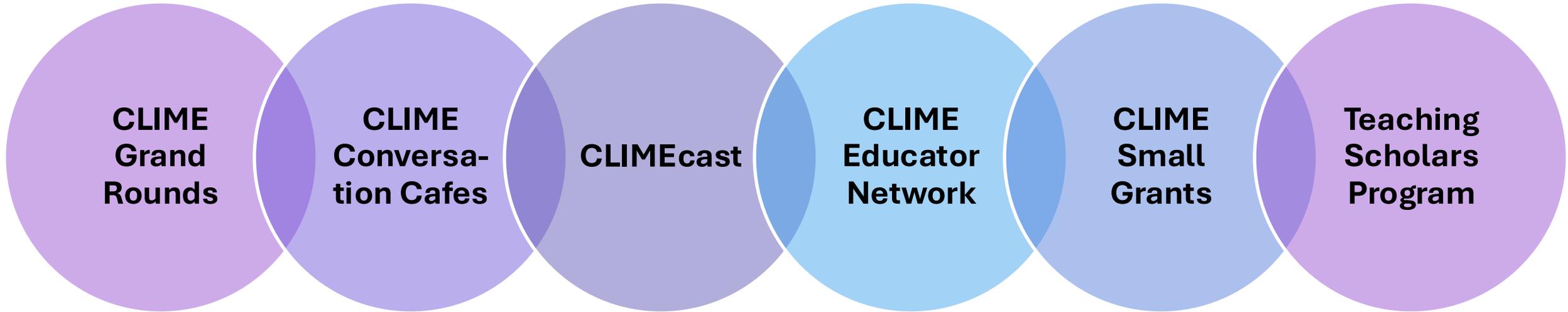


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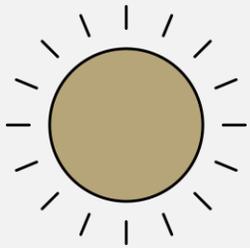
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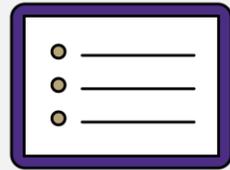
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More opportunities

1.0



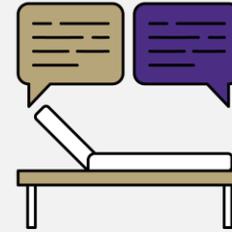
Learning Climate



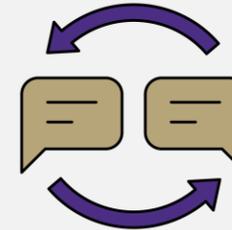
Understanding and Retention



Teaching Efficiently



Teaching in the Presence of Patients



Feedback



Assessment

2.0



Racism and Bias



Communication Skills



Humanistic Approach



Learners in Difficulty



Challenging Feedback



Meaningful Assessment

CME Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Email Amanda Garza agarza16@uw.edu with questions

Suggestions

- Participate as you are able...
- Be kind and generous to each other in the room and... be kind and generous to those not in the room
- Listen with curiosity and suspend judgment AND share your own thoughts with honesty and candor
- Expect and accept that there may not be closure

Teaching Efficiently*

Certificate Core Faculty Leader:

Somnath Mookherjee, MD



* Now with 5 efficiency pearls!



5 pearls for efficient teaching



Five minutes to foster a positive learning climate



“Experiential learning” DOES NOT mean “try to figure out what the heck you are doing as you go”



Always have a shared plan – for the day, and for each patient



Run silent, run deep



When in doubt - OMP

Teaching Efficiently - Learning Objectives

1. Orient the learner to the clinical environment; set expectations.
2. Prepare the learner for their role in patient encounters.
3. Identify teaching opportunities in the flow of the workday.

Clinical Teaching Framework

- Stickrath, C. et al. Academic Medicine 2013
- Gonzalo, JD. et al. JGIM 2013. .
- Janicik RW et al. Med Teach 2003.
- Ramani S. Med Teacher 2003.
- Mookherjee S, Sharpe B. In A. Dunn (Ed) 2013
- Mookherjee et al. Clin Teach, 2017 , 4: 446-450
- Irby and Bowen. Clin Teach. 2004;1(1):23-28

Before

PLANNING

- Welcoming
- Preparation
- Orientation
- Priming
- Goal-setting

During

DIAGNOSING THE PATIENT AND THE LEARNER

- Observe
- Model
- Learner and patient centered
- Share the encounter

After

REFLECTING

- Discussion
- Reflection
- Reinforcing
- Planning
- Feedback
- One Minute Preceptor

Ongoing needs assessment, relationship building, climate setting

Efficiency Framework

Before

- Orient to clinical environment
- Prepare to work together

During

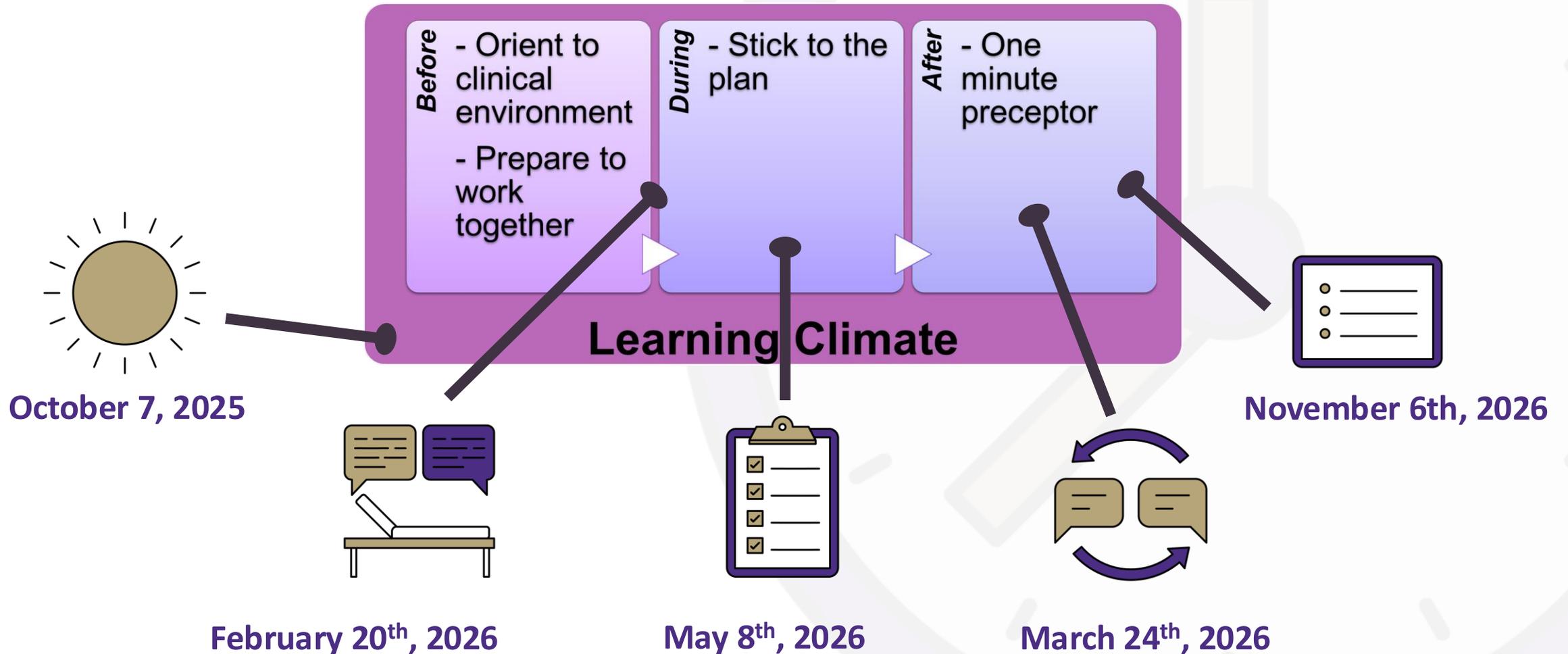
- Stick to the plan

After

- One minute preceptor

Learning Climate

Efficiency Framework



Efficient clinical teaching

- Do a great job teaching
- Take great care of patients
- Get home on time (for once?)

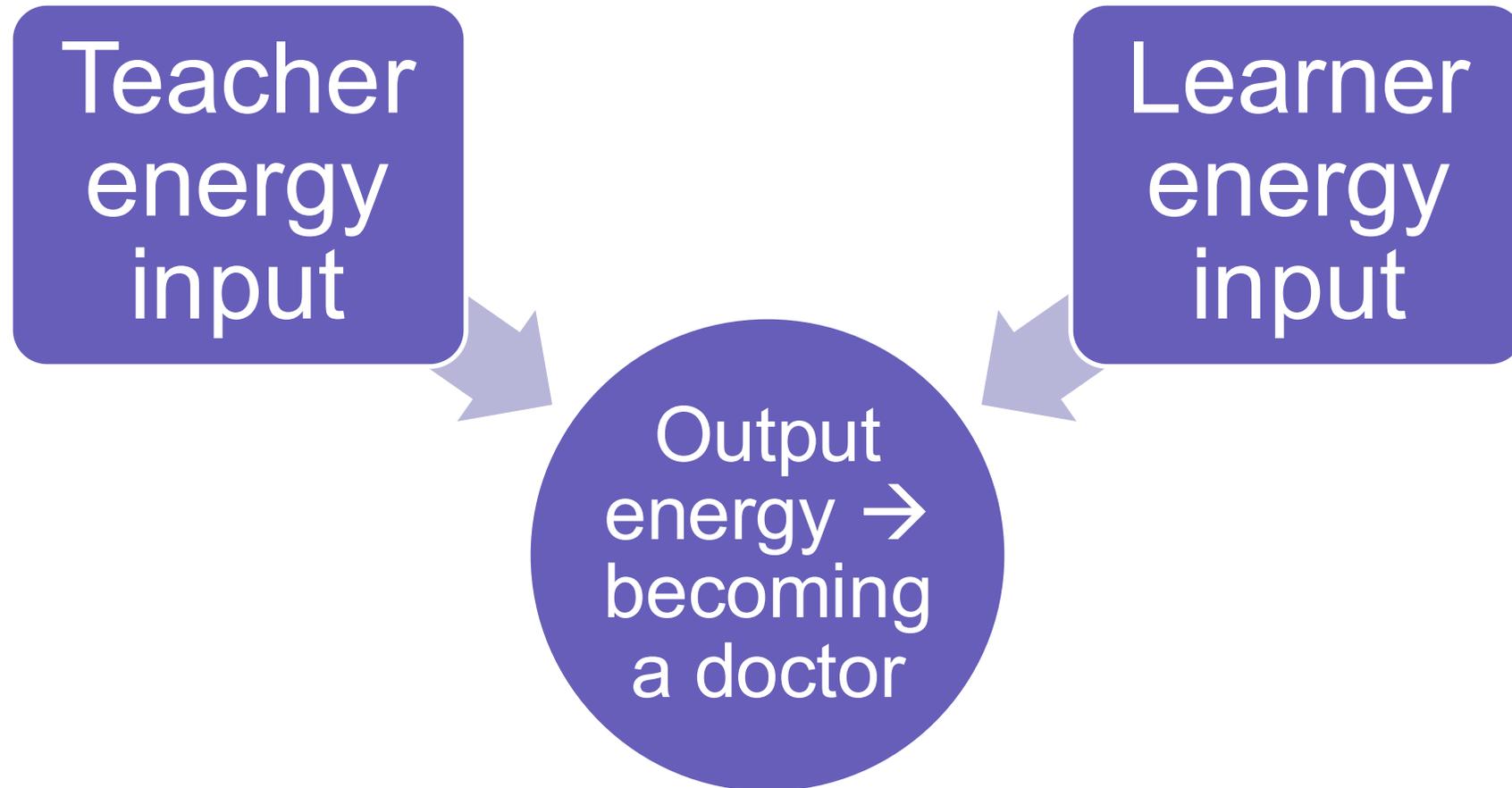


Efficient clinical teaching

- Do a great job teaching
- Take great care of patients
- Get home on time (for once?)



Efficient clinical teaching



Key Concepts

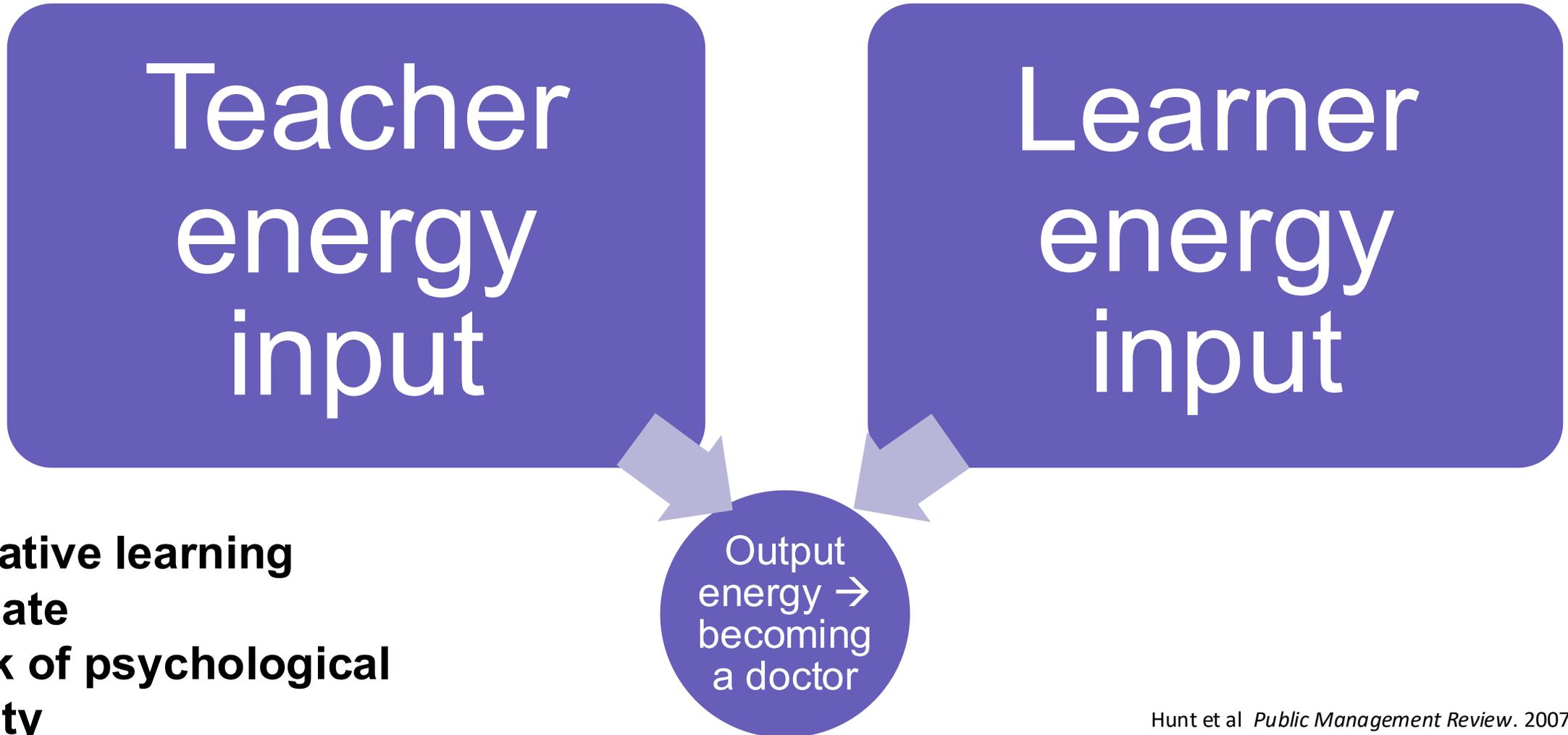
Learning climate

- Co-created by individuals, social groups and organizations
- Shaped by setting, culture
- The experience of the learner – influenced by the teacher

Psychological safety

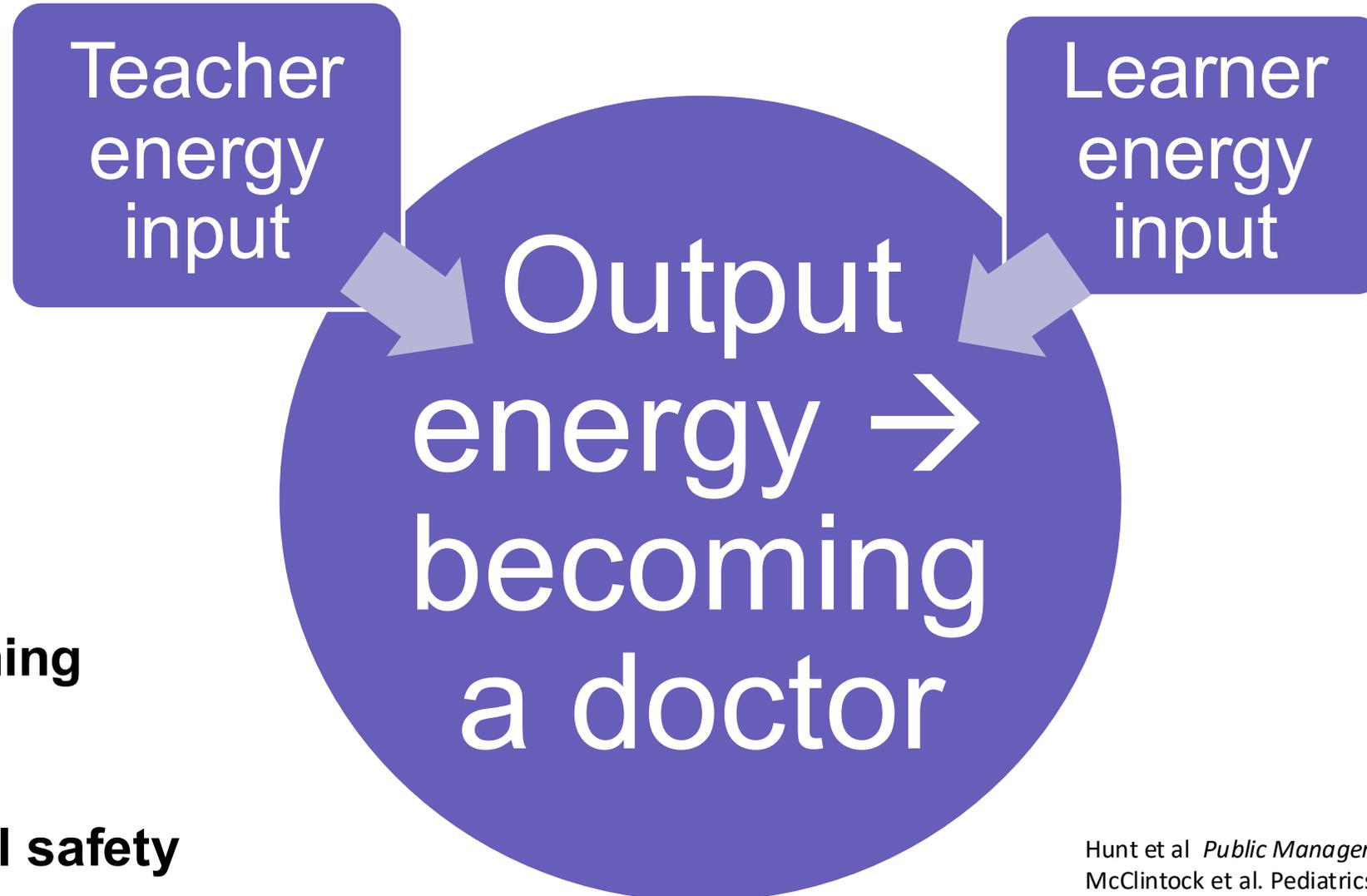
- You can be yourself
- Can participate without fear of ridicule
- Safe to make mistakes

Efficient clinical teaching and learning climate



**Negative learning
climate
Lack of psychological
safety**

Efficient clinical teaching and learning climate



**Positive learning
climate
Presence of
psychological safety**

Positive affect → achievement (each vein met)

32 male U of Michigan 3rd year medical students

15 difficult anagrams

Control group (n=14): told to judge difficulty of the task

Experimental group (n=18): solve anagrams, told they were in top 3%

Clinical task: Asked to decide which of 6 patients more likely to have lung cancer

- Came to a diagnosis more efficiently
- Considered alternative diagnoses and treatments – more thorough
- Kept working with the provided materials

Positive affect → achievement



44 Internists - randomized

Candy

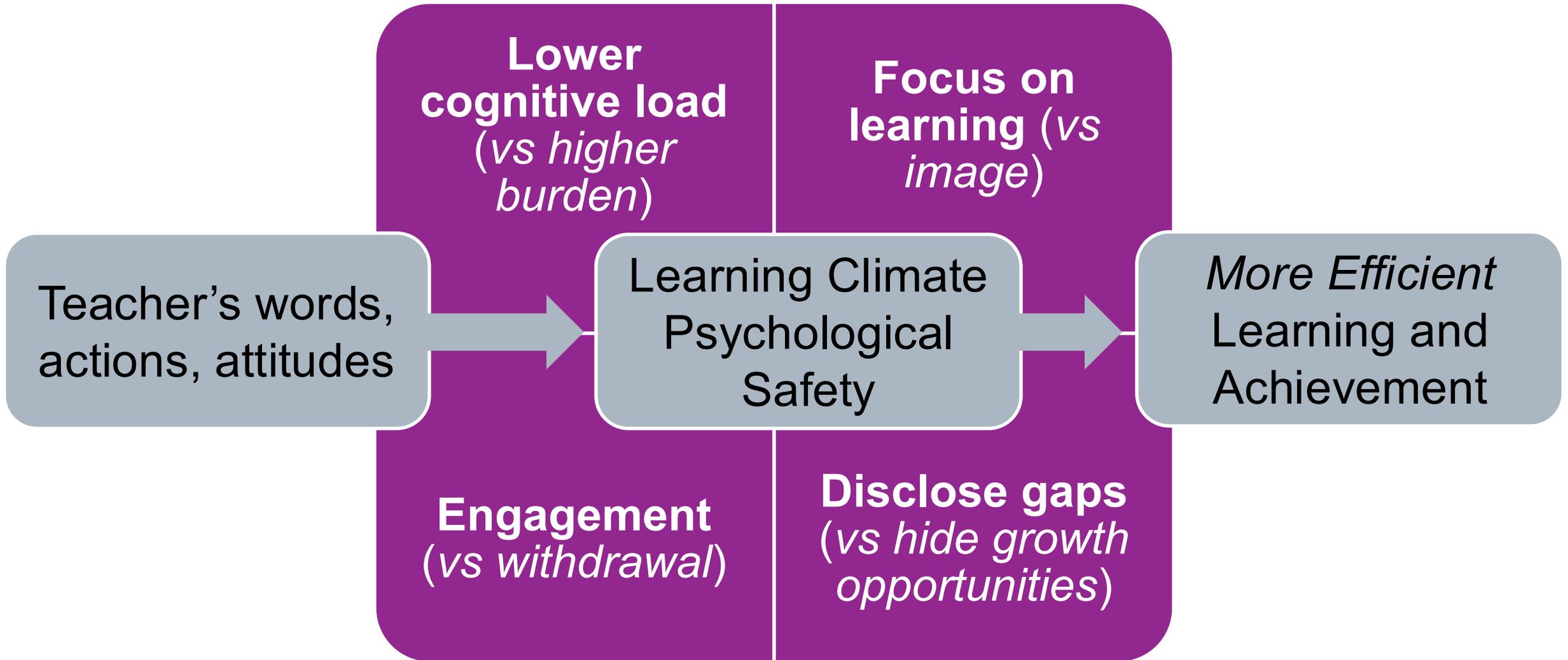
Control

Humanistic statements

Clinical task:
Talking through a patient presentation of chronic active hepatitis

Transcript analysis

- Generated correct hypothesis more quickly
- Organized and integrated information more quickly
- Less anchoring



If you forget everything else, just remember to:

1

Be kind

2

Be
transparent

3

Provide
autonomy
as able

4

Model
humility and
curiosity

Efficiency Pearl # 1



Five minutes to foster a positive learning climate



My script for trying to create a positive learning climate ...

- “Welcome to the clinic! I’m happy to work with you!”
- “Can I tell you a little bit about myself ...”
- “I would love to hear anything you’d like to share about your story ...”
- **[improvise]**
- “Is it OK if we talk for a minute about preferences on how to respond to isms or bias or microaggressions – I try to chat about this whenever I’m working with someone I haven’t worked with before ...”

Efficiency Framework

Before

- Orient to clinical environment
- Prepare to work together

During

- Stick to the plan

After

- One minute preceptor

Learning Climate



Efficiency Pearl # 2



“Experiential learning” DOES NOT mean “try to figure out what the heck you are doing as you go”

Other learner perspectives

“There are some rotations that do not have an orientation. It can be tough not knowing basics of who is on the team or what my role is.”

Other learner perspectives

“It was week 6 of the rotation and I had been helping a bit with each patient on our list. The second to last day of my rotation they explained that I should be taking ownership of a specific patient. ***It would have been excellent talking point for orientation in the first week.***”

“I think many residents and attendings forget how new and alienating all of this can be for us.”

Other learner perspectives

“On my [x] rotation I went through an orientation lead by an individual in an administrative role.

But when I was dropped off at the team room I had very little understanding of the day-to-day expectations nor was it clear who was responsible for orienting me further.”

Orient to the clinical environment

Who is who? And what do they do?

Physical environment

Learner Logistics

Who is who (and what do they do)?

- MA
- RN
- PCC
- SW
- PT
- OT
- RT
- PA
- ARNP



Physical environment

- Exam rooms
- Ward locations
- PCC station
- RN station
- Bathrooms
- Radiology
- Cafeteria
- Lab



Learner logistics - preparation

- How to review OR / clinic / procedure schedules
- Any procedures to review ahead of time?
- Readings that will be helpful?

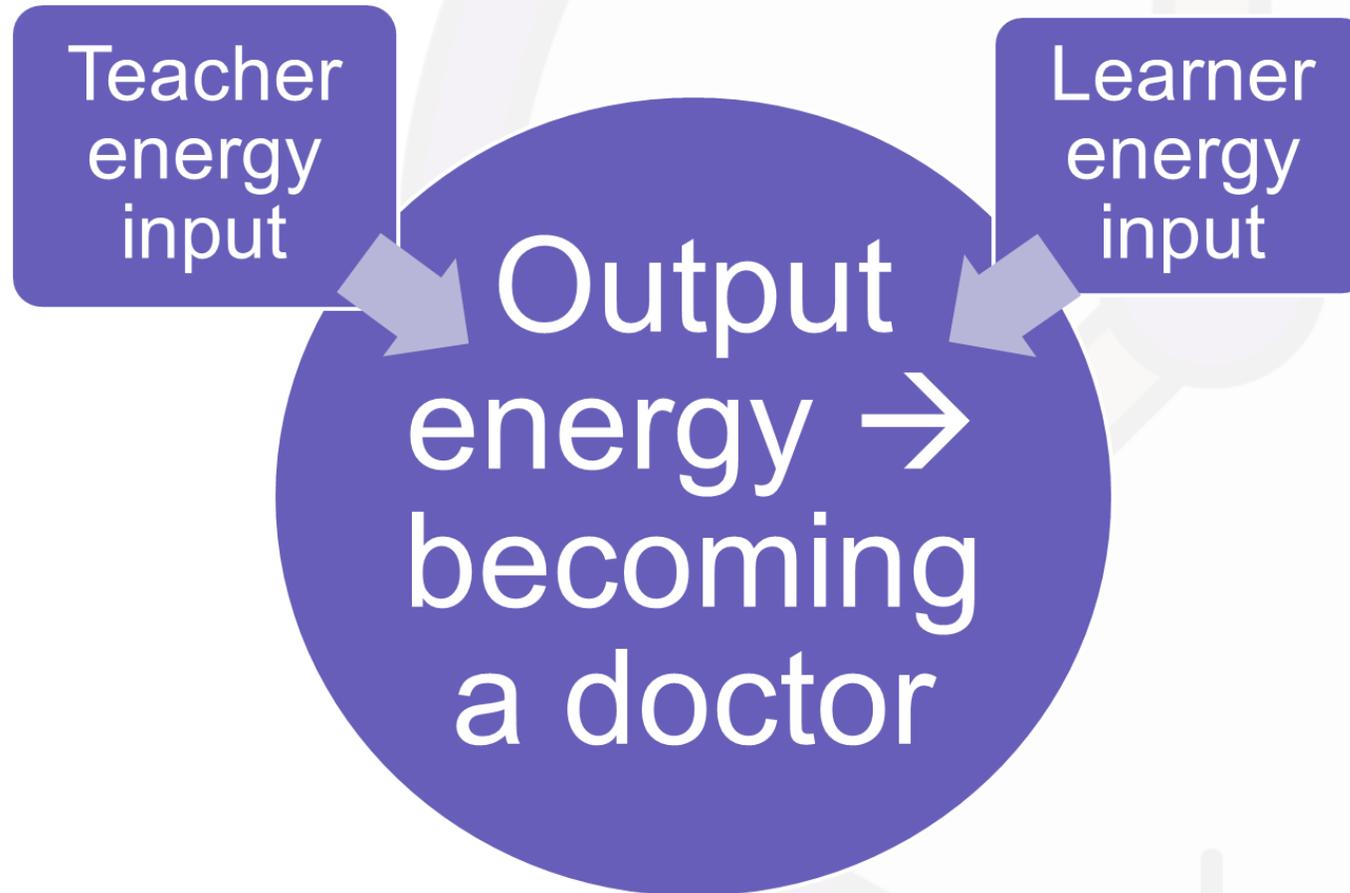


Learner logistics - accoutrement

- Notebook?
- Stethoscope?
- Oto-ophthalmoscope that cost \$300 that they have never used? And is probably in storage?
- White coat?
- Definitely not the white coat?



Too much “hand holding”?



Efficiency Framework

Before

- Orient to clinical environment
- Prepare to work together

During

- Stick to the plan

After

- One Minute Preceptor

Learning Climate

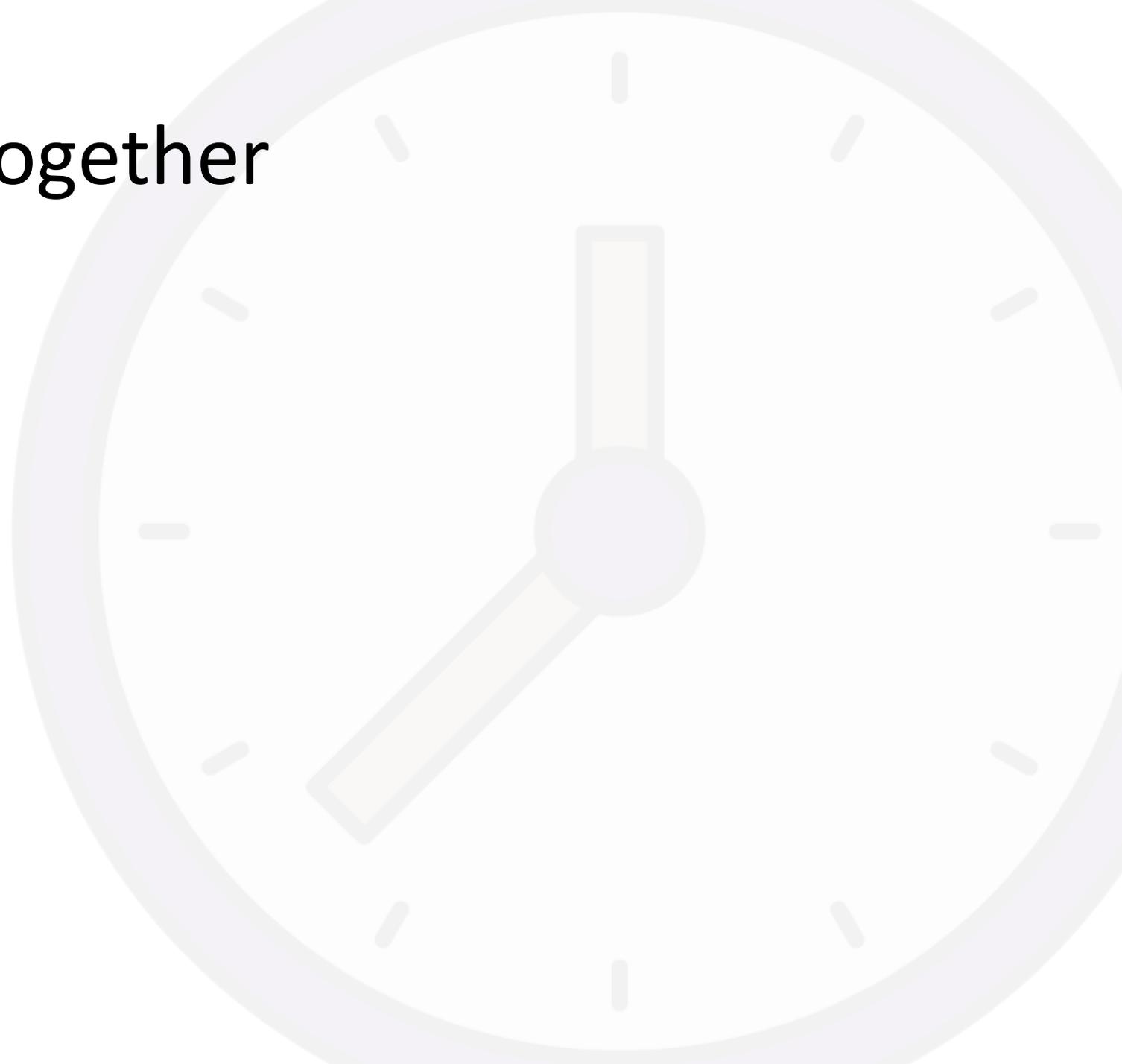
Prepare to work together

Learner growth

Learner role

Attending role

Patient care
logistics



Prepare to work together

Learner growth

- Define learning goals
- Identify areas for growth / coaching

Prepare to work together

Learner growth

- Define learning goals
- Identify areas for growth / coaching

Learner role

- Tasks and processes
- Level of entrustment

Prepare to work together

Learner growth

- Define learning goals
- Identify areas for growth / coaching

Learner role

- Tasks and processes
- Level of entrustment

Attending role

- Responsibility to the patient
- Coaching and teaching role

Prepare to work together

Learner growth

- Define learning goals
- Identify areas for growth / coaching

Learner role

- Tasks and processes
- Level of entrustment

Attending role

- Responsibility to the patient
- Coaching and teaching role

Patient care logistics

- Length of presentation / time per patient
- Plan to debrief / re-calibrate

Prepare to work together – My clinic

Learner growth

“Anything you’re working on that I can observe for and provide coaching or feedback?”

Learner role

“The patient you see will be ‘your patient.’ I entrust you to carry out the plan, ask for help and hand off anything that needs to be done after you rotate off”

Attending role

“I will do a full chart review, examine the patient, and ask the patient some questions. I may occasionally change the plan – that’s normal. We’ll do feedback after a couple patients and the end of the day.”

Patient care
logistics

“Can we present in the room, aim for 10 minutes, and then invite my input.”

Prepare to work together – IM wards

Learner growth

“Anything you’re working on that I can observe for and provide coaching or feedback?”

Learner role

“Interns / Residents / Medical Students are the bedside leaders – please remember introductions, orienting the patient to the process. Resident is the team leader”

Attending role

“Please make the plan (or plan for making the plan) clear before we leave the room. Please invite my comments and questions at the end. I may occasionally change the plan – that’s normal.”

Patient care
logistics

“Can we aim for 7-minute presentations, approx 15 minutes / patient. Let’s get to AM report by 10. We’ll debrief to calibrate for efficiency.

Efficiency Pearl # 3

Always have a shared plan – for the day, and for each patient



Before

Orienting

- Who is who? And what do they do?
- Physical environment
- Learner logistics

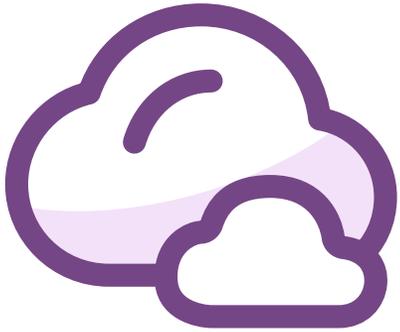
Preparing

- Learner growth
- Learner role
- Attending role
- Patient care logistics

Small group activity – orienting and preparing the learner

~ 15 m

- Cameras on (please!)
- Introduce yourself – go in alphabetical order by first name
 - Where you work
 - What you do
 - What level / type of learners you work with
- 1. Storytelling: each describe one time your learner wasn't optimally oriented / prepared for the clinical environment and how it made your day less efficient
- 2. Decide on one key “orientation / preparation pearl” to share with the group
- 3. **Finish the sentence in the Word Cloud: “One key pearl in orienting and preparing learners for the clinical environment is to”**



Finish the Sentence: "One key pearl in orienting and preparing learners for the clinical environment is to always....."



Break

Pearls so far...



Five minutes to foster a positive learning climate



“Experiential learning” DOES NOT mean “try to figure out what the heck you are doing as you go”



Always have a shared plan – for the day, and for each patient

Efficiency Framework

Before

- Orient to clinical environment
- Prepare to work together

During

- Stick to the plan

After

- One minute preceptor

Learning Climate



Efficiency Pearl # 4:



Run silent, run deep

Run silent, run deep – ***stick to the plan***

Take a step back

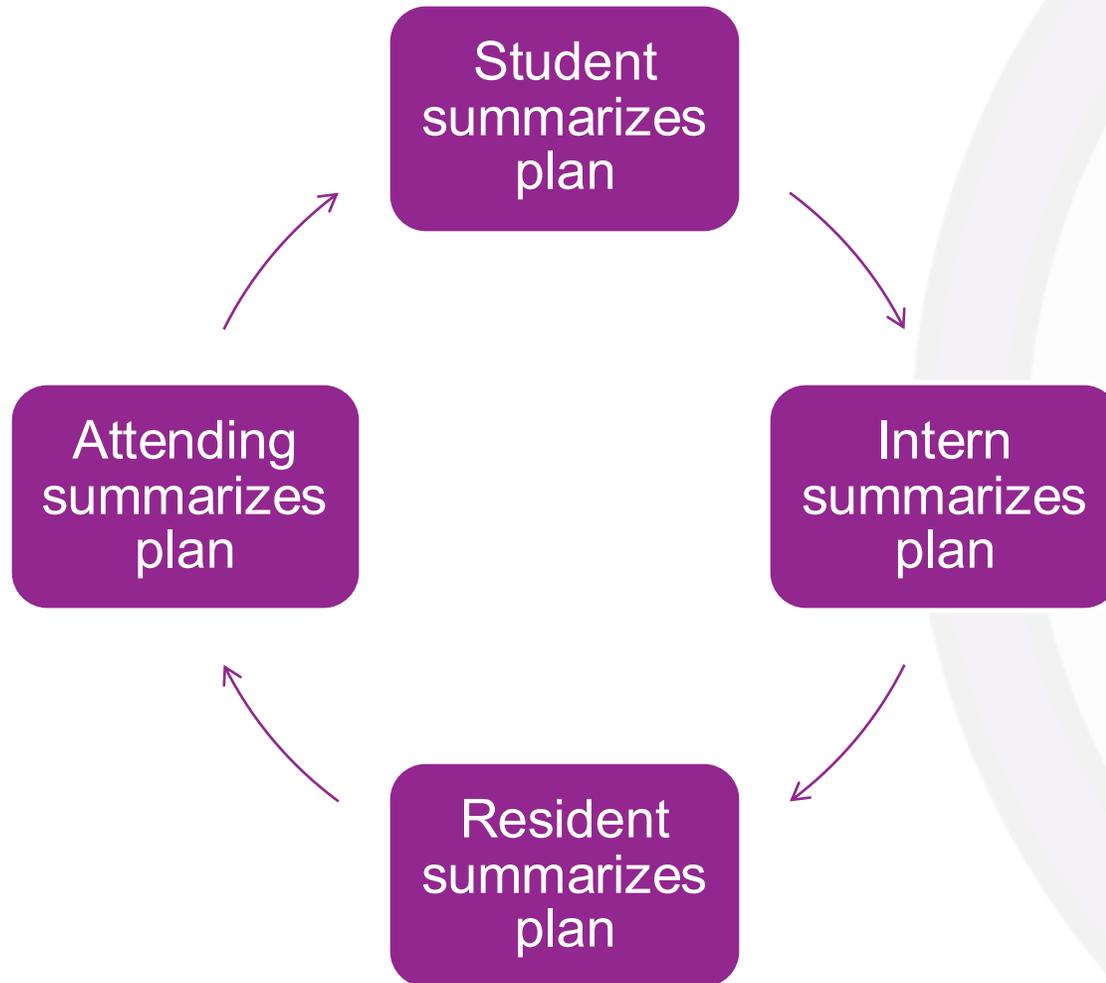


Run silent, run deep – ***stick to the plan***

Write down your questions and
teaching points.



Run silent, run deep – *stick to the plan*



**Are you *sure*
you have to say
something?**

Run silent, run deep – ***stick to the plan***

**Are you *sure*
you have to say
something?**

1 Non-Intuitive Feedback

***TEACH LESS → LEARN
MORE?***

Efficiency Framework

Before

- Orient to clinical environment
- Prepare to work together

During

- Stick to the plan

After

- One minute preceptor

Learning Climate

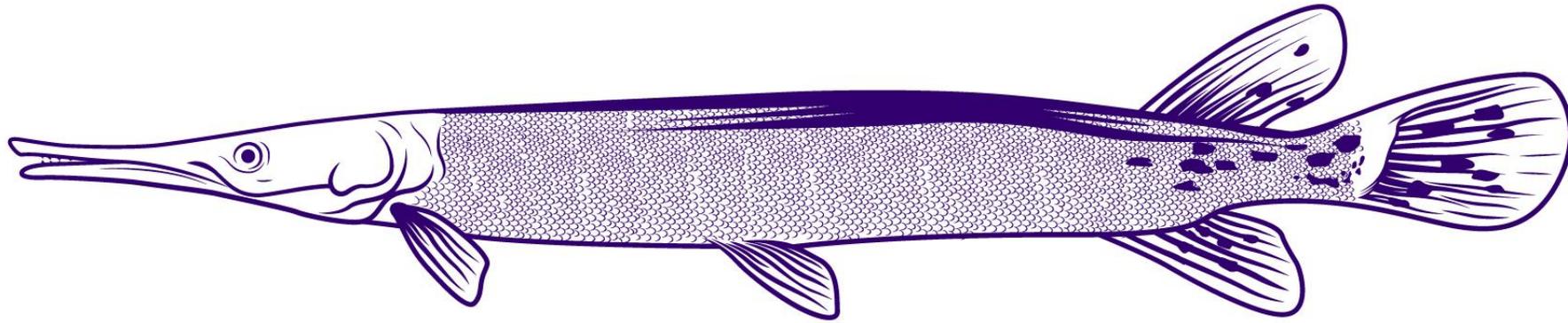


Efficiency pearl # 5 – When in doubt → One Minute Preceptor

1. Get a commitment
2. Ask for supporting evidence
3. Teach a general principle
4. Reinforce what was done well
5. Correct errors or omissions



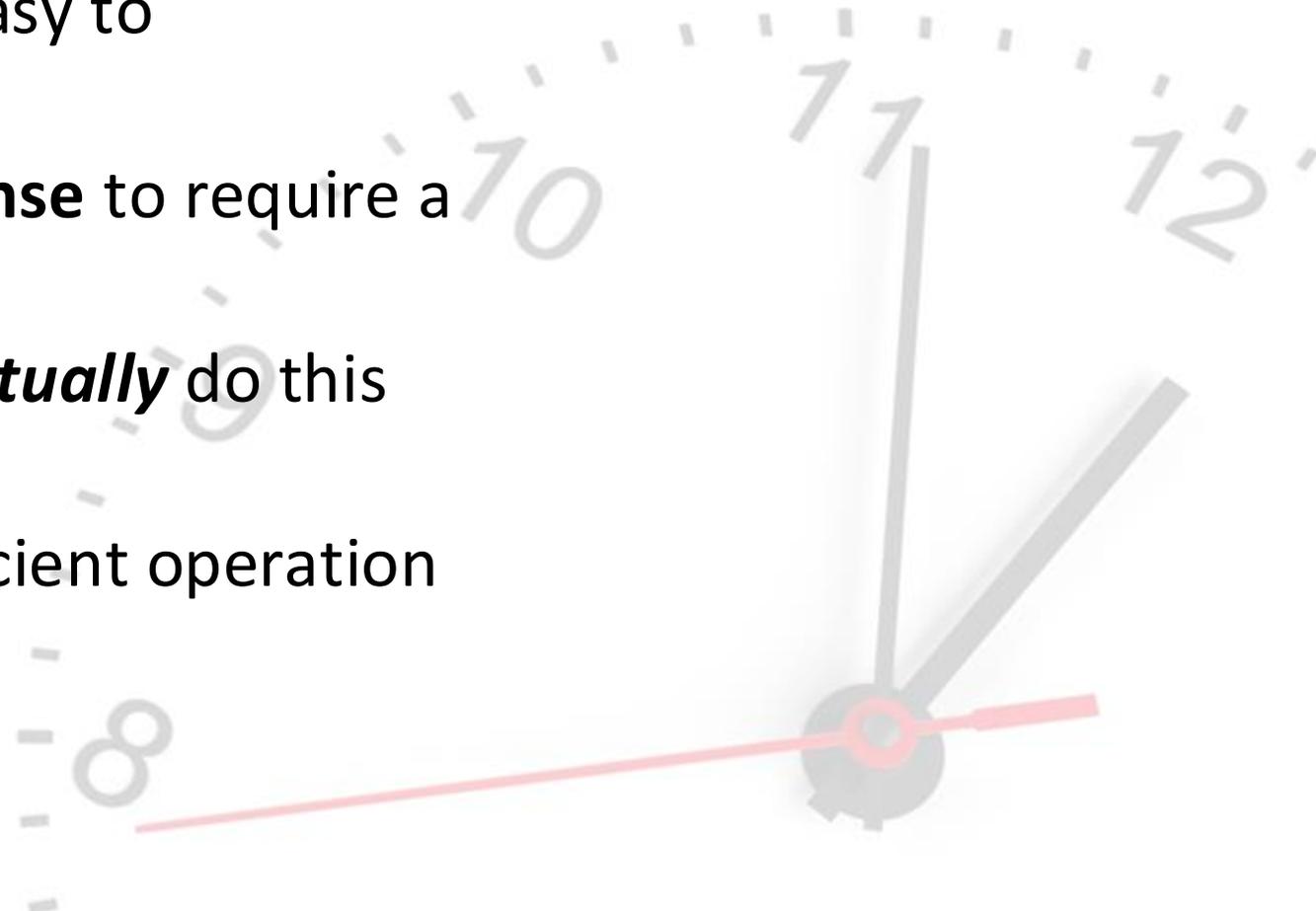
Understanding and Retention



G A R

One Minute Preceptor

- Five steps that are natural and easy to remember
- “Face validity” – e.g. **it makes sense** to require a commitment from learners
- CAUTION! – there’s no way to **actually** do this well in **one minute – no way!**
- “Automation applied to an inefficient operation will magnify the inefficiency.”



OMP

Get ready for rapid fire chat

	(1) Get a Commitment	(2) Ask for Supporting Evidence	(3) Teach General Rules	Feedback: (4) Reinforce & (5) Correct
WHAT & HOW	Learner Gives Own Opinion	Ask & Listen	Current & Similar, Common Cases	ASAP Expected Case-specific Behavior-focused Descriptive language
WHY	Increase Engagement & Processing	Understand Clinical Reasoning & Areas for Improvement	Increase Knowledge & Understanding	Improve Learning Outcomes



1. Get a commitment

Respectful, engaging, collaborative

Own opinion, vague, attending-centric

Good examples	Bad examples



1. Get a commitment

Respectful, engaging, collaborative

Own opinion, vague, attending-centric

Good examples	Bad examples
<ul style="list-style-type: none">• What do you think is going on?• What other information do we need to help decide what to do?• What should we try to get done today for the patient?• What do you think is the cause of chest pain?	



1. Get a commitment

Respectful, engaging, collaborative

Own opinion, vague, attending-centric

Good examples	Bad examples
<ul style="list-style-type: none">• What do you think is going on?• What other information do we need to help decide what to do?• What should we try to get done today for the patient?• What do you think is the cause of chest pain?	<ul style="list-style-type: none">• I'm pretty sure she's not taking her medications, what do you think?• Do you know what I would do in this situation?• I think you missed something; do you know what it is?• Can you read my mind?



2. Ask for supporting evidence

Identify gaps, encourage reasoning

Grilling, judging, attending-centric

Good examples	Bad examples



2. Ask for supporting evidence

Identify gaps, encourage reasoning

Grilling, judging, attending-centric

Good examples	Bad examples
<ul style="list-style-type: none">• What made you think that was the diagnosis?• What were the findings that led you to your conclusion?• What else, if anything, did you consider?	



2. Ask for supporting evidence

Identify gaps, encourage reasoning

Grilling, judging, attending-centric

Good examples	Bad examples
<ul style="list-style-type: none">• What made you think that was the diagnosis?• What were the findings that led you to your conclusion?• What else, if anything, did you consider?	<ul style="list-style-type: none">• What are the top four organisms that cause pneumonia?• Well, I doubt it's pneumonia anyway – other ideas?• Wrong! Wrong! Wrong!• I think the diagnosis is clearly congestive heart failure...



3. Teach a general principle

Memorable general rules linked to the patient

Unsupported, idiosyncratic, situational

Good examples	Bad examples



3. Teach a general principle

Memorable general rules linked to the patient

Unsupported, idiosyncratic, situational

Good examples	Bad examples
<ul style="list-style-type: none">• Most patients with headache do not need CT/MRI, unless there are other worrisome features.• Exertional dyspnea may be an anginal-equivalent. The lack of chest pain does not rule out cardiac ischemia.	



3. Teach a general principle

Memorable general rules linked to the patient

Unsupported, idiosyncratic, situational

Good examples	Bad examples
<ul style="list-style-type: none">• Most patients with headache do not need CT/MRI, unless there are other worrisome features.• Exertional dyspnea may be an anginal-equivalent. The lack of chest pain does not rule out cardiac ischemia.	<ul style="list-style-type: none">• SGLT2 inhibitors, a class of medications used to treat type 2 diabetes, work by targeting the sodium-glucose co-transporter 2 proteins in the kidneys, which are responsible for reabsorbing about 90% of the glucose filtered by the kidneys, and by inhibiting these proteins, they prevent glucose reabsorption, causing glucose to be excreted in the urine, which lowers blood glucose levels independently of insulin, making them effective even in cases of insulin resistance or deficiency, while also providing additional benefits like weight loss due to calorie loss from glucose excretion, lower blood pressure from mild diuresis, and cardiovascular and renal protection by reducing the risk of heart failure and slowing the progression of kidney disease, although they can cause side effects such as an increased risk of urinary tract and genital yeast infections, dehydration, electrolyte imbalances, and rarely, ketoacidosis, with common examples including empagliflozin, dapagliflozin, canagliflozin, and ertugliflozin, which are used not only for diabetes but also for heart failure and chronic kidney disease management.• Don't <i>ever</i> get a pre-op EKG unless you want the surgery delayed.• In my experience, patients always stop taking metformin within week or two.



4. Reinforce what was done well

Specific behaviors to continue doing

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples



4. Reinforce what was done well

Specific behaviors to continue doing

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples
<ul style="list-style-type: none">• You did a great job listening carefully and detecting that diastolic murmur.• Your differential diagnosis ranged from common problems to rare “don’t miss” problems – great!• Very thorough history taking characterizing the patient’s chest pain!	



4. Reinforce what was done well

Specific behaviors to continue doing

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples
<ul style="list-style-type: none">• You did a great job listening carefully and detecting that diastolic murmur.• Your differential diagnosis ranged from common problems to rare “don’t miss” problems – great!• Very thorough history taking characterizing the patient’s chest pain!	<ul style="list-style-type: none">• Not bad. Not bad at all. Not GREAT, but not bad.• You’re ready for residency!• [<i>turning to the other student</i>]• You’re NOT ready for residency!



5. Correct errors or omissions

Specific observation – avoid or do differently

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples



5. Correct errors or omissions

Specific observation – avoid or do differently

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples
<ul style="list-style-type: none">• Remember to verify the history and physical exam yourself whenever possible.• Always listen to the lungs with the stethoscope directly, or you might miss subtle crackles	



5. Correct errors or omissions

Specific observation – avoid or do differently

Unclear, non-specific, or unfair comparisons

Good examples	Bad examples
<ul style="list-style-type: none">• Remember to verify the history and physical exam yourself whenever possible.• Always listen to the lungs with the stethoscope directly, or you might miss subtle crackles	<ul style="list-style-type: none">• At your stage of training most people are able to come up with a better differential.• Keep practicing!

Challenges learning the OMP

- Preselected and participant-generated clinical scenarios **can be problematic.**
- Presenting your own cases → **fail to keep participants engaged in role-playing.**
- **Discomfort practicing new skills** in front of their peers.
- **Challenging to remember what it was like to be a novice.**

Small group activity – practice OMP ~ 20 m

- 5 scenarios: “Winter driving,” “Down by three,” “No chocolate on that Florentine?” “Chest pain in the ED” and “Just a quick follow-up visit”
- Pick a scenario and a pair: one “attending” and one “learner”
- Everyone read the scenario
- Start with the “attending” getting a commitment from the learner
- Follow the OMP steps
- Other participants give feedback to the “attending”
- Repeat with a new pair

Goal: learn the steps

Example: Winter driving

~ 20 m

- Pick two participants to go first - one attending and one learner
- Everyone read the scenario
- The “attending” asks the “learner” → “If you were driving, what would you do now?”
- Follow the remaining OMP steps
- The other participants listen and give feedback
- Repeat with a new “attending” and new “learner” – same case or pick a new case

Goal: learn the steps



Efficiency pearl # 5 – When in doubt → One Minute Preceptor

1. Get a commitment
2. Ask for supporting evidence
3. Teach a general principle
4. Reinforce what was done well
5. Correct errors or omissions



Teaching Efficiently - Learning Objectives

1. Orient the learner to the clinical environment; set expectations.
2. Prepare the learner for their role in patient encounters.
3. Identify teaching opportunities in the flow of the workday.

5 pearls for efficient teaching



Five minutes to foster a positive learning climate



“Experiential learning” DOES NOT mean “try to figure out what the heck you are doing as you go”



Always have a shared plan – for the day, and for each patient



Run silent, run deep

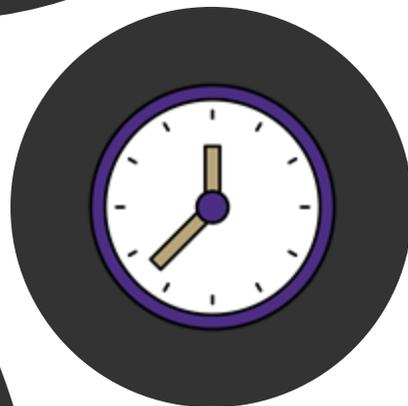
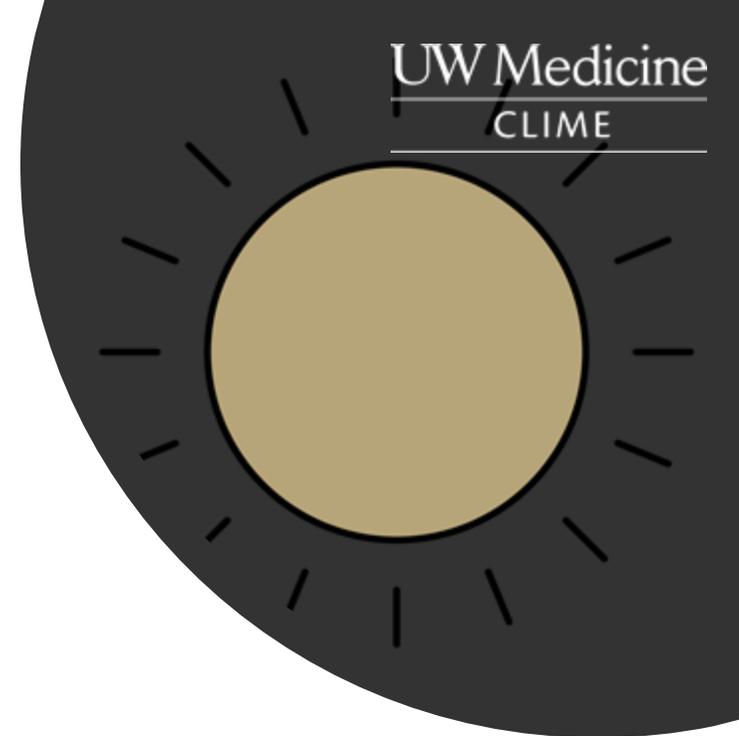
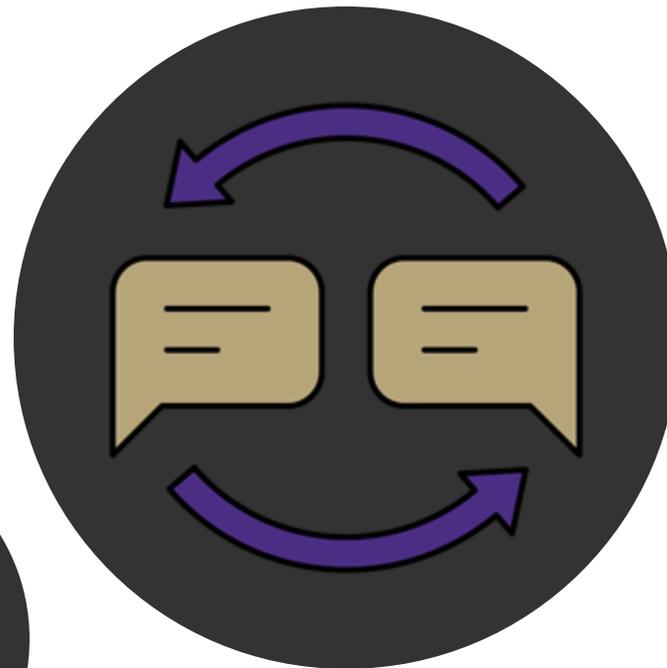


When in doubt - OMP



Scan for Session
Evaluation

We value your
feedback!



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CLINICAL TEACHING CERTIFICATE

THANK YOU!

