



The **Teaching Takeout Menu** is a quick-reference guide to the essentials of clinical teaching and a simplified version of information contained in the [Faculty Orientation Handbook](#) for the Scarborough Academy of Medicine. For more information and references, refer to the complete [handbook](#).

Appetizer: Learner Onboarding & Orientation

Preparation

- Reflect on your teaching goals and approach
- Plan to integrate learner into clinical workflow
- Inform your clinical team
- Understand learner background
- Patient selection for learner
- Logistics (ID badge, parking, locker, lounge, call room, etc.)



Orientation

- Introductions (you, your team and clinical practice)
- Give a tour of your space
- Discuss learner schedule
- Clarify specifics of learner integration into clinical workflow
- Provide protocols on who, how and when to contact for specific scenarios

Setting Objectives and Expectations

- Review MD Curriculum objectives
- Reflect on your goals as a teacher
- Ask learners to share their goals
- Align clinical opportunities with their level and objectives
- Set SMART (specific, measurable, achievable, relevant and time-bound) goals
- Clarify assessment methods and feedback frequency



Main Entrées

Creating a Psychologically Safe Space

- Be approachable and accessible
- Encourage questions and invite curiosity
- Normalize mistakes as learning opportunities
- Model humility and openness to feedback
- Avoid ridicule, intimidation, interruption
- Zero-tolerance for disrespectful or harmful behaviours

Engaging Your Learners

- Show enthusiasm for topic and learners
- Integrate learners into clinical care
- *One-Minute Preceptor*:
 1. Get a commitment (what's going on?)
 2. Probe for reasoning (why do you think that?)
 3. Teach general rules (clinical pearls)
 4. Reinforce what was done well (positives – be specific)
 5. Constructive feedback (what can be improved/changed – be specific)
- *SNAPPS (learner-driven)*:
 1. Summarizes case (listen to learner)
 2. Narrows differential (probe for reasoning)
 3. Analyze reasoning (challenge assumptions)
 4. Probe preceptor (provide guided questions and answers)
 5. Plan management (give specific feedback on plan)
 6. Select issue for self-study (provide guidance)



Today's Special: Adaptive Expertise

- Integration: Ask "how" and "why" questions (link basic science to clinical manifestations)
- Allow productive struggle: Provide guidance rather than giving out answers too early.
- Meaningful variation: Ask "what if" questions (what if this patient were older/younger, pregnant, etc.)

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Dessert: Evaluation and Feedback



Evaluation

- Based on direct observations
- Challenge your implicit biases (avoid assumptions)
- Complete as soon as possible after the event
- Be aware of policies for timely completion of student assessments

Feedback

- Maintain Privacy
- Ask learner to reflect and self-assess
- Timely (as soon as possible after event or behaviour)
- Regular (focused and frequent > lengthy and infrequent)
- Specific (avoid general statements)
- Objective and explain impact (focus on "I" statements – "I had difficulty following your case presentation as the information was not presented in a logical sequence.")
- Balanced (both positive and constructive feedback)
- Consider using *Pendleton's Rules*:
 - Ask learner what went well
 - Tell learner what went well
 - Ask learner what can be improved
 - Tell learner what can be improved
- Actionable (suggest specific changes or strategies to improve)
- Invite feedback from learner (bi-directional)
- Align feedback with objectives and expectations

Enjoy!



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