

# Sparking Engagement: Strategies for Actively Motivating and Inspiring Medical Learners

A Clinical Care Approach for Physician Preceptors

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May 15, 2026


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# Conflicts of Interest



I have no financial conflicts or other conflicts to disclose.

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# Learning Objectives

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- ✓ **Recognize** drivers of student disengagement and preceptor burnout.
  - ✓ **Translate** familiar clinical care steps into teaching strategies.
  - ✓ **Support** autonomy, competence, and relatedness in practice.
  - ✓ **Apply** low-burden tools like the One-Minute Preceptor (OMP).
  - ✓ **Engage** in case-based discussion and action planning.
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# Agenda for Today

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## The Problem

Disengagement and preceptor burnout.



## Theory

Self-Determination Theory (SDT) foundations.



## The Framework

Mapping teaching to clinical steps.



## Practical Tools

OMP and 3-2-1 reflection techniques.



## Case Studies

Applying tools to student archetypes.



## Self-Care

Protecting your own energy.

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# The Student Motivation Slump

During OMS3/OMS4 years, students often transition from active curiosity to **passive engagement**.

- ✓ Missed learning opportunities
- ✓ Avoidance of difficult tasks
- ✓ Decreased critical thinking
- ✓ "Just tell me what to do" attitude



# The Burden on Preceptors



Physician burnout directly impacts **teaching capacity**.

- ✓ High clinical volumes and EMR load
- ✓ Feeling "precepting contributes to burnout"
- ✓ Documentation burden vs. Teaching time
- ✓ Reduced energy for mentor relationship

# Preceptor Burnout in Perspective




58%

say precepting contributes  
to their burnout

28%

report being currently  
burned out

*Yet, 96% still enjoy teaching. We must bridge this gap.*



# Safety and Quality

Motivated learners think critically and **question assumptions**.

When students are disengaged, the ripple effect touches patient safety and the accuracy of documentation.

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# Resilience & Professional Identity



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## Student Perspective

Satisfying psychological needs promotes well-being and reduces the risk of student burnout (over half are currently at risk).

## Preceptor Perspective

Engaged students contribute meaningfully to care, easing the documentation load and making the day more satisfying for the teacher.

# Theoretical Foundations

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The Psychology of Motivation

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# Self-Determination Theory (SDT)

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Motivation thrives when three basic psychological needs are met:



## Autonomy

Choice, voice, and ownership over one's actions.



## Competence

The experience of mastery and skill development.



## Relatedness

Connection, belonging, and feeling valued by the team.

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# Pillar 1: Supporting Autonomy

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- ✓ **Provide choice & rationale:** Explain the value behind assignments.
- ✓ **Offer options:** Let them choose which patient to see or which topic to research.
- ✓ **Guide, don't control:** Autonomy is not independence; it's structured guidance.

*"When students understand the 'why',  
they internalize the task."*

# Pillar 2: Supporting Competence



- ✓ **Set optimal challenges:** Match responsibilities to the learner's current level.
- ✓ **Clarify roles:** Orient early so they know exactly what success looks like.
- ✓ **Frequent Feedback:** Provide timely, constructive corrections based on direct observation.

# Pillar 3: Supporting Relatedness

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## Welcome

Warm greetings; introduce them to staff by name and role.



## Safety

Model humility; admit when you don't know something.



## Recognize

Integrate student efforts into patient care tasks.

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# Psychological Safety: The Foundation

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"A belief that one will not be punished or humiliated for speaking up with ideas, questions, or mistakes."

- ✓ Essential for critical thinking in medicine.
  - ✓ Mitigates the risk of student burnout.
  - ✓ Encourages "vulnerability" as a learning tool.
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# The Clinical Care Framework

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Applying your clinical workflow to teaching

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# Mapping Teaching to Clinical Steps

Clinical Action	Teaching Action	Need Met
1. Chart Review		Autonomy
2. Patient Intro		Relatedness
3. HPI/History		Autonomy
4. Physical Exam		Competence
5. Assessment		Competence
6. Diagnosis		Competence
7. Treatment Plan		Autonomy
8. Follow-up		All

# Step 1: Prepare for the Session

## Orient & Set Expectations:

- ✓ Provide a site-specific manual.
- ✓ Clarify roles and learning objectives.
- ✓ **Co-create goals:** Ask what they hope to achieve today.



# Step 2: Build Rapport

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## The First Five Minutes

Welcome and connect. Learn their name and pronouns. Introduce them to the nursing and front-desk staff. **Normalize uncertainty** early.



Warm Greeting




Brief Clinic Tour

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# Modeling Curiosity & Humility



"I'm not sure about the best dosing here; let's look up the latest guidelines together."

- ✓ Reduces the "Expert vs. Novice" gap.
  - ✓ Encourages students to admit ignorance.
  - ✓ Fosters a collaborative environment.
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# Step 3: Gather Information

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## Diagnose the Learner:

- ✓ Ask about prior experiences and clinical strengths.
  - ✓ Identify areas they find challenging.
  - ✓ Clarify feedback preferences.
  - ✓ "Invite" them to choose a skill to practice today.
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# Direct Observation

Use **short, frequent snapshots** to reduce learner anxiety.

- ✓ Watch history taking or a physical exam.
- ✓ Keep a behavior log for objective feedback.
- ✓ Solicit perspectives from other staff members.



# Step 5: Test Hypotheses

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## Get a Commitment

Ask what they think is going on with the patient **before** offering your perspective.

## Probe for Evidence

Have them explain their reasoning and differential. Link findings to hypotheses.

*Silence can foster deeper clinical reasoning. Don't jump in too quickly.*

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# Step 6: Diagnose Learning Needs

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- ✓ **Identify Gaps:** Compare reasoning against clinical standards.
- ✓ **Invite Self-Assessment:** "Where did you feel confident? Where did you struggle?"
- ✓ **Collaborate:** Together, decide which gap to address first based on patient and learner needs.

# Step 7: Provide Feedback & Teach

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## General Rules

Share heuristics and guidelines that apply across cases.



## Reinforce Right

Identify and praise specific strengths and behaviors.



## Correct Thoughtfully

Focus on behavior, avoid shaming, and suggest actionable improvements.

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# Step 8: Plan Follow-Up & Document



## Consolidate Learning

Use the 3-2-1 rule. Ask learners to summarize what they took away from the session.

## Document Progress

Record achievements in the student's log. Acknowledge growth to sustain their internal motivation.



# The 3-2-1 Rule



- ✓ **3 Patients to Know Deeply:** Guide the student to choose three specific patients to thoroughly understand each day
- ✓ **2 Topics to Read:** Direct the student to select two focused clinical topics or concepts to read about and research daily
- ✓ **1 Specific Behavior to Practice:** Have the student identify a single, concrete behavior or skill to practice for the day, such as explicitly stating their management plan before asking for assistance

# The One-Minute Preceptor (OMP)

- 1 **Get a Commitment:** "What's your plan?"
- 2 **Probe for Evidence:** "Why do you think that?"
- 3 **Teach a General Rule:** "One pearl for this..."
- 4 **Reinforce what was right:** "Your HPI was concise."
- 5 **Correct mistakes:** "Next time, try..."

A rapid, learner-centered framework for busy clinics. It shifts the burden of thinking from you to the student.


# Case 1: The Passive Student



## Scenario

Quiet, hesitant, avoids eye contact, defers all decisions to you. Appears unprepared but might be fearful.

## Strategies

- ✓ Offer small, attainable tasks to build confidence.
  - ✓ Express empathy and normalize uncertainty.
  - ✓ Use OMP to gently elicit thinking.
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# Case 2: The Overconfident Student



## Scenario

Dominates conversation, makes decisions without consulting, dismisses feedback, underestimates complexity.

## Strategies

- ✓ Set firm boundaries on independent decisions.
  - ✓ Encourage them to list differential diagnoses.
  - ✓ Focus feedback on specific errors in reasoning.
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# Preceptor Self-Care & Burnout

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## Acknowledge Limits

You can't do everything. Prioritize critical teaching moments.



## Streamline Tools

OMP and 3-2-1 reduce cognitive load while teaching.



## Self-Compassion

Reflect on your own successes; celebrate small wins.

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# References

1. A. Neufeld, "Putting Self-Determination Theory Into Practice: A Practical Tool for Supporting Medical Learners' Motivation," *The Clinical Teacher* 22, no. 4 (2025): e70140, <https://doi.org/10.1111/tct.70140>.
  2. Orsini C, Neufeld A. Ten tips for supporting clinical teachers' motivation to teach: A self-determination theory perspective. *Can Fam Physician*. 2026 Jan;72(1):51-53. doi: 10.46747/cfp.720151. PMID: 41534931; PMCID: PMC12802466.
  3. "Dong C, Altshuler L, Ban N, Wong LY, Mohammed FEA, Tang CT and Kachur E (2025) Psychological safety in health professions education: insights and strategies from a global community of practice. *Front. Med*. 11:1508992. doi: 10.3389/fmed.2024.1508992
  4. Conner SM, Choi N, Fuller J, Daya S, Barish P, Rennke S, Harrison JD, Narayana S. Trainee Autonomy and Supervision in the Modern Clinical Learning Environment: A Mixed-Methods Study of Faculty and Trainee Perspectives. *Res Sq [Preprint]*. 2023 Jun 6:rs.3.rs-2982838. doi: 10.21203/rs.3.rs-2982838/v1. PMID: 37333324; PMCID: PMC10275050.
  5. Bendari Yakout OM. HOW to be an autonomy-supportive medical teacher: Five practical recommendations. *Ann Med Surg (Lond)*. 2022 May 11;78:103777. doi: 10.1016/j.amsu.2022.103777. PMID: 35600181; PMCID: PMC9117524.
  6. Hirsh DA, Crampton PES, Osman NY. Applying self-determination theory to stem medical schools' clinical teacher sustainability crisis. *Med Educ*. 2024 Jan;58(1):118-128. doi: 10.1111/medu.15181. Epub 2023 Aug 18. PMID: 37593835.
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# Questions & Discussion

Thank you for your commitment to medical education.

