

Asking vs Telling: A Model for Effective Clinical Instruction

In healthcare, asking your patients questions to identify their concerns, goals and needs is crucial in providing quality customized care. Likewise, in clinical education, questioning the student should be a central task. Yet studies have shown that the dominant teacher activity in medical education within all disciplines tends to be “telling” and not “asking.”

The **key reasons** for utilizing question-asking as instructional tool include:

- Questioning allows the instructor to “diagnose” the learner’s level of understanding and unique needs.
- Use of intriguing questions capture the learner’s attention and enhance their motivation for learning.
- The “right” kinds of questions take the learner beyond recall of basic facts, facilitating critical thinking and equipping them with the skills necessary for lifelong learning.
- Thought-provoking questions shift the responsibility for learning where it belongs—with the learner. Students acquire the ability to think for themselves instead of passively depending upon the teacher to dispense all necessary information.

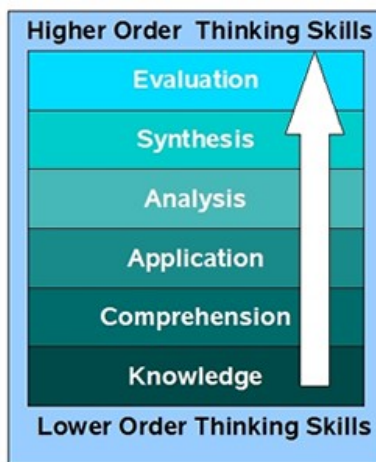
During clinical education, there is a strong temptation to **tell** rather than **ask**. Some of this is based upon the high priority clinical instructors must place on assuring that the patients being cared for by students receive high-quality care. Telling students what to do/say/write next is very tempting and students often reinforce this temptation with their direct requests for guidance. The path of least resistance is a direct response to such requests. The more difficult, but instructionally more desirable strategy, is built around asking rather than telling.

Questions are first needed to explore what the learner already knows or has already done and why. Questions that respectfully challenge them to explain rationales for what they have already done and then prompt them to propose what they should do next are vital, if instructors are to gain full insight into their thinking and needs.

Clinical educators should be aware of some of the do’s and don’ts of effective

question-asking including:

- **Avoid exclusively utilizing questions that tend to focus on simple recall** (“what are the rotator cuff muscles”). “Facts” can change and memories are fallible, so depending on memorized information can be dangerous and ineffective. A learner who can identify what information he *needs to know* to solve a problem and where to go to find that information is much better prepared to face varied case situations in the future.
- **Be sure to give a sufficient amount of time for the learner to respond before reacting or giving them the answer.** Studies have shown that teachers commonly wait one second or less for students to respond before reacting! When teachers intentionally waited longer than 3 seconds *significant* increases were seen in student critical thinking quantity and quality.
- Begin with **OPEN ended, higher level questions** that require the student to ana-



lyze, synthesize or evaluate information and only back-down to more **CLOSED questions that are at the lower “recall” level** of thinking as needed when you identify that the student is struggling with specific aspects of the presented problem. Higher level questions that facilitate analysis, synthesis or evaluation may include verbs such as “compare,” “design/create,” “justify,” “predict,” or “choose.” Lower level questions that require basic knowledge and comprehension may include

“list,” “name,” “locate,” or “give examples.”

- **Ask one question at a time**, as concisely as possible. Asking multiple questions in rapid succession tends to fluster and disorient students. If as a clinical instructor, several questions pop to mind at once, note or save some of them for asking at a later time.
- Make sure that your questions, or the way in which you ask **your questions aren’t designed to put the student “on the spot”** and won’t be perceived as an attempt to embarrass the student.
- Ask questions that **focus on the process as well as the outcome** of the learner’s thinking. Students can often arrive at a correct “answer” with incorrect or incomplete reasoning. Questions such as “how did you decide to....” or “tell me your reasoning for....” can help you detect mistakes in a student’s process and avoid future similar errors in process.
- **Model the kinds of questions you want learners to ask themselves.** Thinking “out loud” as a clinical instructor as you problem solve which interventions to select or how to interpret an assessment finding gives your student a framework for how to think in similar situations.

- If there is opportunity, **allow students to explain and ask questions of other students** and observe that interaction. Teaching/explaining a concept to another learner is one of the best activities for acquiring full understanding of content and interaction between students if often a less intimidating environment for practicing that skill. The strategies suggested are designed to encourage learners to ask their own questions and more importantly to develop an automatic question-asking mind-set. An ancient saying elegantly sums up this approach: “Give me a fish and I eat for a day. Help me learn how to fish and I eat for a lifetime.”

This article written by Kim Cox, based in part on information from: Westberg, Jane, and Hilliard Jason. *Collaborative Clinical Education: The Foundation of Effective Health Care*. New York: Springer, 1993