# Dimensions of Clinical Teaching

**Video Transcript**

Defining an excellent Instructors. Students view your skills through a different lens. They expect as faculty, that we provide efficient and effective patient care, and we have multiple expectations from many stakeholders within the institution.

So how do students define it? Students define excellent clinical instructors as one who exhibits professional competence, knowledge, feedback, clear communication of expectations and adjusts to the needs of students and also to help facilitate solutions to problems. How do students define it? Assist in becoming part of the clinical environment. A non-judgmental approach, respect, enthusiasm, fairness and being a positive role model.

The Competence Matrix. As faculty we must realize that students start their dental education with little or no experience. The learner starts the learning process as the unconscious, incompetent learner, as stated on the next slide. It is our goal as faculty to graduate them as minimally competent with the goal that with further clinical practice they then become competent with the end goal of being an expert. Here is a picture of the Competence Matrix. And as they come to us, they are what we call in the first box, Unconscious Incompetent, and then they rise up to be Conscious Incompetent, and by the time they graduate we want them at least to be Conscious Competent. And then as they progress through their clinical practice, they become Unconscious Competent.

Benner Stages of Clinical Competence. This - Dr. Benner introduced this concept in nursing, and that experts develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. And here are Benner Stages of Clinical Competence, starting with the novice, proceeding to advanced beginner to being competent, proficient and finally being the expert. Stage One Novice – beginners, because they have no experience with the situation in which they are expected to perform must depend on rules to guide their actions. No rule can tell novices which tasks are most relevant in real-life situations. The novice will usually ask to be shown or told what to do. An example – a student is seeing their first patient. He or she needs faculty guidance on sequencing the process of care.

Stage Two is the advanced beginner. An advanced beginner is one who has coped with enough real situations to know – or to have them pointed out by a mentor. The recurrent and meaningful aspects of situations – an advanced beginner needs help in setting priorities, since he or she operates on general guidelines and is only beginning to perceive recurrent meaningful patterns. The advanced beginner cannot reliably sort out what is most important in complex situations and will need help to prioritize. An example – a student learning how to create a treatment plan. Faculty need to discuss and facilitate which procedures are priority in relation to the patients' needs.

Stage Three. Typically the competent professional has been in practice for two or three years. This person can rely on long-range goals and plans, determining which aspects of a situation are important and which can be ignored. The competent professional lacks the speed and flexibility of someone who has reached the proficient

level, but competence is characterized by a feeling of mastery and the ability to cope with and manage contingencies of practice. An example? A recent graduate working in clinical practice – this is the time that they or he or she work on their time management and hone their mastery of clinical practice.

Stage Four, the proficient. This is someone who receives a situation as a whole rather than in terms of its parts. With holistic understanding, decision-making is less labored, since the professional has a perspective on which of the many attributes and aspects presents are the important ones. The proficient performer considers fewer options and hones in on the accurate region of the problem. For example, a clinician reviewing a medical history and being able to assess the entire medical history for any future issues in treatment planning.

Stage Five, the expert. The expert is someone who relies on analytical rule to connect an understanding of the situation to appropriate action. With an extensive background of experience, the expert has an intuitive grasp of the situation and focuses in on the accurate region of the problem without wasteful consideration of a large range of unfruitful possibilities. So, example – a clinician who knows which specific procedures will work for the diagnosis by drawing upon their years of experience.

Clinical Teaching: Thinking On Your Feet. Remember, each clinical teaching session is unique. Faculty need to think on their feet to adapt to various clinical scenarios by teaching the students the following. One, creating an atmosphere of confidence for students. Two, having students accept responsibility for their action. Three, discuss how to be team players and four, developing critical thinking within and about one's work. Institutional Expectations. As clinical faculty, you must know the mission, philosophy, values, academic culture and curricula. Institutional Expectations. Compare your approach to the following. What are your beliefs, your practices related to teaching and learning? Your approach to professional practice? Review and know the missions and values of the institution and review and know the clinic and student handbooks.

What are academic institutions looking for in clinical faculty? Well, they want to make sure that clinical faculty are self-directed, clinically knowledgeable, excellent in communication skills, are team players, demonstrate leadership qualities, are compassionate, strong role models, have good societal obligations, uphold academic and practice standards and have sound ethical and moral judgment. Professional Development. So faculty need to be proactive in finding or developing opportunities for faculty development workshop. Have a mentor. Talk with your mentor. Have your mentor or someone in the institution do a peer review. Create a blog to facilitate learning strategies and use the discussion board within the institution's learning management system to have clinical conversation among your colleagues.

Evaluation/Student Evaluations. How and when are you evaluated? You should know, will the course director visit you to see how you are doing? Have you seen and reviewed the evaluation instrument? And do some self-evaluations. Who is responsible for reviewing your evaluation? Is it the course director, the department chair? And how does your evaluation affect your contract? Peer Feedback. Make sure you choose two trusted colleagues to examine your teaching skills. Listen openly to any feedback. Assess areas that you need further development and talk with your mentor and department chair for further advice on improving your teaching. Peer review is a process of having one done as you start teaching. Review the feedback. Remember, teaching is always a continual process of refinement, and seek professional development workshops to enhance your clinical teaching skills.

Mastering the Role Beyond the Clinic. Remember you should have effective and clear communication, have good organizational skills, be flexible. Be proficient with your teaching skills and have the ability to provide constructive criticism. Comfort Level in Being a Role Model. Make sure that you're caring, understanding and have empathy for your students and patient. Have a non-judgmental approach. Be culturally competent. Appreciate the diversity and ability to fit well into a clinical setting. And above all, you must have patience. Your Power as a Role

Model. Students makes sure that – they look to you as being a professional, that you are on center stage. Make sure you observe your dialogue and let them watch you complete a procedure. And most importantly, be careful not to exhibit any inappropriate behavior.

Translating My Expertise Into Teaching. So shadow experience – being paired with a beginning faculty, with a seasoned faculty is one way to start. And finding the balance, meaning not to overwhelm the learner in the first place. Know the established learning objectives. And we have a type of reality shock when we transition into these roles. So this is when the expert now has to teach the novice. This can be very challenging. So the expert must understand that it takes time for the learner to grasp the topic, and to have patience. It's also important to know the curriculum. So understand the curriculum, know where the students are in the process, take time to review the curriculum, connect the dots from classroom to clinic and be cognizant of what they don't yet know. And most importantly, don't jump ahead of their development.

Matching Your Experience. Be familiar with what is being taught in the curriculum. Ask the course directors what is being taught that week and reinforce those concepts during the clinical session. Translation of Knowledge – and you want to make sure you reflect on your clinical experiences. Integration of Student Learning. Make sure to review the course syllabi and the calendar. Have pre and post conferences with your students. And you can even try to do some ground rounds with them. Some questions that you may want to ask them is, "What did you discuss in the class this week? Do you have any questions about the topic?" And discuss course-related case studies. And above all, promote cross-fertilization between classroom and clinic.

Simulation is another way of enhancing your teaching. It helps develop critical thinking and decision-making skills. It helps refine psychomotor skills. And most importantly it provides and educational scaffolding for the learner by being a safe environment, clarifying misconceptions and assisting in faculty calibration. Think about having a pre-conference. Evaluate students' preparedness. Identify student priorities. Assist students in reviewing the data. Forecast the situation. Evaluate the students' ability to articulate the health record. Explore the students' stress and anxiety. Facilitate group learning and discussion. Address students questions and provide constructive criticism.

During the clinic session, evaluate the clinical performance. Coach and support and supervise mastery of skills and procedures. Provide experiences that both observation and direct patient care. Role model as a team member. Focus on professional behavior and analyze the students' ability to connect classroom teaching to clinical application. Assess patient education, observe communication interactions, and most importantly, document your students' performance. Provide constructive feedback and seek out additional learning activities. And at the post-conference, discuss the highlights of each student's clinical session, encouraging sharing a positive or negative experiences, explore relevant case studies, tying classroom and clinical content. Examine and discuss topics relevant to that patient population. Role play encounters of concern to students. Integrate evidence-based decision-making, discuss expectations and provide constructive criticism.

And as a recap, remember, to have professional competence is what students are looking for – that you're knowledgeable, that you provide constructive feedback, you have clear communications of expectations, adjust to the needs of the students, facilitate solutions to problems and assist in becoming part of the clinical environment. Being a non-judgmental faculty. Have respect, enthusiasm, fairness, role modeling and patience.