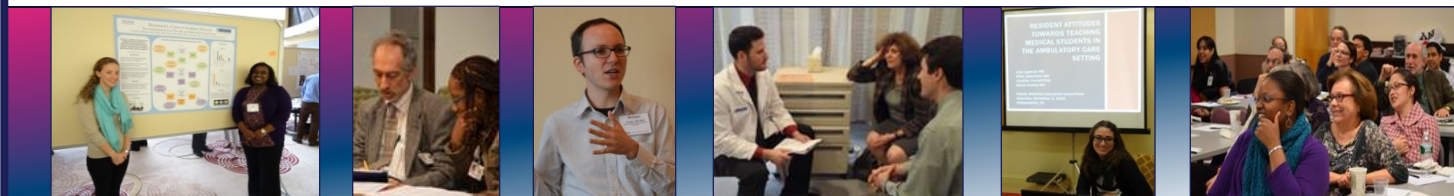# Teaching Tips
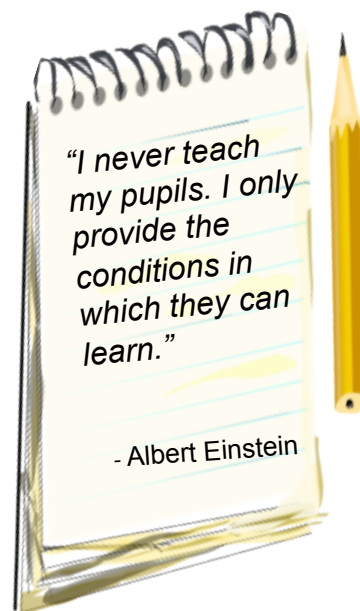
Department of Family & Social Medicine Faculty Development E-Newsletter

Precepting with RESPECT

The RESPECT model is a construct that can be used to develop relational behaviors that build trust across differences in race/ethnicity, culture and power. The model can be used in both doctor-patient and preceptor-learner relationships. When used during precepting, the RESPECT model targets the learning climate and power dynamics in the teaching of physicians in training. Such teaching, when it incorporates adult learning theory and the work of Brazilian educator Paulo Freire, can model non-hierarchical relationships to learners. This may then translate to the learner's clinical interactions with patients, thereby helping to address healthcare disparities which may arise at point of care. We present a modified form of the RESPECT model with attention to the Power aspect, drawing on Freire's work.

	Action	Reason	Example
R- *Respect*	Approach the learner with respect.	Builds learner confidence, preceptor-learner relationship.	"I know how much effort it took to set up appropriate services for this family."
E- *Explanatory Model*	Elicit the learner's thoughts about the patient. Attend to both the learner's and the patient's perspectives.	Conveys interest in the learner's and the patient's perspective.	"What do you think is going on with the patient?" "What does the patient think is going on?"
S- *Social Context*	Check learner's well-being and possible personal and professional stressors.	Builds preceptor-learner relationship. Models how to act with patients.	"How are things going for you lately?"
P- *Power*	Find ways to share power, ask thought-provoking questions in a co-investigational approach, and support learner self-efficacy. Facilitate learning together as opposed to "depositing" information. Be open to challenges from the learner. Resist taking over when the learner is uncertain.	Helps build problem-posing and problem-solving abilities. Helps faculty assess critical thinking. Fosters sharing of knowledge and co-intentionality of faculty and learner. Knowledge is then mutually acquired and owned.	"I wonder what is at the root of this patient's non-adherence to medication. What are some questions you could ask to understand this better?"
E- *Empathy*	Let the learner know their frustrations and emotions are heard.	Faculty support may enable learners to engage more effectively with the patient.	"I know when I'm tired, it can be tough to find out what's going on from the patient's perspective."
C- *Concerns*	Help learners strategize about solutions and search relevant data when they don't feel confident.	Replaces anxiety with information and context to improve quality and efficiency.	"Let's discuss how to reconcile your and the patient's agenda and come up with a plan for today."
T- *Trust*	Doing and building on all the skills above fosters trust in the preceptor-learner relationship.	Learners may become more willing to identify areas of challenge.	"I admire your openness and ability to share with me that your patient wanted to change doctors."

"I never teach my pupils. I only provide the conditions in which they can learn."

- Albert Einstein

References / Resources:

Mostow C, Crosson J, Gordon S, Chapman S, Gonzalez P, Hardt E, Delgado L, James T, David M. Treating and Precepting with RESPECT: A Relational Model Addressing Race, Ethnicity, and Culture in Medical Training. Journal of General Internal Medicine. 2010;25 Suppl 2:S146-54.

Dasgupta S, Fornari A, Geer K, Hahn L, Kumar V, Lee HJ, Rubin S, Gold M. Medical Education for Social Justice: Paulo Freire Revisited. Journal of Medical Humanities. 2006;27(4):245-51.

Freire P. Pedagogy of the Oppressed. New York: Continuum; 2002.