  - **USB flash or thumb drive versus e-mail**
  - **Control buttons and devices**
  - **LASER pointer: you are not a Jedi knight and it cannot be set for stun or obliterate**

# How to be a better Teacher

- **Better slides**
  - **One side per minute of actual speaking**
  - **Avoid overcrowded, wordy or busy slides**
  - **Make sure there is a flow of ideas**
- **Title slide**
- **Summary major or take-home message or messages in next few slides**
- **Summary major background information**
- **Summary important details**
- **Concluding slides**
- **Last slide (how to contact you)**

# How to be a better Teacher

- **Do not simply read slides verbatim**
- **Avoid paragraphs on slides; use bullet points**
- **Text large enough to read; font usually  $\geq 20$  point**
- **Assure well-placed clear spaces**
- **Each slide should present a small, digestible snippet of information**
- **Summarize slides; emphasize main points**
- **Use graphics, pictures or tables efficiently; don't overwhelm the major points**

# 7. Take-home messages

- **Clinical Assistant Instructor = paycheck**
- **Remember the residents and attendings that you thought were great when you were a student and try to do what they did that was effective**
- **Remember the residents and attendings that you thought were terrible when you were a student and try to **NOT** do what they did**
- **If you are in a bad mood, fake a good one**
- **The students are evaluating you; try to imagine how you look in their eyes**
- **Try to be as generous and fair doing student evaluations as you can**

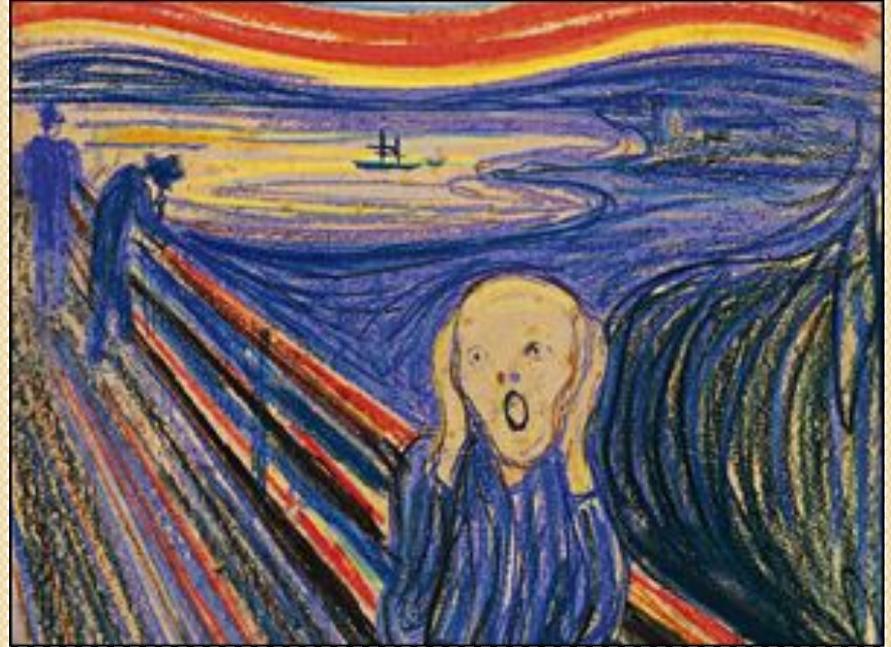
# Take-home messages

- **Do not bring unrelated issues into the evaluation process**
- **Write comments that are specific and useful to the student & Clerkship**
- **Write comments that correlate with numeric scoring**
- **Do not ask students to do non-educational or non-clinical chores**
- **Bringing students into the day-to-day clinical work requires practice; take every opportunity to incorporate students into what you are doing (“practice out loud”)**
- **Prepare quick talks on common topics**
- **Never assume that a student that is going into something other than OB-GYN is not interested in OB-GYN**

**When you feel like this...**



**Don't do this...**



**Questions?**