ABSTRACT

Predictors and Correlates of Behavioral Scientists' Clinical Teaching Styles: A Nine Year Retrospective Study. Shapiro, J. Department of Family Medicine, University of California, Irvine; Lenahan, P.

Context: Although physician clinical precepting has been widely studied, little information exists about clinical teaching styles of behavioral scientists. Since behavioral science instruction is a mandatory part of family medicine residency education, it is necessarily an important area of investigation. **Objective**: To determine the predictors and correlates of behavioral scientists' teaching styles in a family medicine residency program. **Design:** A nine-year retrospective study in which written feedback to residents about patient encounters was systematically recorded. **Setting:** Outpatient clinic of the UC Irvine family practice residency program. **Patients/Other Participants:** 90 family practice residents, 1291 patients, and 6 behavioral scientists. All residents and behavioral scientist faculty participated. Residents and patients were selected for videotaping based solely on availability. Only urgent care patients were routinely excluded. **Outcome Measures:** Five dependent variables were constructed from preliminary qualitative data analysis: Total teaching activity, active teaching, passive teaching, positive comments, and negative comments. **Results:**. *Total teaching activity* was associated with specific behavioral scientist ($p = .0001$), sex of behavioral scientist ($p = .0001$), sex of resident ($p = .0001$), and year of resident ($p = .0002$). *Active teaching* was associated with specific behavioral scientist ($p = .001$), sex of behavioral scientist ($p = .01$), sex of resident ($p = .05$), year of resident ($p = .0001$), psychological diagnosis ($p = .001$), and severity of illness ($p = .05$). *Passive teaching* was associated with sex of behavioral scientist only ($p = .0001$). *Positive comments* were associated with sex of behavioral scientist ($p = .0002$) and sex of resident ($p = .0001$). *Negative comments* were associated with specific behavioral scientist ($p = .001$), sex of behavioral scientist ($p = .04$), and year of resident ($p = .0003$). **Conclusions:** Behavioral science faculty should realize that their personality and gender, gender of resident, and patient diagnosis may influence teaching style.

PANEL 1

- **Statement of the Problem**: Little is known about clinical teaching styles of behavioral science faculty in family medicine.

- **Research Question**: What factors influence behavioral scientist teaching style?

- **Hypothesis**: Teaching style will be a function of teacher, sex (of resident and teacher), level of resident training, patient diagnosis, and severity of illness.

- **Variable Definition**: Teaching style operationalized as behavioral scientists' *written comments to residents about interactions with clinic patients*

PANEL 2: SUBJECTS

- 89 **residents** assessed over a six-year period (1987-1992)
  - 61 male residents

- 6 full-time or part-time **behavioral scientists**
  - 4 females, 2 males

- 967 **patients**
  - 76.8% female
  - Primarily adult
  - Ethnicity unknown for majority of patients [39 white, 136 Hispanic, 24 Asian, 17 African American, 9 Middle Eastern]

* Inclusion criteria: Resident/patient availability
* Exclusion criteria: Urgent care, "counseling" patients routinely excluded

PANEL 8: CONCLUSION

FACTORS THAT INFLUENCE BEHAVIORAL SCIENTIST TEACHING STYLE:

•**Personality of Teacher** (Individual personal style may vary significantly in terms of overall activity, active vs. passive orientation, or positive vs negative orientation)

•**Gender of Teacher** (female behavioral scientists may engage in more overall teaching and make more positive comments than male behavioral scientists; while males may engage in both more active and passive teaching than females, as well as have a slight tendency to make more negative comments)

•**Gender of Resident** (female residents may receive more overall teaching, more active teaching, and more positive comments than male residents)

•**Level of Training of Resident** (overall teaching tends to decrease as level of training increases; active teaching tends to be greatest with first years, and negative comments least with third years)

•**Interaction of Gender and Level of Training** (first-year women may receive more teaching than all men and second and third year women.)

•**Interaction of Sex of Resident and Sex of Behavioral Scientist** (pairs of female residents and teachers may tend to have more overall teaching and more positive comments).

•**Presence of Psychiatric Illness in Patient** (Behavioral science teaching may be greater in cases of psychiatric illness even when compared to all categories of illness severity)