For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Jamee Lucas, MD; Patricia Wilson-Witherspoon, MD; and Elizabeth Baxley, MD, present a unique mnemonic to assist us with approaches to clinical teaching. All the authors are faculty at the University of South Carolina Department of Family and Preventive Medicine.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to Paul Paulman, MD, University of Nebraska Medical Center, Department of Family Medicine, 983075 Nebraska Medical Center, Omaha, NE 68198-3075. 402-559-6818. Fax: 402-559-6501. ppaulman@unmc.edu. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Walking the Balance BEAM: The Art and Science of Becoming a Successful Clinical Teacher

Jamee Lucas, MD; Patricia Wilson-Witherspoon, MD; Elizabeth G. Baxley, MD

Teaching in the clinical setting can be an exciting, invigorating, and fulfilling experience. At the same time, it can also be difficult, overwhelming, and exhausting. We believe that these contradictions reflect the challenge of clinical teaching. As is true in most of life, success depends on one's ability to find balance—balance to address the needs of all involved—the learner, the patient, and the teacher. Often, in a teaching encounter, we are so focused on imparting data and ensuring that information is acquired that we forget to use the basic principles of adult teaching that promote true learning. Some of the things we know that influence learning include enthusiasm (on the part of both teacher and learner), learning climate, teaching and learning style, and the use of effective feedback.

We have come to think of our role as clinical teachers as similar to that of the gymnast walking on a balance beam. When used in the clinical setting, this mnemonic BEAM helps remind us how to maintain the right equilibrium between simply providing the answers for our learners and working to create a dynamic educational environment for everyone involved—our learners, our patients, and ourselves.

B—Be fully present to the encounter. Gymnasts must maintain intense concentration to always know how the beam feels under their feet. As clinicians, many of us naturally multitask—so much so that the present moment often suffers from lack of our attention. It is easy to drift into thoughts of other tasks that need our attention while students are presenting their findings or patients are telling us their stories. When we allow ourselves to lose focus, not only do we miss an opportunity to correct errors or provide new information, we also miss real rewards that can be gained from the teaching or patient care encounter. Often, students take a fresh look at patients and see things we have been missing. Similarly, patients often diagnosis their own ails, if we would just listen. When we don't hear our patients or students, we also miss the healing and joy that they offer to us. Instead, we only hear the requests and needs they express. A good teacher works at being a good teacher—and demonstrates this by being there.

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E—Expectations. Gymnasts come to understand the expectations of their judges by frequently asking the coaches, "What do I need to do in this performance to be successful?" In a clinical teaching encounter, both learners and patients have their own expectations for us. Yet, we are often so wedded to our routine that we rarely take the time to ask each of these individuals to express their needs or desires. Taking a moment to find out the expectations for a given encounter allows us to focus on both students' and patients' needs. Effective clinical teachers focus more on the student learning than the teacher teaching. Openly discussing expectations allows us to have a measure of guidance to direct us in the clinical teaching setting. Balancing these expectations with our own learned, or natural, talents will help us "score points" for effectiveness as a clinical teacher. With time, this exercise will become seamless and will lead to improved learner and teacher satisfaction.

A—Approach. How a gymnast begins a routine—by mounting the balance beam—has significant impact on the remainder of the routine. Similarly, the more we know about a student and how they learn, the better prepared we are to create a positive learning climate. Effective clinical teachers are always thinking about ways to improve both what, and how, students learn. They often begin by asking students about their preferred learning style (How have you learned best in the past?) and then tailor the encounter to accommodate the learner's response. They make note of the level of the student by asking about prior clinical rotations or experiences that they have had. This allows the teacher to know whether to approach a novice student with concrete examples or a more advanced student with more complex clinical reasoning questions. Mechanically approaching all students as if they were the same in style and experience is guaranteed to contribute to teaching-learning failures. Another important aspect of approach is found in the importance of listening. Effective clinical teachers do not talk as much as their less effective colleagues. They tend to involve their learners by asking questions and reframing cases. They allow adequate time—at least 3 seconds—for answers to their questions. They tend to summarize by selecting the one most important teachable point of each patient encounter. Approaches that manifest openness, respect, trust, and a sense of humor create an environment where curiosity is encouraged, and learning is dynamic.

M—Meaningful feedback and evaluation. Gymnasts constantly receive feedback that helps them progress toward their goal of winning medals. They know that without the eyes of a watchful coach, their performance will fall short of the potential they have to be excellent. Yet, in clinical settings, where we are helping learners become physicians of the future, students often tell us that they receive little or no real feedback from their teachers. Meaningful feedback is more than "you did fine today." It begins with the premise that the learner understands exactly what behaviors or actions the teacher is evaluating. It is directed toward the goal of making the student a better physician. It is timely—during, or at the end of, the encounter—and is specific in description, such that the learner knows exactly which behaviors to "keep" and which need further learning or enhancement. Self-assessment is encouraged by first asking the learner to evaluate themselves in the encounter. An action plan for improvement should always follow any specific suggestion made, so that the student knows how to get closer to his or her goal. And, the teacher should demonstrate willingness to receive feedback from the encounter—from both the student and the patient (ie, "Do you think Mrs J understood my explanation of how to take her medications? What made you come to this conclusion?") This helps reduce the "power differential" between student-teacher and clinician-patient. Patients can also be recruited to provide feedback for both the teacher and the student in meeting their expectations for the clinical encounter. The clinician teacher should remember that feedback intuitively makes the learner feel vulnerable. If expectations have been addressed early on, and the approach to feedback uses these principles, the value of each teaching-learning encounter is enhanced.

Maintaining a dynamic educational environment in the clinical setting can be a daunting endeavor but one that is ripe with reward. Balancing the needs of patient, student, and teacher can be achieved with the knowledge of a few basic principles of learning. Likening clinicians to performance athletes (gymnasts), and the clinical setting to the balance beam, we developed the mnemonic BEAM as a quick way to access these principles. It is our hope that all clinician-teachers can find their own equilibrium on the "balance beam" and experience the joy of teaching in their daily work.

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