CLASSROOM PRACTICE | HEALTH SCIENCE

Manage the clinical classroom

Specific routines for new Health Science teachers working with adolescents, equipment, models, manikins, and hands-on learning.

Professionalism is a safety routine.

Some training models and manikins are realistic or may prompt immature comments. Establish the room as a professional learning environment before the first lab: use clinical language, protect dignity, teach consent and boundaries, and respond consistently when students test the limits.

01

Name the purpose

Connect every model, manikin, or procedure to a learning target, patient-care skill, certification expectation, or safety practice.

02

Teach the language

Model accurate anatomical and clinical terms. Do not let joking language become the vocabulary of the room.

03

Set boundaries

Explain what is appropriate to touch, say, photograph, or discuss. Practice how students ask for help and report discomfort.

04

Protect dignity

Use neutral, specific correction. Redirect the behavior without turning one student into the class example.

A script for the first day

In this room, we use professional language and treat every person and training tool with respect. Models and manikins are instructional equipment. We do not photograph, joke about, or misuse them. If a classmate is uncomfortable, we pause, reset, and ask for help.

Management starts before students enter.

- [ ] Post the learning target, clinical purpose, entry task, and equipment expectations.
- [ ] Place models, manikins, supplies, and cleanup materials so movement is visible and predictable.
- [ ] Assign roles such as reader, equipment lead, recorder, patient advocate, and reset lead.
- [ ] Have a quiet alternative for students who need a pause from a realistic model or scenario.

Make movement predictable

Use the same sequence often enough that students can focus on the clinical and literacy learning instead of guessing what happens next.

01 **Enter**
Students read the board, begin the entry task, and keep hands off equipment until directions are given.

02 **Brief**
State the target, clinical purpose, safety concern, professional language expectation, and success criteria.

03 **Model**
Demonstrate the task and the transition. Show where students stand, how they handle equipment, and how they reset.

04 **Practice**
Release one step at a time. Circulate with a short look-for: safe, accurate, respectful, and on purpose.

05 **Pause**
Use a consistent signal to stop movement. Students freeze, place equipment down safely, and look to the teacher.

06 **Reset**
Teams return equipment, sanitize as directed, document learning, and complete a short reflection or exit check.

When the room gets loud

Avoid competing with the noise. Pause, use the established signal, wait for compliance, and narrate the next safe action. Then restart with one direction. Predictability is more effective than volume.

Teacher language

Redirect: "Use the clinical term and return your attention to the task."
Reset: "Place the equipment down safely. We are going to review step two."
Re-enter: "You can rejoin as the recorder. Show me the first note when you are ready.

Protect learning and dignity

Health Science management includes adolescent development, clinical professionalism, inclusive participation, and safe use of hands-on materials.

IMMATURE COMMENTS	Name the expectation, not the student's character: "That comment is not professional language for this lab. Use the anatomical term and continue."
UNSAFE HANDLING	"Stop. Set the equipment down. The safety expectation is ____. Show me the safe step before continuing."
UNEQUAL PARTICIPATION	"The recorder will summarize the evidence; the equipment lead will demonstrate; then switch roles."
STUDENT DISCOMFORT	"You may observe, take the alternate role, or speak with me privately. You will still complete the learning target."
OFF-TASK BEHAVIOR	"You have two choices: rejoin the assigned role or move to the alternate practice station. Which supports your learning?"
ESCALATION	Lower the audience, reduce words, create space, and follow school policy. Document significant safety or conduct concerns.

Build participation into the design.

- [ ] Use role cards so every student has a meaningful job and no student is reduced to watching.
- [ ] Offer rehearsal before public performance: partner read, whisper practice, then explain.
- [ ] Use patient-centered scenarios that require communication, not just technical performance.
- [ ] Give advanced students complexity and leadership with accountability, not permission to manage peers.

QUICK REFERENCE | KEEP NEARBY

The clinical classroom check

Use this one-minute scan before releasing students to equipment or group work.

- [ ] The learning target and clinical purpose are visible.
- [ ] Students know the stop signal and the safe reset routine.
- [ ] Equipment, models, and manikins have a clear instructional purpose.
- [ ] Professional language, privacy, and boundaries have been taught or reviewed.
- [ ] Roles, movement, time cues, and cleanup responsibilities are assigned.
- [ ] An alternate participation pathway is available when a student needs it.
- [ ] I know the first look-for I will monitor while circulating.

What routine needs reteaching or refinement?

The goal

Students should experience the Health Science classroom as rigorous, welcoming, orderly, and connected to real patient care. Strong routines make room for curiosity, practice, literacy, and safe mistakes that lead to learning.