

Effective Strategies for Teaching in the Moment

This document is based on input from trainees and faculty, both psychiatry and psychology, within the Emory Department of Psychiatry and Behavioral Sciences, along with a summary of best practices from the literature. The feedback is divided into three sections: Before the Moment, In the Moment, and After the Moment. However, we recognize that virtually of these strategies can be helpful and effective in more than one point in time, however may appear differently at different stages of the process. For more information, you may view the conversation that was held by trainees and faculty in our department regarding this topic at this link: [Effective Strategies for Teaching in the Moment compressed.mp4](#)

Before the Moment Strategies

- Prioritize clinical teaching
 - Make scheduled time for teaching and learning – engage in dialogue, not just lectures
 - Remember there is always a moment to teach
 - Seize each opportunity as a teaching moment
 - Set the intention so that teaching/learning is fruitful and enriching
 - See these moments as sacred
 - Learn from these moments as trainers
 - Use what trainees share/ask to determine what/how to teach
 - Build on what you teach over time

- Create a good learning environment
 - Be grounded in humanistic values
 - Engage in a manner that is respectful, considerate, and kind
 - Be sensitive about time – make teaching points in a time-limited way
 - Be empathetic and aware of the unique needs of each trainee
 - Forge a relationship in which the trainee feels comfortable and able to share their struggles
 - Support a culture of inquiry
 - Encourage trainees to ask questions
 - Reflect on questions trainer has
 - Gather information together
 - Kindle curiosity
 - Provide a context in which both parties are active
 - Be open - share own thought process and how they reached certain conclusions
 - Display patience in allowing trainees to struggle and offering ways for them to move beyond these struggles
 - Be mindful that the learning environment co-occurs with the work environment and so prioritize both teaching and patient care/research

- Ask trainees how they best learn and grow and be intentional in responding accordingly
- Be attuned to the power differential that exists
 - Attend to power dynamics in supervision
 - Be mindful of power issues with patients
- Learn from own difficult experiences as a trainee
- Be mindful of own reactions and don't have these take over, so can be fully there with your trainee

In the Moment Strategies

- Serve as a role model
 - Value the trainee, the patient, the research
 - Model critical thinking
 - Model interactions with patients (e.g., interviewing, building rapport, gathering information)
 - Model handling difficult situations
 - Explain thought process and how conceptualization may change
 - Acknowledge and be honest about own mistakes
 - Role model and teach efficiency
- Demonstrate
 - A passion for teaching and learning and patient care
 - A value on teaching and learning
 - Protect teaching/learning time
 - A commitment to developing trainees' competence
 - Confidence in their knowledge about psychiatry and basic medical concerns, as well as teaching
 - Humility – remember a student as well
 - Flexibility
 - Know when to allow trainee to take the lead and be patient with that and when to take the lead and serve as an example
 - A capacity for self-reflection
 - An openness to learn and grow
 - An appreciation of what the trainee's experience may have been in a moment
- Interact with trainees in a collaborative and collegial manner (i.e., junior colleague)
 - Think of this as a dance and allow the trainee to take the lead
 - Try to understand and build upon the flow
 - Work “with” trainees, rather than have them work “for” you
 - Share in some of the work responsibilities
 - Treat trainees as junior colleagues
 - Figure out a problem and solution together

- Engage in shared decision making
- Offer trainees options about what is the focus of the conversation or the teaching/supervisory strategies to be used
- View teaching/supervision as an opportunity to discuss and share ideas, without concrete conclusions about what is the “right” way to proceed
- Display humility and lack of answers we have as trainers
- Support developmentally appropriate levels of trainee autonomy
 - Reflect on trainees’ level of development and have this inform teaching approach – incorporate aspects of teaching/supervision appropriate to all levels when mixed developmental levels of trainees
 - Provide more guidance and hands on involvement with junior trainees
 - Offer more autonomy with more senior trainees
 - Allow trainees to own their decisions
 - Serve as bumpers in the bowling alley so trainees can find their pathway forward in a developmentally appropriate way
- Use creative teaching strategies
 - Highlight/spotlight what is important – attend to both the trainee and the patient/research
 - Tie in own experiences, current events, specific evidence/knowledge
 - Direct them to what you are reading at the time
 - Vary tools and methods
 - Have materials ready for when may need them
 - Vary what teach about
 - Give chalk talks
 - Use teach back approach
 - Create a daily blog and send information to trainees
 - Use virtual technology to teach/supervise in the moment
 - Use technology to observe interactions
 - Use text box throughout interaction to type reflections and then share with trainee when interaction is over
- Elicit trainee’s ideas about diagnostic and biopsychosocial-cultural formulation and treatment plan
 - Ask questions in a supportive way
 - Utilize Socratic questioning when appropriate and in a way that is tactful and avoids condescension - important for developing critical thinking
 - Add information to the questioning process
 - Be comfortable with disagreement, validate trainees’ different thought process, and then find a shared understanding
- Share your thought process regarding assessment and treatment
 - Reflect upon your diagnostic decision-making, taking cultural considerations into account

- Offer alternatives ideas/plans related to the treatment plan and share why such recommendations are being suggested
- Discuss how relevant literature influenced your evidence-based decision-making
 - Share this literature with trainees after the conversation
- Give options without indicating a right or wrong – recognize when there is no right opinion or right way to proceed
- Teach trainees through their teaching/supervising of more junior colleagues
 - Model developmentally appropriate teaching of basic constructs in psychiatry and medicine to medical students and PA students
 - Encourage trainees to observe more junior trainees interviewing patients on their own and making formal case presentations and to provide them feedback

After the Moment Strategies

- Have immediate debriefs
 - Discuss reactions to the patient/research findings
 - Frame this as supervision
 - Focus on experience, not just the decision
 - Convey that it is ok to make mistakes
 - Seek out relevant literature
 - Elicit feedback from trainees about the learning experience
- Give effective feedback
 - Highlight what trainees can do well and articulate clearly what they could do differently (as opposed to what they are doing that is wrong)
 - Give feedback in a way that is constructive and helpful
 - Provide direct and ongoing feedback (strengths and areas for improvement)
 - Use words thoughtfully and with intentionality
 - Give negative feedback privately – be mindful not to humiliate the trainee
 - Support introspection and self-reflection
 - Help trainees identify and address their blind spots
- See Gabbard, G.O. (2011). Why I teach. *Academic Psychiatry*, 35 (5), 277-282. <https://doi.org/10.1176/appi.ap.35.5.277>