



MCG MEDICAL EDUCATOR MINUTE

#8

Working with Different Level Learners in the Clinical Teaching Setting

BACKGROUND

Working at the same time with learners who are at different levels of training/experience can be both challenging and rewarding. Keys to success include orienting learners to their varied roles (i.e., teaching, learning, clinical), fostering a positive working environment, clarifying objectives and expectations, and taking advantage of near peer teaching.

SUGGESTIONS

- Describe your vision for a respectful, working team that completes clinical work as well as promotes each other's learning.
- Seek opportunities to talk with learners one-on-one to ask about interests/experiences/knowledges base, and to establish 1-2 learning/teaching goals.
 - Consider upper level's learners' interest and confidence in teaching.
 - Inform all learners of your availability to address clinical and learning needs.
- Establish expectations for what is to be learned and taught (i.e., learning objectives assigned by program or requested by learners), for work to be completed, and how roles (worker, teacher, learner) will vary across the shift/rotation. E.g., *All learners will contribute to teaching.*
- The RIME model can assist attendings in anticipating the learning needs of various level learners and how they can contribute to the team's work. The model is a starting point which will move as learners progress in their competencies at different rates and across the rotation/academic year. After observing learners' demonstrated skills and knowledge, attendings can tailor expectations of learners.

R	Reporter accurately gathers and reports information (e.g., history & physical; labs)		Third-year student
I	Interpreter interprets data and develops and accurate assessment / differential		Intern
M	Manager develops management and treatment plans		Resident
E	Educator understands complexity of conditions and is able to teach patients, family members, and other team members		Senior resident

- Promote "Near Peer" teaching (e.g., intern to student); pair learners when possible for consistency
 - Saves attending time by having near peer cover more basic or general teaching content for more junior team members (e.g., mechanisms of action of common medications for an illness).
 - Promotes near peer's understanding of a condition or treatment as a result of teaching (i.e., recognizing key elements, organizing information into a coherent story, recognizing own knowledge gaps)
 - Provides junior learners with a teacher who may be less "intimidating" for a variety of reasons (e.g., more similar age, less difference in clinical experience, minimal assessment role).
- Arrange for structured teaching sessions where attending and learners can discuss a topic, summarize from literature, and/or reflect on a case. These sessions promote EBM, collegiality, and critical thinking.
- Encourage autonomy when possible (e.g., student selects topic to review, senior resident leads debriefing without attending)

Case example – 16-year-old with pneumonia

	Attending might expect:	Attending might ask:	Attending might assign:
3 rd year student	Complete thorough history and physical; offer organized presentations	What are the common organisms that cause community acquired pneumonia?	Gather additional information from patient or family, read about pneumonia and teach team what you learned
4 th year student	Recognize patterns of common diseases and succinct but thorough presentations	What physical findings should we expect? What findings do you see on CXR?	Complete initial work-up of newly admitted patient with supervision; write note including 3+ differential; go look at CXR with radiology and share discussion with team
PGY1	Be comfortable with facts and management of common diagnoses; write notes well	What medication choices do we have? What are MCG resistance patterns?	Complete initial work-up of newly admitted patient with supervision; write note including differential; determine plan including specific antibiotic treatment and why. Look up antibiogram and explain to team.
PGY2	Be comfortable with facts and management of less common diagnoses; develop strong patient communication skills; demonstrate clinical judgement	How long to treat and when to reevaluate if therapy is effective? What to do if not improving? What other adjunctive therapies might be helpful?	Read to determine normal length of needed treatment and complications. Share with the team complications (effusion/empyema), how to diagnose and how treatment would differ.
PGY 3	Lead a team, teach students and interns, make decisions with increasing autonomy	Is this a common presentation? How does this differ from your last patient with pneumonia?	Literature review on uncommon pneumonia presentations and failed pneumonia treatment. Teach how presentation and exam differs at different ages.

WANT MORE?

- [Quigley PD, Potisek NM, Barone MA. How to “ENGAGE” Multilevel Learner Groups in the Clinical Setting. Pediatrics. 2017;140:e20172861](#)

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