How to Be A Super Model!

Using Role Modeling to Become an Exemplary Educator
Disclosures:
Objectives

Describe the impact of role modeling in medical education

Discuss different opportunities to use role modeling as an educational method

Create strategies to integrate role modeling as an effective teaching method
Agenda

Role Play
Reflect and Share in Pairs
Background building
Develop strategies
Share with the group
Take home points
The scene...

How to Be a Super Model… Take 1!
How did that go?
Talk amongst yourselves...
Reflecting on Role Modeling...

1) Do you equate excellent role modeling with excellent teaching? What are the differences between the two?

2) Describe an example of a time when you felt as if your being a role model had a significant influence on the learner, either positively or negatively.

3) What aspects of your personality make you a good role model? What aspects of your personality hinder your ability to be a good role model?
The Evidence Behind Role Modeling in Medical Education
The Need

• Teachers are poor role models
  – <50% in one study were positive
  – 50% of students in another had good role models
  – 33% of residents thought same

Qualities of Exemplary Educators

Role Modeling

Active awareness of role modeling and being explicit in their process of thinking
Dynamic Process

1. Observation of role model
2. Making the unconscious explicit
3. Reflection
4. Transforming realizations into beliefs & action
5. Change in practice

Unconscious integration of behaviors

Active contemplation of beliefs and values

Adapted from:
Cruess SR, Cruess RL, Steinert Y. Role modeling – making the most of a powerful teaching strategy. *BMJ*. 2008; 336:718-721
Conceptual Model

Obstacles

Conscious Awareness of Role Modeling

Personal Qualities
Teaching Skills
Clinical Skills

Personal Qualities

• Commitment to excellence and growth
• Integrity
• Interpersonal skills
• Leadership
• Positive outlook

Teaching Skills

• Establishing rapport with learners
• Developing specific teaching philosophies and methods
• Being committed to growth of learner

Barriers

• Personal influences
  – Awareness
  – Comfort
  – Reflection

• Personal behaviors
  – Impatient
  – Too opinionated
  – Too quiet
  – Too busy

• Institutional
  – Appreciation
  – Time
  – Reward

Wright Sm, Carrese JA. Excellence in role modelling: insight and perspectives from the pros. CMAJ. 2002; 167:638-643.
Optimization Strategies

Be aware
Facilitate reflection
Be explicit
Be positive

Optimization Strategies

Be a competent physician
Take time to teach
Be student-centered

Optimization Strategies

Dialogue with colleagues
Seek development opportunities
Improve the culture

ROLE MODELING IN PRACTICE

• Identify 3 scenarios where trainees can observe you in action.

• What types of skills can you role model in these scenarios?

• How can you turn these situations into specific and tangible learning opportunities?
Barriers and Strategies

There’s No Time!

INCORPORATE ROLE MODELING INTO YOUR WORKFLOW

But I’m Not Perfect...

MORE OPPORTUNITIES TO HAVE THE TRAINEE REFLECT ON AREAS TO IMPROVE

What if they don’t know I’m teaching?

MAKE IT ACTIVE: ASSIGN A TASK
Take Home Points

• PREBRIEF (Prime the learner about the skill, behavior, interaction they are about to observe or participate in as a learning moment)

• ROLE MODEL the skill or behavior

• DEBRIEF (Review the encounter, highlight learning points, seek feedback)
THANK YOU