

How to Effectively Teach the Next Generation of Healthcare Professionals

By [Allison Clark](#) - February 7, 2017

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Do you remember walking into your first clinical internship? You may have been nervous or excited, over-confident or completely clueless. So much of the experience of your internships depended on the clinical instructor.

We may not all be natural teachers but because most of us teach at some point in our careers, it is important to consider how to do the best job and make the most positive experience for your students.

Let's first review some ideas about clinical education.

Is there a right way or wrong way to teach?

Some teaching models are different, depending on your specialty and the program. A systematic review examined multiple models of clinical education to see if 1 on 1 teaching was better than having multiple students or educators or even students taking the role of educators (Lekkas 2007). While each method had its own strengths and weaknesses, interestingly, they found that there was no solid evidence to indicate any one method being better than another.

A helpful tool is knowing the student's learning style. You can use a questionnaire to determine which one (or more) the student best responds to: visual, auditory, reading/writing, or kinesthetic. A study of medical students found that most students actually prefer more than one way of learning (Lujan 2006). They note that having this information can do a few things: 1) help tailor your teaching to the student's preference 2) treat student's as individuals and 3) challenge us to teach in a different style.

Another study surveyed medical students to see what they want from a clinical experience (Schultz 2004). Included high on this list: having a variety of patients and lots of them, being taught by enthusiastic preceptors, getting feedback, and being able to discuss reasoning from their supervisors. It was also clear that as students progressed in their training, they needed less direct teaching. (Schultz 2004)

Summary: It is ideal to tailor your teaching to each student, but also expose them to a variety of methods, instructors, and experiences.

What are some key things I should do?

Set expectations on day one. This is a two-way conversation. What are your expectations of this student in regards to productivity, professionalism, and clinical care throughout their time with you? What does your student need from you?

Give feedback. Giving feedback can be an awkward experience, but it is more awkward if you wait to give it all at the midterm or final. You want to give your student an opportunity to change his or her behavior or skills. One of the best ways to start the conversation is having the student first do a self-evaluation, and then you can add on your perspective.

Get feedback. This can be uncomfortable too, but again, it's worth it to improve the experience for both of you. Perhaps your students feel ready to be more independent but feel like you are crowding them. Or perhaps they want more communication from you on a regular basis. Whatever it may be, having that conversation will allow you to be on the same page.

Find the balance between facilitating independence and also providing support. I alluded to that on the previous point, and this can be a challenging one in teaching facilities, with families hovering, and students (or instructors) being nervous. It is important for students to feel independent, especially as they near their completion of their clinical education. Start simple and work toward complex patients while distancing your level of supervision. For more challenging patients, take a few minutes ahead of time to prepare with the student, but during the evaluation or treatment, try to stay back. Don't be quick to give the answers, either, and encourage the student to use his own resources and clinical reasoning to find the answers for himself.

Remember to teach not just clinical skills, but professional skills too!

Students are figuring out not just how to be a (insert specialty) but also how to manage all the other things that go along with the job. Communication, professionalism, integrity, ethics, continued learning, cultural sensitivity, and more are all part of healthcare. You are not doing your student any favors if you only allow her to practice purely clinical skills. Model the behavior, have the student practice, and talk about strategies if there isn't an opportunity for practice.

Remember, students will soon be your colleagues. You want to maximize their opportunity to become independent and competent practitioners, and practitioners you would like to work with!

References:

Lekkas, P et al. (2007). No model of clinical education for physiotherapy students is superior to another: a systematic review. *Australian Journal of Physiotherapy*, 53 (1) 19-28.

Lujan, HL, DiCarlo SE. (2006). First-year medical students prefer multiple learning styles. *Advances in Physiology Education*, 30(1) 13-16.

Schultz KW et al. (2004). Medical Students' and Residents' preferred site characteristics and preceptor behaviours for learning in the ambulatory setting: a cross-sectional survey. *BMC Medical Education*, 4(1).

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