



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Office of Faculty
Development

Teaching History Taking and Communication Skills

September 8, 2025

Chris Gilchrist, Associate Director Clinical Skills, MD Program

Learning Outcomes

This faculty development session will help tutors prepare to teach the Strategies for History Taking and Communication Skills' sessions. By the end of the session, you will be able to:

- Describe how the sessions on History Taking and Communication Skills will work
- Describe what is new this year, the rationale for changes and how to prepare to incorporate these changes
- Share and discuss common challenges with teaching this material including strategies to create an effective, inclusive, and accountable teaching and learning environment



Introduce yourself in the Chat

Teaching Year 1 or 2
New or returning tutor

Learning Outcomes

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Curriculum Delivery

- 95% will be in-person
- 5% virtually



What is your role and expectations as a tutor?

- Review the syllabus AND tutor guide for the session
- Use the agenda to keep the session on track
- Preserve curricular content
- Stimulate critical thinking and participation
 - Facilitate discussion more than lecture
 - Use your experiences as examples for students to consider
 - Explain pathophysiology and links to history taking
- Provide ongoing feedback on students' skills
- Facilitate Q&A



Typical Agenda

DISCUSSION

EXPERIENTIAL LEARNING

DEBRIEF AND GROUP FEEDBACK

Facilitating Discussion



Utilize the Student Guide
to inform the content

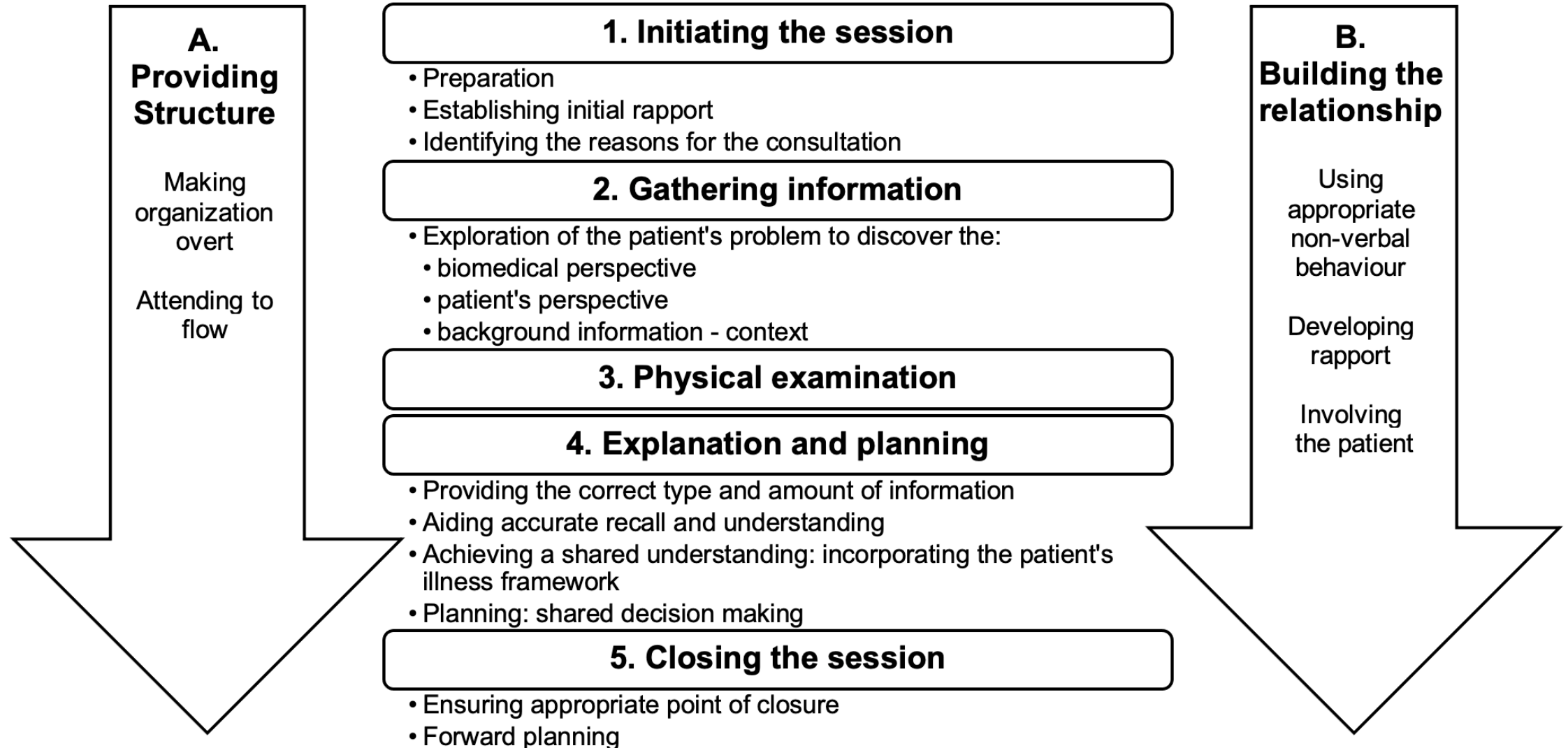


Tutor Guide will have
specific tips for each
session



Many sessions have
homework questions for
discussion

Calgary-Cambridge Model



Role Plays (Peer to peer)

Student Guide contains stems. Tutor materials contain further details

In-Person

- Typically facilitated in groups of 2 (or 3)
- Patient role; Med Student role; (Observer Role)

Virtual

- may need to use breakout rooms to allow students to practice

Preparing learners to interact with Standardized Patients

- Learners have been introduced to learning with SPs
- Setting the stage during the CS sessions
 - Student may be uncomfortable with clinical situation – how can you manage this as a tutor
- Who are SP and how have they been trained
 - To present the case
 - To respond to what is happening during interaction
 - Feedback vs coaching
- "Simulation not representation"

Standardized Patients

- Will be used both in-person and virtually over the year
- SPs are organized by the SPP and managed by hospital on session day
- SP Facilitation Techniques
 - Time outs/Time ins
 - Re-do's
 - Group 'shout-outs'
 - Student swap
 - SP Feedback



Real Patients

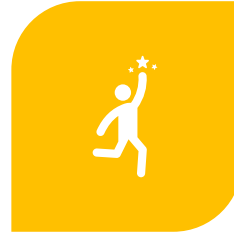
- Patient recruitment varies by site
- Consent must be done
- Students typically divided into pairs for interviews



CULTURE OF
CONTINUAL
FEEDBACK



MAKE IT TIMELY



START WITH
LEARNER SELF-
ASSESSMENT



POSITIVE AND
CONSTRUCTIVE
FEEDBACK



TARGET A
SPECIFIC DETAIL



CHECK-IN WITH
THE LEARNER

Feedback

Resources

- Website – U of T Faculty Development: Clinical skills
<https://meded.temertymedicine.utoronto.ca/clinical-skills-tutors>
- Resources available to support your professional development
 - Video
 - Audio
 - Slides

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Physical Exam Faculty Development

- FD session on best practices in teaching physical exams coming in early 2026
 - Will also discuss the role of auscultation e-modules.

Assessment Update - EPAs

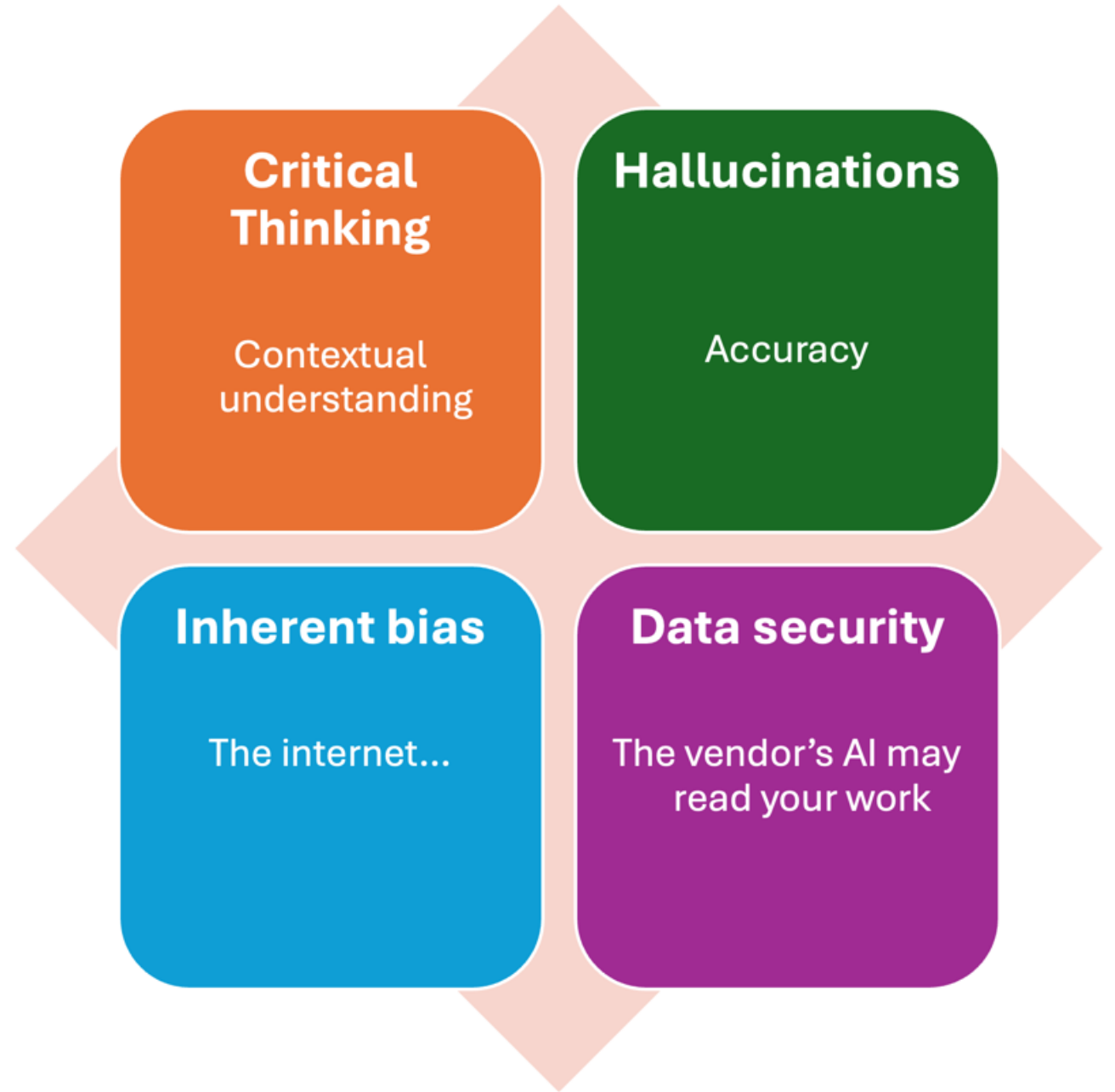
- Entrustable Professional Activity (EPA) in CS2
 - "Obtain a history and perform a physical examination"
 - Year 2 Clinical Skills students are NOT yet expected to be "competent"
 - Supervision>Direction>Support>Competent
 - EPA assessments are meant to be quick, completed in 1-2 minutes
 - The EPA assessment can be done by ANY tutor in ANY session.



Tech Terms

- Artificial Intelligence (AI)
 - Technology that mimics human intelligence to perform tasks like decision-making and problem-solving.
- Large Language Models (LLMs)
 - AI models trained on extensive text data to understand and generate human-like language.
 - Text data is from the *internet* at a particular *period in time*.
 - Uses probabilities to determine the right words
 - Examples include OpenAI's ChatGPT, Meta's LLaMA and Google's Gemini

Limitations of LLMs





How do students use LLMs?

- Summarizing
- You give them a question and they ask ChatGPT for the answer

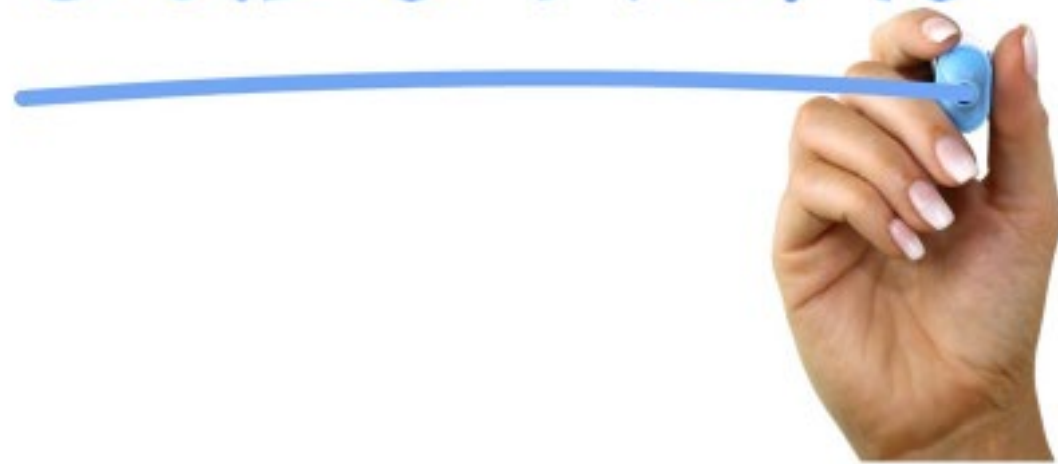
... **passive techniques**, which leads to worse learning



AI-Simulated Patients

Its new. We are studying it.

QUESTIONS



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A blurred background image showing several people's hands raised and clapping, suggesting a positive or celebratory atmosphere. The image is out of focus, with the hands and arms appearing as soft, light-colored shapes against a darker, indistinct background.

Student evaluation of tutor

*"The tutor supported a safe and inclusive environment
(non-threatening, supportive,
encouraging)"*

What is a psychologically safe learning environment?^{1,2}

Do not fear that if:

- do not understand - others on team will not think less of you
- Make mistake, offer different point of view, ask for help – others will not react badly (punitive behaviour, embarrassed, humiliated, shamed, ridiculed, their ideas picked apart)

Comfortable

- Speak up,
- Offer ideas,
- Ask questions,
- Take interpersonal risks,
- Make mistakes,
- Asking for help.

Respected - Efforts and skills are valued



What is the relationship between fear and learning?²

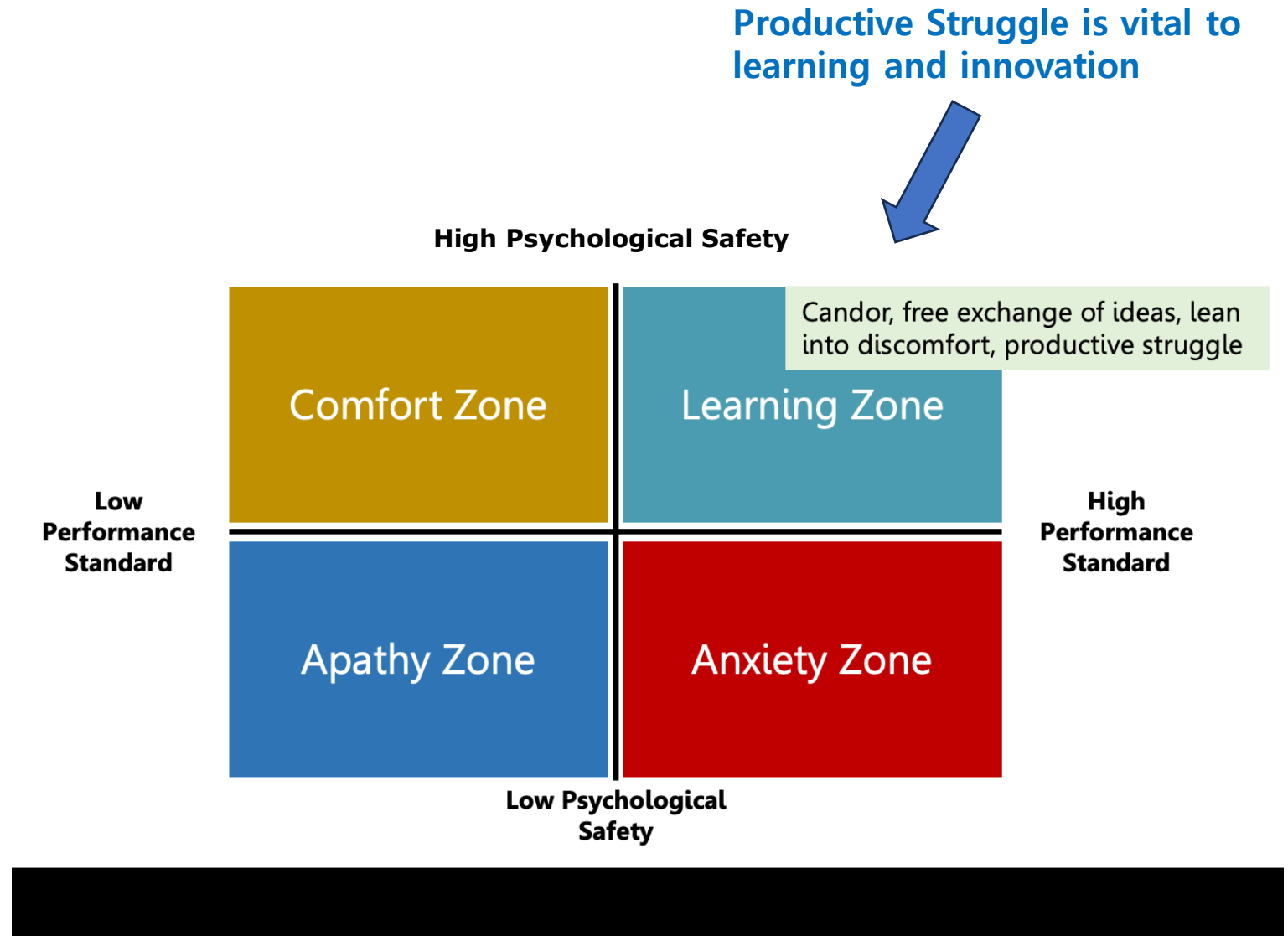
Fear inhibits learning and cooperation

- Fear consumes psychological resources, diverting them from parts of the brain that manage working memory and processing information
- This impairs cognitive abilities (analytical thinking), ability to create insight and problem solving

This occurs more often than most leaders realize



Impact of Psychological Safety and Performance Standards



Re-framing the notion of failure

APPENDIX B: Destigmatizing Failure for Psychological Safety²

	Traditional Frame	Destigmatizing Reframe
Concept of Failure	Failure is not acceptable	Failure is a natural by-product of experimentation
Belief about effective performance	Effective performers don't fail	Effective performers produce, learn from, and share the lessons from intelligent failures
The Goal	Prevent failure	Promotes fast learning
The Frame's Impact	People hide failures to protect themselves	Open discussion, fast learning and innovation

Before your session

KNOWLEDGEABLE

- Many students may carry trauma histories and are at risk of being negatively affected by traditional educational practices.
- In a study of 98 medical students found that 51% reported experiencing at least 1 adverse childhood experiences (ACEs), while 12% reported greater than 4 ACEs
- What is available to students in terms of support ? (OLA)

SELF AWARE

- Reflect on your personal history and experience. Our personal experiences show up in how we relate to the world.
- Replace judgment with compassionate curiosity

SITUATIONALLY AWARE

- What may be triggering /difficulty in the content being covered

Trauma-Informed Medical Education (TIME): Advancing Curricular Content and Educational Context

Taylor Brown, Sarah Berman, Katherine McDaniel, MSc, Caitlin Radford, Pooja Mehta, MD, Jennifer Potter, MD, and David A. Hirsh, MD

Start of session

Setting the Stage

Frame the Work

- Set expectations about failure, uncertainty, and interdependence to clarify the need for voice

Emphasize Purpose

- Identify what's at stake, why it matters, and for whom

Shared expectations and meaning



PREDICTABILITY

- Prepare students for strong emotions that may come up

During the session

Inviting Participation

Demonstrate Situational Humility

- Acknowledge gaps

Practice Inquiry

- Ask good questions
- Model intense listening

Set up Structures and Processes

- Create forums for input
- Provide guidelines for discussion

Confidence that voice is welcome



NON-JUDGEMENTAL SPACE

- Feel supported
- Strive to understand vs judging or condemning

In the moment

Responding Productively

Express Appreciation

- Listen
- Acknowledge and thank

Destigmatize Failure

- Look forward
- Offer help
- Discuss, consider, and brainstorm next steps

Sanction Clear Violations

Orientation toward continuous learning



**NON-JUDGEMENTAL
SPACE**

Responding in Unsafe Situations

- **Acknowledge that some language and behavior is not appropriate and clearly offensive**
 - i.e. Racial slurs, any form of humiliation or harassment, etc.
- **Depending on the context, bring people IN vs calling them OUT**
 - *“We began by prioritizing safety, what was just said is offensive and threatens safety. Let’s stop and talk about why it’s offensive even if it wasn’t meant to be....”*
 - *“Thank you for taking risks and speaking up, even if you’re unsure of how to say it”*
- **RESPOND with humility**
 - “I recently learned that....” or “It was brought to my attention...”
- Ask yourself, **"Whose safety is being prioritized?"**

How to Respond as an Ally

"Thank you. I really learned something today. I had no idea how that came out. What you said has helped me understand it better."

"I didn't realize what I said was discriminatory or offensive. Thank you for letting me know."



"Thank you for speaking up. I know it may not have been easy. I didn't intend to sound like that and had no idea that's how I came across. I'll be more careful in future."

This slide is based on teaching materials from the Human Rights & Health Equity Office at Mount Sinai Hospital

Setting the Stage

Frame the Work

- Set expectations for success, failure, uncertainty, and interdependence to clarify the voice

Emphasize Purpose

- Identify who is involved, the stake, why it matters, and for whom

Shared expectation of meaning

Inviting Participation

Demonstrate Situations

- Acknowledge gaps

Practice Inquiry

- Ask good questions
- Model intense listening

Set up Structures and Processes

- Create forums for discussion
- Provide guidelines for discussion

Confidence that voice is heard

Responding Productively

Express Appreciation

- Listen
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Destigmatize Failure

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After the session

Is there anything you may wish to talk about with any of the students?

- To bring to their attention
- Support if something transpired in session

Is there anything you may wish to speak to the group about in next session?

Is there anything you may need to speak to course director about?



How do you feel about certain students?

Some students may be more difficult and triggering for you than others.

Aware of our own actions

Thank
You

For sharing your Expertise, Time, & Dedication

QUESTIONS



References

1. Edmondson, Amy. Psychological Safety and Learning Behaviour in Work Team, 1999
[http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmonds on%20Psychological%20safety.pdf](http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmonds%20Psychological%20safety.pdf)
2. Edmondson, Amy . (2019) The fearless organization. John Wiley and Sons Inc. Hoboken, New Jersey.
3. Creating Psychological Safety in the Learning Environment: Straightforward Answers to a Longstanding Challenge Adelaide H. McClintock, MD, Tyra L. Fainstad, MD, and Joshua Jauregui, MD. Academic Medicine, Vol. 96, No. 11S / November 2021 Supplement
4. Timothy R Clark. (2020). The 4 stages of psychological safety. Defining the path to Inclusion and Innovation.