Lecture

Do as I Do: The Importance of the Clinical Instructor as Role Model

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Keywords: perfusion students, clinical instructors, role models, mentor, clinical skills, attitudes

INTRODUCTION

For those who have been involved in clinical allied health or medical education, it probably comes as no surprise to hear that medical students rate clinical teaching significantly higher that classroom teaching. Perfusion students would be expected to produce similar ratings. Part of the reason for this high rating is that questions of relevance to actual practice are reduced when instruction takes place in the clinical arena. Answers to the question, "Why do we need to know this?" are obvious. (1)

Clinical instruction is highly rated, therefore clinical instructors play very important roles in the education process. When the perfusion student reaches the clinical setting, he is often unsure how to behave; the role of the perfusionist is something new. Lacking other information, the student imitates the behavior of the clinical instructor, someone who at this stage represents the profession. Subsequently, as the instructor either consciously or unconsciously encourages the student in this behavior, the student is likely to respond in the future with similar behavior. (2) This imitation occurs whether or not the behavior is considered appropriate.

Role modeling is defined as teaching by example and learning by imitation. According to Whitman, the positive role model is someone who "does not tell others how to be but can show them, and by example make being that way seem desirable and worthwhile." (3) Although the process is not verbally explicit, but rather consists of a sometimes unconscious imitation of behavior, the role model is one of the most forceful influences upon the student. (4) The clinical instructor must model clinical skills by demonstrating clinical competence in various ways. Appropriate behaviors and attitudes must also be modeled, as actions nearly always send a stronger message than just words. Unfortunately, many clinical instructors do not realize their own importance as models and therefore remain unaware of, and unable to consciously control, the powerful influence — for good or for bad — that they have upon their students' clinical skills and professional behavior. (2)

Irby states that "the modeling process should be a purposeful activity that demonstrates the knowledge, skills, attitudes and ethical behavior that students should acquire." (1) Indeed, it must be purposeful if it is to be used to best advantage. We need to become aware of the skills and attitudes we are modeling for our students in order to be sure we are modeling what we intend.

Given that clinical instructors are undeniably imperfect, occasionally a clinical instructor will encounter a student imitating inappropriate behavior, either his own or that of another staff

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member. Of course, appropriate feedback should be given, (5) and expectations clearly communicated, but according to Shea, et al, it is imperative that instructors model good behavior themselves. The attitude, "do as I say, not as I do," will not work. (2)

A review of the attributes of the successful positive role model would seem to be in order if we are to best analyze and utilize the influence we possess.

Role-modeling can be broken down into two broad areas: modeling clinical skills and modeling attitudes and behavior. Both play an important role, but when combined successfully, they provide a powerful template for students to emulate.

MODELING CLINICAL SKILLS

It is paramount that the clinical instructor establish credibility with the student by demonstrating outstanding clinical competence. Data involving medical students and attending physicians reflects that a physicians's ability to establish clinical credibility had a significant impact on the overall influence of that physician as an instructor. (6)

A perfusionist can exhibit clinical competence by knowledgeably discussing issues and recent advances in the field of perfusion, by demonstrating effective interaction with patients and with fellow members of the medical team, by calmly and efficiently responding to emergencies and unforeseen events, by modeling troubleshooting and decision-making skills, and by demonstrating effective hands-on skills. (1)

Clinical instructors are frequently called upon to demonstrate various skills to students. During the demonstration, it is helpful if the clinical instructor verbally labels the important aspects of the skills as they are performed. (1) This attention-focusing process helps the student more effectively imitate the behavior. ("First I'm going to open my arterial clamp and start the pump. Next I'll take off the venous clamp...") Such narration combines seeing and hearing and more effectively reinforces the learning process.

As important as it is to explain the important aspects of what is being done, it is perhaps even more important to explain why it is being done, thus modeling decision-making and troubleshooting skills and laying the groundwork for enhancing the student's own problem-solving capabilities. The student is better able to imitate the clinical instructor's problem-solving behavior if the instructor verbalizes his or her own thought process (1). ("I started the pump before I opened the venous clamp because I wanted to establish forward flow and make sure the arterial cannula was properly positioned before I started to drain the patient...") Subsequently, students need to be encouraged to problem-solve on their own rather than to answer only factual questions. ("Why do you think our line pressure is so high?" and "What do you think could be done about it?" vs. "What size arterial cannula did they put in?")

Modeling clinical skills adequately is only part of the picture. Most clinical instructors manage to do this much, but often neglect the importance of demonstrating professional attitudes and behaviors. (2)

MODELING ATTITUDES AND BEHAVIORS

The difficult thing about modeling appropriate attitudes and behaviors is that it is important (and very difficult) to exhibit appropriate behavior at all times. As Irby states, "students quickly discern codes of conduct and acceptable behavior and act accordingly," (1) whether or not the codes and modeled behavior are, upon further conscious reflection, deemed to be ideal or even acceptable.

Positive role models will demonstrate exemplary professional characteristics, including showing genuine concern for patients, recognizing one's own limitations, not appearing arrogant, showing respect for others and working well as a team member, exhibiting responsibility and integrity, and maintaining professional speech and appearance. (7) The good role model will show enthusiasm and initiative in practice and in teaching. Enthusiasm has been shown to capture the student's attention and stimulate further thinking, infusing the learning environment with energy. (1,3)

The clinical instructor is also a model for professional development. The instructor represents the profession of perfusion technology to the student. He must remain up to date and knowledgeable about cutting-edge issues in the field. Maintaining professional affiliations, membership in and service to professional organizations, and contributing to research and publications is important as well. (2)

"PROFESSIONAL INTIMACY" AND THE MENTOR

As important as role modeling is, the concept of the mentor takes the issue a step further and is the ultimate in teacher-student interaction. (3) Webster's dictionary defines a mentor as a "wise, loyal advisor," or "a teacher or coach." (8)

Whitman and Schwenk use the term "professional intimacy" to describe the delicately balanced ideal relationship between the clinical instructor and the student, a prerequisite for the mentor/protégé relationship. Whitman uses the analogy of the physician/patient relationship. Although the physician is not often the patient's personal friend, ideally their relationship is open and honest and without facade. Professional intimacy encourages the instructor to share thoughts and values with students in a manner that encourages the students to share their own with the instructor. Professional intimacy lessens the "psychological distance" between teachers and learners, a process which can result in a conversation in medicine where all participants become learners. (3)

Although not all teachers are mentors and not all students have a mentor, the phenomenon has been shown by Kirsling and Kochar to be self-perpetuating: faculty who have had mentors became mentors. Benefits to the protégé included a reduction in personal stress, heightened personal growth and development, and career advancement. Kirsling and Kochar believe the mentoring process ought to be encouraged in medical education because, "increased mentor activity would likely improve com-

munication between the housestaff and faculty, increase morale, and foster a more cooperative spirit among residents and faculty." (9)

According to Levinson, the functions of the mentor can be broken down into several facets: (10)

- a teacher: enhancing skills and intellectual development
- a sponsor: facilitating entry into and advancement within the profession
- a host or guide: welcoming the student into a new occupational and social world and to acquaint him with its values, customs, resources and characters
- an example: modeling virtue, achievement and way of living that the student can admire and seek to emulate
- a counselor: listening and providing moral support and counsel in times of stress of crisis
- a facilitator or supporter: bolstering the student's realization of his or her dream of achievement

CONCLUSION

Obviously none of us are perfect. Any clinical instructor can think of examples where he has not modeled ideal behavior or fostered professional intimacy, yet sometimes instructors wonder why students behave in unacceptable ways.

Perfusionists around the nation are concerned with quality in perfusion education (11) and are sometimes bewildered at the way graduating students "turn out."

Clearly other factors besides the clinical instructor impact upon the attitudes and behaviors of perfusion students, but a little introspection and honest self-criticism (or even peer review) could be revealing when considering the issues of student skills, attitudes and behavior. A clinical instructor who does not attend the scientific sessions while attending a national medical or surgical meeting will send an obvious behavioral message to his students, no matter what is said about the importance of being well-informed about developments in the field. A clinical instructor who gives lip-service to self-fulfilling service to the patient and the institution, but whose actions suggest that the real concern is making as much money as possible, is probably sending a message too. These particular attitudes are not typical of the average perfusionist; yet similar examples, major and minor, abound.

As Irby states, "role-modeling is a powerful teaching technique and one especially well-suited to the apprentice system of instruction in medicine." (1) It is no less and powerful and well-suited to the perfusion profession. Once we become aware of the influence we hold as clinical instructors, it becomes our moral responsibility, both to our students and to our profession, to be the best role models — and perhaps even mentors — that we can be.

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