

CLIME Clinical Teaching Certificate

Understanding & Retention Session Worksheet

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Session Objectives

- Collaborate with learners to create shared learning goals.
- Engage learners in active learning.
- Use techniques which maximize understanding and retention: emphasize take-home points, use effective visual cues.

Activity 1: Reflect (4 minutes)

Goal: Reflect on your own training on what you were taught well.

- What is one thing you were taught that you remember well? Why do you remember it?
- What was the setting? What did the teacher say or do that helped you understand and remember?
- **Slido:** Write one word that describes a technique used by your teacher that led to successful learning, understanding, and retention.

Small Group Breakout # 1 (15 minutes)

Goal: Practice Setting Goals

1. **In your groups:** (*Remember your small group number in case you get pushed out*)
 - Introduce yourselves (alphabetical order by first name; cameras on, please!).
 - Share where you work.
 - Describe the level/type of learners you work with and in what context.
 - Designate a group leader to keep track of time, guide the discussion, and help with reporting back.
2. Reflect on the last time you worked with a learner.
3. Name a goal that you set for your learner.
 - a. Did you collaborate with your learner? Or did you choose/name it independently?
4. Share your goal with the group. Is it Specific? Clearly Stated? Learner Centered?

Small Group Breakout # 2 (15 minutes)

Goal: Role play & practice using active learning techniques.

- 1) Muddiest Point
- 2) Thinking Hats
- 3) Flip the Script.

Enough detail is provided so that you have realistic content to practice with. Don't get distracted by what is actually "right" or "wrong!"

The goal is to practice!

- The EXPERT is the teacher / attending – you know the right answer! Suspend disbelief for this exercise and assume you really do know the right answer.
- For the respective cases, the teenager and medical student are the LEARNER. Immerse yourself in the scenario and do your best to present what you know about the scenario.



Thinking Hats

WHAT Trainee takes different perspectives to increase understanding of a situation and question assumptions.

HOW

1. Preceptor asks the trainee to **consider other perspectives**, e.g.:
"How do you think the patient understood this?"
"What does this problem look like from the nurse's perspective?"
"How would you feel if this was your family member?"
2. The trainee reformulates the story of the encounter to identify different concerns.

THEORY Making sense of a situation from other perspectives may identify and allow the trainee to understand both challenges and opportunities for managing a clinical encounter.

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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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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.

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SCENARIO 1: Winter Driving



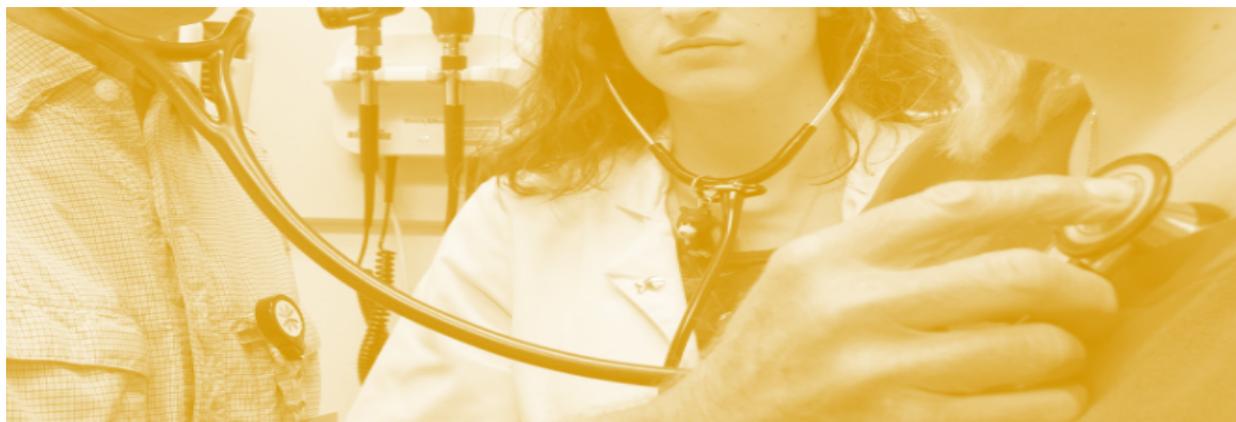
You are an **EXPERT WINTER DRIVER**, driving to Grandma’s house at night with your teenager next to you in the front passenger seat. It is snowing hard, visibility is very poor, and the weather report on the radio just warned of black ice. You are in a 1980 Ford Bronco 4X4 with new all-season tires. You have chains in the back in case you need them. Your left turn to Grandma’s house is coming up – but it is hard to see the brake lights of the cars in front of you or the headlights of cars coming towards you. Grandma is waiting anxiously for your arrival. You can tell by the GPS that your left turn is coming up within half a mile. Suddenly you hear a car honking repeatedly behind you.

Use one active learning technique to teach your teenager something about winter driving.

Role play in the following sequence:

1. The **EXPERT WINTER DRIVER** prompts the **TEENAGER**: “If you were driving what would you do now? Pull over? Keep going? Turn around and go home? Why would you do that?”
2. The **TEENAGER** presents their “assessment & plan” - what they would do in this scenario?
3. The **EXPERT WINTER DRIVER** uses one of the following to engage the **TEENAGER** in active learning:
 - a. Muddiest Point
 - b. Thinking Hats
 - c. Flip the Script
4. The **EXPERT WINTER DRIVER** uses the information acquired to target & teach one general principle – [use your “**expertise**” to teach a principle about winter driving, doesn’t have to be correct].
5. Small group participants observing may offer feedback.
6. Switch roles & keep practicing (can try a different scenario and a different technique) – everyone participate!

SCENARIO 2: Chest pain in the ED



You are the ATTENDING working with a MEDICAL STUDENT in the ED. A 34-year-old woman presents complaining of chest pain. She has had a cough with productive of green sputum and a low-grade temperature for 3 days. She denies ear pain, sinus pain, or sore throat. She is mildly short of breath with exertion, has left-sided chest pain, and is slightly dizzy when she stands up. The only medication she takes is an oral contraceptive. She has a strong family history of early myocardial infarction. Examination is notable for a temperature of 100.7, heart rate of 110 and respiratory rate of 22. Lung exam revealed diffuse wheezing and some crackles in the right base. Her cardiac and abdominal exams were normal other than mild tachycardia.

Use one active learning technique to teach your resident something related to chest pain.

Role play in the following sequence:

1. The ATTENDING asks the MEDICAL STUDENT, “What should we do?”
2. The MEDICAL STUDENT presents their plan for what they would do in this scenario.
3. The ATTENDING engages the learner using one of the following:
 - a. Muddiest Point
 - b. Thinking Hats
 - c. Flip the Script
4. The ATTENDING uses the information acquired to target & teach one general principle – [**use your “expertise” to teach a principle about chest pain, doesn’t have to be correct**].
5. Small group participants observing may offer feedback.
6. Switch roles & keep practicing (can try a different scenario and a different technique) – everyone participate!

References:

- Quick Reference. Active Learning Techniques: Clinical Coaching Cards, developed by Bjorn Watsjold MD, MPH, and Diana Zhong, MD
 - Bronco picture: www.unsplash.com
 - *SCENARIO 3 adapted from: Cohen DA, Truglio J. Fitting it all in: an interactive workshop for clinician-educators to improve medical education in the ambulatory setting. MedEdPORTAL. 2017;13:10611. Pictures from: huddle.uwmedicin
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