


Interactive Learning Techniques




Muddiest Point

WHAT **Pause** encounter or procedure for critical assessment of an experience to focus on areas requiring further explanation.

HOW *During or after an encounter:*
1. Preceptor asks, or trainee offers: **"What was the muddiest point (of that patient's history, that procedure, etc.)?"**
2. Preceptor discusses clarifying information with trainee.

THEORY Targeting unclear information in the encounter is a **reflective** technique. Identifying gaps in knowledge is a **meta-cognitive** technique for self-directed learning or solicitation of feedback.

Merritt 2018 AEM Educ and Train




Activated Demonstration

WHAT Preceptor activates the trainee's attention to specific questions or micro-skills that will be demonstrated.

HOW
1. *Prior to the demonstration:* the preceptor previews key points to be demonstrated.
2. *After the demonstration:* the trainee is asked what they observed.
3. Preceptor and trainee then discuss the rationale for how/why certain questions are asked or skills are performed.

THEORY For unfamiliar problems or skills, trainees benefit from **demonstration** prior to practice ("*see one*"). **Scaffolding** information and directing attention to salient points **reduces cognitive load**.

Wilkerson and Sarkin 1998 Acad Med



Flip the Script

WHAT Preceptor changes key features of clinical encounter to expand clinical reasoning.

HOW
1. After an encounter, preceptor asks trainee to consider a hypothetical: "What if a **key element** of the patient's story (e.g. *age, gender, a symptom, or risk factor*) is **changed**?"
2. Trainee describes how this would change their reasoning.
3. Preceptor affirms or corrects new impression of case.

THEORY Trainees reflect upon their reasoning and features that elevate one diagnosis over another, and **metacognitive** discussion may evaluate their constructs of diagnoses and how features differentiate or overlap.

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Clinical Coaching Cards, developed by Bjorn Watsjold MD, MPH, and Diana Zhong, MD