

## Thrivecast Episode 44: Teaching Efficiently in Clinical Spaces

**Trish Kritek:** [00:00:00] Welcome to another episode of the University of Washington's Thrivecast, the podcast designed to help School of Medicine faculty thrive. I'm Trish Kritek, and today we're joined by Dr. Som Mookherjee. Dr. Mookherjee is a professor in the Department of Medicine, Division of General Internal Medicine, and he's also the Director of CLIME, which is the Center for Learning and Innovation in Medical Education here in the School of Medicine.

And that's really why I invited Som here today, is to talk about one of the areas that he teaches about for CLIME, and that is Teaching efficiently, particularly in clinical spaces. So for listeners, this is going to be kind of focused on our clinicians today. And, and I'm excited to talk with Som about this.

I think a lot of our faculty who are clinicians have really busy clinical practices, and they want to teach learners, medical students, residents, fellows, and they feel stressed out by trying to fit [00:01:00] it into their clinical work. So thank you so much for joining us today to talk about this challenging topic.

**Som Mookherjee:** Thanks, Trish. Yeah, I'm really happy to talk to you about this. You're right. This comes up over and over again. Whenever we survey folks about what's the most challenging about teaching, it's like, how can we be more efficient?

**Trish Kritek:** Perfect. So I'm going to hope that we kind of walk through a structure, but I guess my first question is, where do you start? Like, can you explain how you kind of start to think about even making your teaching more efficient in clinical spaces? What's the first step, if you will?

**Som Mookherjee:** Oh, wow, that's a really good question. I'm not really sure where you start. I think it's multiple things that you need to kind of keep in mind and think about.

You probably start by, well, there is a first step. You start by getting experience. You start by seeing how it is when you're actually with learners. Reflecting asking your learners, keeping track of how things are going. And I think for the [00:02:00] most part that will help identify that there are probably areas where you can improve to improve your efficiency as a teacher.

That's probably the first step - a little bit of reflection and being mindful about it.

**Trish Kritek:** Okay, so first thing is kind of thinking about it and actually attending to it and thinking about where am I fitting teaching into the clinical work that I'm doing. I also heard you say maybe you ask your learners. So do you do that?

Do you ask your learners about how it's going?

**Som Mookherjee:** Oh, yeah, so that's definitely that's critical to improving in any aspect of teaching. And I think in particular with efficiency, if you ask your learners and, okay, they feel like they can answer you honestly, they will tell you 99% of how you need to or what you can do to be more effective as a teacher, including in being more efficient as a teacher.

**Trish Kritek:** Okay, so let's say I, you know, me, I, I work in the ICU. I work with a team in the ICU. I'm not generally in the [00:03:00] outpatient setting. I'm doing my thing, I'm running around, I'm trying to fit in teaching pearls, and then talk with me about how you how I would broach that subject with my team and what I would ask them and then we'll talk about what I'm going to do with that feedback.

**Som Mookherjee:** Yeah, well, let's take a step back from that. So, I think in order for talking to your learners and getting feedback for your learners to be effective, they need to be in a place of psychological safety, and there needs to be a positive learning climate. So, without that, you can ask them all you want, and they're not going to tell you anything that's useful to you.

They will just say great job. Great job. Trish. Thank you for all your teaching. I loved it. And you might find out at the end of the year when all your teaching evaluations are come out of embargo and you kind of look at all their comments. And then you'll kind of learn that. Oh, boy, maybe I could have been a little more efficient, or maybe I didn't have to do five different chalk talks in the last hour of the last day of the last rotation.

So, the learning climate is critical. You need to really be attentive [00:04:00] to making sure that the learners feel safe, both for the purposes of learning themselves and for giving you feedback.

**Trish Kritek:** I had a great conversation with Addie McClintock about creating psychological in the framework of feedback.

So I appreciate you highlighting that. And for listeners, if you want to listen to a great series of Thrivecast, there's a two-part series with Dr. McClintock that I recommend. I want to talk a little bit though, you said, you know, create a positive learning climate. So can you talk about what are some of the skills or what are some of the behaviors that I would do or any of our listeners would do to start to create that positive learning climate?

**Som Mookherjee:** Yes, definitely. Yes. So I want to also second the Addie McClintock podcast. I've learned a lot from Addie and Addie, as you know, teaches and CLIME as well. So most of what I'm going to say has to do a lot with Addie's research and things that I've learned for from her. I think. Maybe I'll start with an example from my own training.

I remember being on a rotation, [00:05:00] being post call, having spent all night up working with patients and attending the next day saying, you look kind of bedraggled. Your hair is kind of messy and you're not looking so sharp and that completely poisoned the learning climate for me. So, I mean, I suppose there's a time and a place to give feedback on appearance.

I'm not really sure. I've been kind of mulling that over as well as a teacher, but for this particular example, the teacher's words, the attending's words really made me think about how I was coming across in terms of image. I had to focus more on what I looked like, how I was coming across, and I couldn't devote that energy to revealing my gaps or thinking less about image and more about growth.

So that I think that's integral to a positive learning climate is creating a setting where the learner really can [00:06:00] feel honest about revealing their learning gaps. And less attentive to their image and more about growing as a learner.

**Trish Kritek:** Yeah, I think that's important. And I think you kind of highlighted the what not to do.

Are there things that we can do to try to create that more positive learning environment?

**Som Mookherjee:** Yeah, so I have a nice list of things that we can do in my mind. I think the first thing that comes to mind is being kind to the human. So notice I said to the human and not to the and then fill in the blank with whatever aspect of their identity that you notice when they walk into the room.

So it's not about asking questions based on what you think about the person, but being curious about the human being that's beneath that. So I think that's one key thing that you can do. I think another key thing is being really attentive to addressing racism and bias. I think we need to all do a better job and I speak of this as a non-expert.

I think non experts need to talk about this. And as a non-expert, I'll say that [00:07:00] I talked to my learners ahead of time about what should we do? If there's an episode of, or instance of racism and bias, what are your preferences? This is my philosophy. And we talk more about this and the clinical teaching certificate and CLIME as well.

So a lot more content, a 10 seconds snippet isn't going to cover this, but I think it's critical for the learning climate. I think another way to really establish a positive learning climate is to set goals ahead of time, explain your role as the teacher, understand the learners' goals. As a learner and work together to figure out how as a attending, you can observe and coach and try to help that learner grow.

I think that really establishes a positive learning climate when it's clear what your agenda is.

**Trish Kritek:** I think there's so much there. So, I'll just highlight, like, get to know the person, the people and be curious about those people. I very much appreciate that [00:08:00] talk openly about how you're going to navigate microaggressions and macroaggressions or other forms of bias. And I think that's a practice that I have adopted in the last few years and didn't used to do when I would orient learners to kind of our space together. And then I think I'm going to kind of go with that last one, which is establish goals, which are some of your goals,

but I think I also heard you say be somewhat learner centered about what they're hoping to get out of the experience as well.

So. All of that seems to fit into that bucket of creating the positive learning climate, which you're telling me I need to do before I can even get to the teaching efficiently. Do I do anything else with the learners to prepare them for my approach to trying to be efficient and dealing with the, you know, busy clinical service or a busy clinic, and also meeting their needs in terms of these goals they have for learning?

**Som Mookherjee:** Yeah, I mean, I think it's really critical that it's the learner is clear on what they are supposed to be doing where they're supposed to be going. You know, [00:09:00] as, you know, I'm a mentor for the medical students and the colleges and I asked them, like, what's been fun about clerkships and what's been challenging and a theme that I've gotten actually one of my learners told me that.

Yeah, I was on a two-week rotation and on the last day of the rotation, they told me, oh, you should have been doing this. And they were like, oh, you should have told me on the first day of the rotation. So there's orientation materials available somewhere, maybe on a big print out or on the web somewhere.

But nothing beats telling the learner on the first day. What is it that they're supposed to be doing it? How is it that they're supposed to be doing it? And what is the feedback timing going to look like that feedback is normal. We're going to do it after every patient or at the end of every day, whatever the case is, and really normalizing those processes ahead of time.

So, and that has to take place in the setting of a positive learning climate. And you'll note that it'll become much more efficient if that communication happens [00:10:00] early, rather than waiting till later in the rotation.

**Trish Kritek:** Yeah, I think I like that link you just made, which is you can be much more efficient if you establish a lot of the expectations and ground rules up front, and I completely agree with you on that.

I have learned it the hard way that if I haven't done that, I'm going to be kind of backpedaling, and my teaching isn't as effective as well as not as efficient, so really appreciate that. Now. Let's say I'm actually getting to this, like, kind of teaching in real-ish time and clinical settings.

One of the questions I have for you is, do you prepare what you're going to teach about in advance? Is there a strategy to that that we could take into consideration? And maybe added to that, like, is there a quantity that's the right amount? Like, how am I strategizing on the actual teaching during those clinical settings?

**Som Mookherjee:** Yeah, I think to some extent, you have to know yourself, people are going to have different styles and different styles can be equally efficient or [00:11:00] inefficient. I think it's a combination of having some preparation for common areas of teaching

opportunities that arise in your work. So, for example, I have a talk on hyponatremia and I'm a hospitalist and I can guarantee you someone will have hyponatremia on my service when I'm on service.

And I can say, oh, this patient has hyponatremia should we talk about hyponatremia and give a nice 5 minute talk about what labs to send. And it's pretty efficient because I practiced it 100 times. I've given it 100 times and it seems relevant because there's always going to be someone with hyponatremia.

So, I think that's 1 part of it is having some, uh, prepared snippets or short talks to give. I think the other part is to recognize opportunities to teach general ideas that are applicable in the clinical setting. I think these are really overlooked learning and teaching opportunities. Our learners, [00:12:00] um, almost always have far less experience, clinical experience than we do, and pointing out general ideas or general themes, uh, can be a really efficient and effective teaching opportunity.

**Trish Kritek:** I'm going to ask you for an example of that, because I think the, the content. Little like teaching script or you know, two minute four minute set of pearls kind of thing. I think probably everybody could think of something like that. Mine's Vents 101. I do it in lots of different ways in lots of different spaces and I strongly support the like it looks spontaneous, but it's the same thing that I teach over and over again.

So I 100 percent endorse crafting a library of those teaching scripts. So I 100 percent agree with that. But tell me a little bit more about these kind of common clinical problems. Like, can you give us an example of what you're talking about there?

**Som Mookherjee:** Sure. Yeah. So this came up pretty recently. I was at the bedside with some pretty junior medical students and we were interviewing a patient who had a telemetry monitor [00:13:00] on.

And so as a sequence of two patients on telemetry, the first one's heart rate was 40, but they were awake talking, not having any symptoms. So that's a great opportunity to make a general teaching point about does a heart rate of 40 mean that this patient has a problem and needs a rapid intervention and that's not necessarily intuitive.

To an early learner, the second patient wasn't afib and we asked the patient. Are you having any palpitations? Are you having any lightheadedness? Do you feel any different at all? So, another opportunity to make a really important general point that a patient who has an arrhythmia doesn't necessarily feel it.

And so these are things that I'm sure it's a listeners or to you feel like obvious teaching points or obvious pieces of knowledge. But to our learners, these were actually really important for them to actually see the classroom teaching translated to the clinical setting.

**Trish Kritek:** I really appreciate that because I think one is you have to attend to those [00:14:00] moments.

So you're raising everyone's awareness to attending to those moments. And then two, you have to kind of lower your threshold for saying this is an important thing to teach because you start to think like everyone knows this, but everyone doesn't know this. And so I, I really appreciate that one. Those also seem really efficient because you can do them as a little, very short snippet.

I have two more follow up questions about this. I'm going to go back to like, how much is the right amount? And so this is the thing that I feel like people struggle with. And when I supervise fellows, it's something we talk about a lot, which is wanting to make sure there's teaching, but also wanting to, for me, get done with rounds in a reasonable period of time.

So can you give any guidance on gauging the kind of right amount of teaching? And we can talk about inpatient now. I'm going to pivot from there in a second.

**Som Mookherjee:** That's a really hard question. I would say the rule of thumb here is whatever you're doing is probably too much. And so when I talk with attendings, and sometimes I'll shadow attendings and as part of my role, and I'll [00:15:00] kind of observe what they're doing on rounds.

Sometimes folks will come to me with a desire to improve their teaching. Because their evaluations haven't been as strong as they would like and the recurring theme here is folks generally try to do more than they need to, to be effective. So, the examples that I gave, you know, with the heart rate, um, that five minute talk about hyponatremia, those don't take very much time.

And if you're able to do that well, and you do something like that once or twice a day, I mean, if you're going to ask me exactly how much is enough. That is the right amount, I think, and I feel like the learners will perceive it like that as well. On the other hand, a lot of junior folks and folks who are really trying to improve their evaluations and are challenged by some of the comments and the scores, if you look through them, like I said, it seems like the attending is spending too much time trying to make a lot of teaching points.[00:16:00]

**Trish Kritek:** I think that that feedback of like focus your teaching and I think one of the things that I have learned over time is if there's multiple people who are teaching if someone else is teaching you don't have to also teach so I completely agree with you and I think it comes from a really good place people want to be educators, which I love and focusing it down is probably a good piece of advice.

I alluded to this a second ago. We you and I both work in the inpatient setting. A lot of people work in the outpatient setting and some people work in like procedural spaces, like an operating room or a procedure suite. So how do you tweak this advice for those different spaces?

**Som Mookherjee:** I don't think I tweak this general advice very much.

I think these principles remain true for folks who are primarily procedural who work in the operating room. I think there's a lot of details that they can gain from other folks. Maybe another podcast with Amy Morris or other folks who are real experts and procedural teaching. But I think the general [00:17:00] principle is true that setting the stage with the learner ahead of time goes a long way.

Or it's being more efficient and the teaching moments and without a positive learning climate, I think of it as energy in an energy out the amount of energy that you'll have to put forward and time is going to result in much less. productive output energy in a negative strained learning climate versus in a positive learning climate.

So I think those two tips hold true regardless of the setting of the teaching.

**Trish Kritek:** I think that's helpful because I think we often think of what's different and I think what I hear you saying is it's more similar than different and I also heard you give me some feedback on what I can do a future Thrivecast on which I appreciate as well.

Okay, is there any other like kind of last pearl like you've taught you've talked a lot about kind The positive learning climate, setting expectations, being transparent about how you're going to work together, and then focusing your teaching, maybe [00:18:00] crafting some scripts so that you're have stuff at your fingertips, and maybe taking those little pearls that are, you know, really important for particularly earlier career folks.

So that's a lot already, but I always like to ask people, do you have one last pearl that you want to share with folks?

**Som Mookherjee:** Well, I have 32 more pearls to share and so we have an hour and a half to for this efficient podcast on efficiency. Okay, so I'll share with you one more thing. So, like I shared, I do shadow folks on rounds and folks shadow me and we give each other feedback.

And what I've noticed is a lot of the efficient inefficiencies come from the attending kind of in a very linear, direct fashion. So, for example, I've noticed a phenomenon where, on a hospital medicine rounds, the student will summarize the plan to the patient, and then the intern will summarize the plan to the patient.

And then the resident's like, I'm the resident, I'm going to summarize the [00:19:00] plan as well. And then the attending is like, well, wait a sec. I'm in charge here. I need the patient to know that I'm going to be in charge, so then they'll summarize the plan. And so that's hugely inefficient. And once in a while, that'll start to cycle back over.

And then the student summarizes the plan again, and it goes back to the resident. So, being mindful of your role, your direct role in an inefficiency is very helpful. I think really thinking twice about whether you need to say something. Can you take a step back? Instead of asking

that question to the resident in the middle of the presentation, can you write down the question on a piece of paper and maybe it'll be answered.

These are, I think, little things that folks can do to really save a lot of time on rounds.

**Trish Kritek:** I appreciate all those. And I think they all resonate with me a lot. And sometimes I'm better or worse about observing them, but I think I very much appreciate all of those. And I think you've shared a lot of wisdom about how to approach making our clinical [00:20:00] teaching more accessible, more efficient. I really appreciate it.

I would be remiss if I didn't say you've alluded to the fact that CLIME offers a lot more on this topic. So do you want to just mention what that is? So that if people have had their curiosity peaked, they can engage in more learning about this?

**Som Mookherjee:** CLIME does have multiple opportunities for folks that want to grow as teachers.

So you can go to <https://clime.washington.edu> to learn a little bit more about these offerings. We have the clinical teaching certificate program, which enrollment starts in the fall every year, but it's rolling registration. You can complete it over one year or multiple years. If you complete the clinical teaching certificate program, you're welcome to enroll in the advanced clinical teaching certificate, which will provide even further opportunities to grow.

As a teacher, the teaching scholars program is directed by Addie McClintock and that's for folks who are really looking at a career in medical [00:21:00] education. There's opportunities to grow as a leader in education and to learn more about scholarship and that's also, links are available at the CLIME website.

The CLIME symposium is coming up in June and well, that's an annual event. This year we're going to be talking about different aspects of medical education. And so go to the website, mark these down on your calendar and everyone is welcome to engage with CLIME and all the things that we offer.

**Trish Kritek:** So I'm so grateful for all you do to help bring knowledge and skills to the many, many, many teachers and educators across our school.

So thank you for all of that. And thank you for this conversation. I know that folks have learned a lot.

**Som Mookherjee:** Great. Thank you, Trish. I loved the conversation.

**Trish Kritek:** And for everyone out there, if you want to listen to more Thrivecasts, like the ones we suggested in this conversation, you can find them at Apple Podcasts, Spotify, or wherever you listen to your podcasts.



You can also find them at the UW School of Medicine faculty website at [00:22:00]  
<https://faculty.uwmedicine.org>. Thanks for listening and have a great day.