



**Please Consider our Needs:
Principles of Good Practice in Medical Education**

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If medical students could wave a magic wand and create residents and faculty who employ these 7 teaching principles...

1. Engage us in active learning

Contrary to the popular belief that medical students prefer to sit and passively receive information, most students crave interesting, practical and applicable lessons that incorporate real-life examples and encourage stimulating discussions.

Example: *"If a patient were to come through the door in DKA, what are your immediate concerns and how would you manage them?"*

2. Provide us with clear, well-prepared presentations

Medical students, like other adult learners, appreciate organized lectures with a small number of specific learning objectives.

Example: *"By the end of this talk you should be able to describe the pathophysiology of cerebral edema in DKA."*

3. Be cognizant of our time and level of efficiency

Just like you, medical students are pressed for time and appreciate minimization of unnecessary deviations or repetitions.

Example: *"Where are you with your work for the day? Would now be a good time to spend 30 minutes talking about DKA? Is there another topic that would be more useful to you to hear about?"*

4. Communicate your expectations upfront

The first day of a new rotation or with a new team can be confusing. Medical students often feel "set up to fail" when expectations are not provided to them from the start.

Example: *"It is my expectation of you that discharge summaries are updated daily and completed by the end of the day of transfer or discharge."*

5. Share relevant sources with us in a timely manner

We are more likely to read when the literature is particularly salient (i.e. related to a patient we are currently treating and with a specific clinical question being addressed).

Example: *"Since you are taking care of our patient with DKA, I will email you this paper comparing neurological outcomes in hyponatremic DKA patients where either half normal saline or normal saline was used for fluid resuscitation."*



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6. Provide specific, constructive and timely feedback

We, as medical students, get a bad rap for being grade-grubbers (which is sometimes true). However, a lot of us truly want to be better providers and therefore covet constructive feedback about things we can change.

Example: *"During rounds today, it was clear that you developed a plan independently, which is an important skill to continue practicing. Even though we are not going to ____ you should continue to state your plan confidently."*

7. Be approachable and encouraging

As a medical student, it is helpful to know that the disorientation you are experiencing is both normal and temporary. A little bit of empathy can go a long way when trying to set a nervous medical student at ease and create a healthy learning environment.

Example: *"When I was a medical student I remember feeling underutilized, disrespected and forgotten about. You are an important member of this treatment team and I want you to feel comfortable asking questions or coming forward with ideas."*

References:

1. Sockalingham, N. Understanding Adult Learners' Needs. FacultyFocus.com. August, 2012. <http://www.facultyfocus.com/articles/teaching-and-learning/understanding-adult-learners-needs/>
Chickering, A. W., & Gamson, Z. F. (1987). Seven Principles For Good Practice In Undergraduate Education. AAHE Bulletin, 3-7