

TEACHING SKILLS SESSION #1

Priming

Priming is a tool that provides the learner with an opportunity to prepare for a clinical encounter. The learner can be given as much or as little information as deemed necessary to create a thought process that enhances the clinical experience that follows.

One Minute Preceptor

This style of teaching can be utilized in many scenarios, including during admissions, bedside teaching and rounds. It allows for not only teaching, but an opportunity to diagnose your learner through questioning and discussion. This can be as brief as one minute or, given the availability of time, can be expanded to any length. It is important to remain nonjudgmental and open ended with questioning.

- **Get a Commitment**

Ask the learner what they think is happening with the patient: *"Why do you think this patient is noncompliant?"* or *"What do you think is causing the chest pain?"*

By asking the learner to interpret, you can diagnose their needs; do they understand the patient and disease process.

Involving the learner creates a more collaborative environment and gives the learner responsibility for the patient.

- **Probe For Supporting Evidence**

Ask the learner for the rationale or justification for opinion: *"What else did you consider?"* or *"What were the major findings to lead to your conclusion?"*

Even if you do not agree with their opinion, it is important to determine their thought process and logic.

By assessing their thought processes, you will be able to discover what they know and identify gaps in knowledge.

- **Teach General Rules**

Provide a general teaching point targeted at the learner's level of understanding.

This is **not** the answer to the case, but rather a way of looking at the case: *"The patient with orbital cellulites should have restriction of extra ocular movements, proptosis and pain. If clinical exam is unclear, a CT is warranted."*

Knowledge is more memorable if offered as a general rule or standardized approach to a type of problem.

- **Tell Them What They Did Right**

Competencies must be reinforced to be firmly established.

This is not a time for general praise, but rather specific feedback on correct thought processes, opinions or actions.

- **Correct Mistakes**

Take the opportunity to point out errors and allow the learner to critique his/her performance and discuss what could have been done differently.

Learners often are aware of mistake but unsure of how to avoid them in the future; this is a teachable moment that can be done in front of the team or in private depending on the situation.

Avoid vague and judgmental statements.

Questioning

Questioning is a tool that can be incorporated into the One Minute Preceptor or used in an isolated teaching moment. It is important to vary the style of questions and allow as needed for the learner to research the question and finish at a later time.

- **Recall Questions**

Recall questions are used to prompt the learner to recall facts (scientific, medical, patient information, skills). Students and interns who are just beginning to develop clinical reasoning skills may initially only be able to answer recall questions.

Example: What are the most common causes of wheezing?
 What is the patient's oxygen saturation?
 What is the correct way to examine the lungs?

- **Analysis/Synthesis Questions**

Analysis and synthesis questions require the learner to demonstrate understanding of a topic, rather than just list the facts. The learner is able to create a context into which the individual pieces of data fit. The learner must apply deductive reasoning and logic to answer these questions.

Example: How can we discriminate among the diagnoses we just presented?
 What factors are influencing your choice of diagnoses?
 How do the patient's various symptoms relate to each other?

- **Application Questions**

You are asking the learner to apply what they know (information and understanding) to a specific patient. You can ask them to apply their knowledge, skills, or attitudes to the management plan, diagnosis, procedure, etc. These questions can be recall-application or analysis/synthesis-application questions.

Example: How will you treat this patient's hypoxia?
 How will you know when you have confirmed the diagnosis?
 Can you show me the techniques you used to assess aeration?

TEACHING SCENARIO #1

You are called by your senior resident to meet her in the ER in 15 minutes to admit a 3 week old with fever. It is your student's second week on service, and she has already completed two admissions from the

emergency room as well as two PICU transfers on previous call nights. The ER admissions were lengthy mostly because the student is not able to take a focused history; she often seems to be asking every question that she can think of, rather than the ones that apply to the history. Her plans demonstrate a cursory understanding of the issues at hand, but not a deeper understanding of the disease or work-up. She is an enthusiastic and helpful student otherwise.

Today has been extremely busy. You have three discharges planned for the next two hours, and you just finished accepting a transfer from the PICU that is a complex medical patient, and you would like to attend to a few more details on that case as soon as possible.

What do you want to do?

TEACHING SCENARIO #1 (page 2)

You and your student have just completed the H&P on the new patient, and it went much better this time. The student seemed more comfortable with her history-taking, and the whole encounter took only 20 minutes. The ER is fairly noisy and hectic, but you want to get the admit orders written before leaving, and the student is eager to discuss the case and assist you in any way she can. Your senior has been called to assess a child with respiratory distress on the floor, and you were told to follow when you can.

What would you do now?

TEACHING SCENARIO #1 (page 3)

It is now 10pm on your call night, and things have slowed down. There are no admissions on the horizon, and there are no acute issues on the floor right now. Your student has to be out of the hospital by midnight, and she would like to go over the patient you admitted and prepare for rounds tomorrow. You would like to sleep.

What can you do at this point?

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