

## A Great Teaching Shift – The Educator’s Perspective

### 1. Beginning of Shift – The Pre-brief

- Goal is to create a psychologically safe environment for the learner!

# Teaching That Counts: Tailoring your teaching to the individual learner

## 1 TAKE A HISTORY

Get to know the learner by asking them:

- What is your level of training?
- What did you do before medical school?
- How much experience have you had in emergency medicine?
- What do you want to do after your training?

✓ Shows you're invested in their learning

✓ Gives you information required to tailor teaching their needs

## 2 NEGOTIATE LEARNING GOALS

**Gauge their learning goals**  
Ask:  
"What areas of emergency medicine do you find challenging?"  
"What would you like to work on today?"

**Let them know your goal** is to facilitate the fine tuning of their skills, and that you will give them feedback throughout the shift.

**Lay out expectations**  
Give them a general idea of what you want for case presentations, and tell them to commit to a diagnosis.

## 3 DIAGNOSE THE LEARNER'S NEEDS

- 1 Talk less, listen more**  
Wait at least 3-7 seconds after asking a question. Learners will give a more thoughtful answer, giving you a better idea of their clinical reasoning.
- 2 Ask open ended questions**  
E.g. say "tell me what you know about aortic dissection". This will give you an idea of their baseline knowledge, and prevent teaching them something they already know, or aren't ready to learn.
- 3 Directly observe the learner**
  - Ask the learner to demonstrate a physical exam maneuver
  - Listen to the history through the curtain
  - Observe the learner explaining the management plan to a patient

## 4 TAILOR TEACHING MOMENTS

**Based on the learner's knowledge**  
Choose a teaching point that corrects or builds upon the learner's answer to your question.

**Based on the learner's training level**  
E.g. if you have a PGY3-EM resident who will soon write her CFPC(EM) exam, you might choose to highlight principles that are highly testable.

**Based on the learner's interests**  
Ask "what if?" to make a case more relevant to their interests. E.g. if an OB resident sees a patient with shortness of breath, ask them "what if this patient was pregnant?", "how would that change your management?"

**References:**  
1. Emergency Medicine Cases, Episode 98 "Teaching on Shift" with Amal Mattu and Rick Penciner. <https://emergencymedicinecases.com/teaching-on-shift/>  
2. Highland, J., Druck, J. (2010) "Effective clinical teaching by residents in emergency medicine", *Annals of Emergency Medicine*, 55(5), 434-439.  
Created by: Krista Dowhos, MD, PGY1 Family Medicine, Alim Nagji, MD, CCFP (EM) and Jonathan Sherbino, MD, FRCPC.

<sup>1</sup> <https://canadiem.org/tailoring-your-teaching-to-the-individual-learner/>

## 2. On Shift

### ▪ **Teaching Strategies**

- **Brief quiz** - writing down a handful of questions to be completed by the learner throughout the shift.
- **Rosen's list** - On the spot questions. A certain degree of stress allows the learner to become more engaged without being overwhelmed.
- **Teach the educator** - For example, ask a medical student to: "Teach me an approach to chest x-rays."
- **Post-it Pearls** – Recognize a teachable moment and tag it. For example, "Ensure you order a beta on all females of childbearing age with syncope."
- **Review staff's patient → management plan** – This strategy is one to consider with a more senior resident. The idea is to examine the learner's critical thinking and decision-making process and eliminates the information sharing component.
- **Review learner's patient → management plan discussion** – see above!
  
- **Direct observation**
  - **Sampling observation** – Watch parts of a procedure, discharge instructions to a patient or listen in on a conversation with a consultant
  - **Discrete observation** – Listening from the other side of the curtain to the subtleties of patient interaction.
  - **Observation and scribe** – Observe history and physical and scribe for learner in the corner of the room.
- **Mitigating Challenges w Observation**
  - Address the anxiety associated with observation and set your expectations if you plan on incorporating this strategy.
  - Consider: "I'm hearing what you're telling me, but it can be helpful for me to give you effective feedback when I'm able to observe you in action."
  - Ideally, observations are conducted by educators the learner is familiar and comfortable with.

## 3. Halfway Point

### ▪ **Check in**

- Have your established goals been accomplished? Were you able to complete that EPA?
- Consider discussing an additional teaching strategy we've discussed depending on the day and the flow in the department.
- Encourage a bio break! Though no one expects learners to work the entirety of a shift without addressing their basic needs, the simple act of stating that fact allows them to do so without fear of judgment.

#### 4. End of Shift – The Debrief

- **Learner Self evaluation**
  - Residents generate the majority of learning goals from their own self-assessment. In addition, it provides insight into self-perceived competency, self-esteem and areas for improvement.
  - Like the approach to tailored teaching, this information can be used to customize your feedback.
- **Specific and actionable**
  - Help them develop a clear vision of target performance, how it differs from their performance, and practical steps to improve subsequent behavior. Ideally providing them with information that is specific and actionable.
- **Solicit Feedback**
  - Contributes to psychological safety and encourages the learner to take a 'learning focus' not a 'performance focus' so they can concentrate on improving their skills and not trying to appear competent by covering up difficulties.
  - By consistently seeking feedback on your performance as an educator, both parties identify areas for growth and development.
- **Summarize**
  - Have the learner summarize the plan you've discussed to ensure you're on the same page and clarify any comments or suggestions you've made in the process.

#### **Key References:**

<https://emergencymedicinecases.com/wp-content/uploads/2017/07/Episode-98-Jul2017-Teaching-on-Shift.pdf>

Green GM, Chen EH Top 10 ideas to improve your bedside teaching in a busy emergency department  
Emergency Medicine Journal 2015;32:76-77.

Hauer KE, Holmboe ES, Kogan JR. (2011). Twelve tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounters. *Medical Teacher*, 33(1):27-33.

Johnson, Christina E., et al. "Identifying Educator Behaviours for High Quality Verbal Feedback in Health Professions Education: Literature Review and Expert Refinement." *BMC Medical Education*, vol. 16, no. 1, 2016, doi:10.1186/s12909-016-0613-5.

Kornegay, J. G., Kraut, A., Manthey, D., Omron, R., Caretta-Weyer, H., Kuhn, G., ... Yarris, L. M. (2017). Feedback in Medical Education: A Critical Appraisal. *AEM Education and Training*, 1(2), 98–109. doi: 10.1002/aet2.10024

LaDonna, K.A., Hatala, R., Lingard, L, Voyer, S & Watling, C. (2017). Staging a performance: learners' perceptions about direct observation during residency. *Medical Education*, 51; 498-510. DOI: 10.1111/medu.13232.