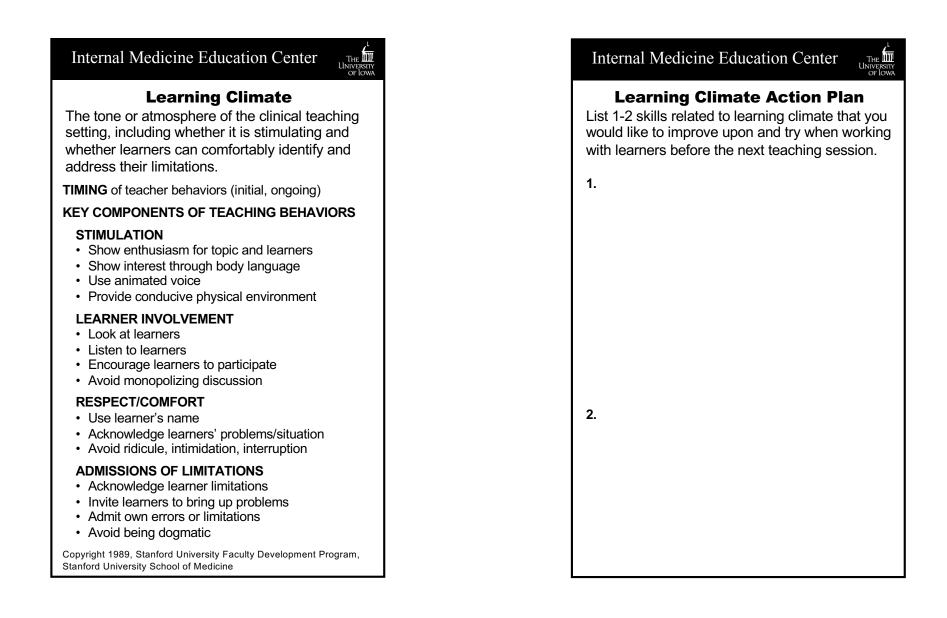
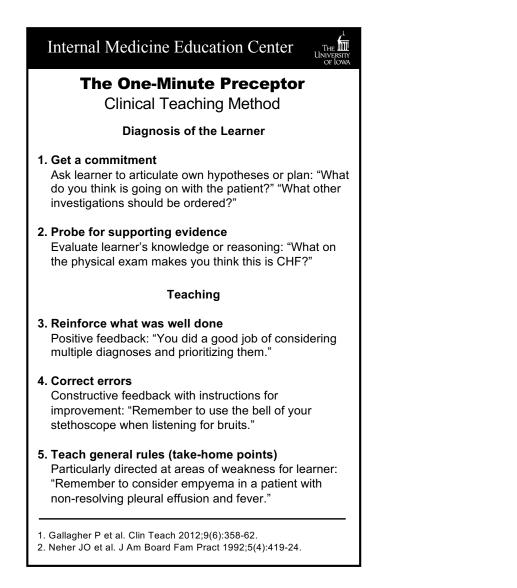
Supplemental Table 2. Workshop pocket cards.

Learning Climate



One-Minute Preceptor



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The One-Minute Preceptor				
Diagnosis of the Learner				
	Get a commitment Ask learner to articulate own hypotheses or plan			
	Probe for supporting evidence Evaluate learner's knowledge or reasoning			
Teaching				
••••	Reinforce what was well done Positive feedback			
C	Correct errors Constructive feedback with instructions for nprovement			
	each general rules (take-home points) Particularly directed at areas of weakness for learner			
	What would you like to try?			

Feedback

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Providing Effective Feedback Setting the Stage

ТНЕ

* Expected

I will be giving you feedback following this encounter. Shall we spend a few minutes discussing how the clinic went after your last patient?

- Supportive learning climate It's my job to help you improve.
- Label as feedback How would you like me to focus my feedback?
- Self-assessment What were you trying to accomplish during this encounter? Did it go as planned?

STOP

S: SPECIFIC

Your social history of the patient showed understanding of the pathophysiology and allowed us to focus more on biliary tract disease and less on alcoholism.

T: TIMELY

I'll give you feedback after each patient today. Let's plan to sit down at the end of the week.

O: OBJECTIVE, based on observed behaviors

I noticed you interrupted the patient a few seconds afer asking what brought her to the hospital. You lost eye contact with the patient when you were discussing the lab results.

P: PLAN for improvement

If we were going to do it again, what would you do the same and do differently? What actions do you want to take to improve in this area? How would you feel doing it again?

Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. Pediatrics 2011;127:205-7.

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Feedback Action Plan

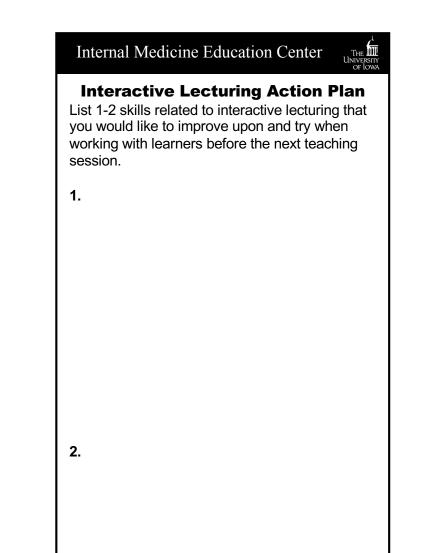
List 1-2 skills related to feedback that you would like to improve upon and try when working with learners before the next teaching session.

1.

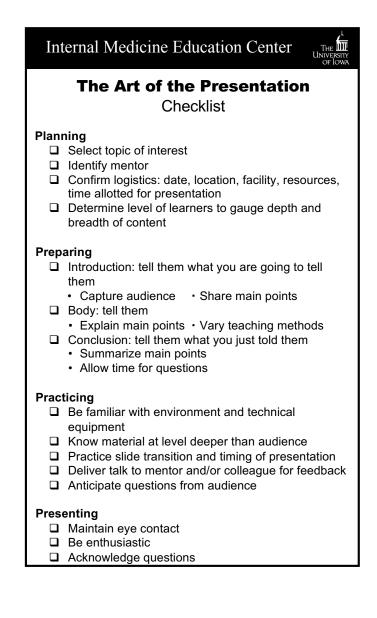
2.

Interactive Lecturing

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Interactive Lecturing				
Attract Attention	 Stories, anecdotes, cases Problem Test question Humor Startling fact Surveying student knowledge Relevant to topic Relevant to audience 			
Maintain Attention	 Make organization clear Orientation Guidance Summarization Change the stimulus Video Demonstration Role-play 			
Promote Learning	 Limit content to 50% new information Limit content to 2-3 main points Select content based on what you want them to remember 			



Art of the Presentation



]	Internal Medicine Education Center		
The Art of the Presentation Timeline			
	Select topic of interest		
	Identify a mentor		
	Establish purpose of talk		
	Consider logistics		
	Know the group's level of expertise		
	Prepare presentation		
	Practice		
	Deliver talk		

Bedside Teaching

Internal Medicine Education Center					
Bedside Teaching Teaching in the Patient's Presence Specific Strategies					
BEFORE: prime p	atient and learners				
Prepare the patient/family	Ask permissionOrient to process				
Prime learners	 Set clear, specific goals Outline roles/involve all Who leads? Who is backup? Active observation Set ground rules and time limits Anticipate potential problems Let know when may interrupt 				
Create safe learning environment					
DURING: teach in patient's presence					
 Wash hands Introductions Teach! Focused, limited Role model Keep patient-centered Reassure patient someone will come back later to answer questions Thank the patient/family 					

Ι	Internal Medicine Education Center
Sp	Bedside Teaching Teaching in the Patient's Presence pecific Strategies
AF	TER: debrief learners
•A •S •C w	eedback - self-assess answer questions summarize teaching points clarify what needs to be communicated to patient when team member goes back fore in-depth teaching if desired Reflect
Lis im	edside Teaching Action Plan at 1-2 bedside teaching skills you would like to prove upon and try when working with learners fore the next teaching session.
1.	
2.	

Clinical Reasoning

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Clinical Reasoning Priming

Rationale: Priming provides a deliberate means of helping students to think about focused data gathering and differential diagnosis/clinical reasoning even before seeing the patient.

How to do: Initiate a teaching session prior to the patient encounter. "Prime" the student by helping them think about what the initial differential diagnosis is and the key aspects of the history and physical exam

Examples

- 1. Based on the limited information available, *outline an initial differential diagnosis.*
- 2. List the top 5 details you want to elicit from the *HPI* to help narrow your differential diagnosis.
- 3. List 3-5 *physical findings* that will be essential to narrowing the differential diagnosis.
- 4. List 3-5 findings from the history or physical exam that will be essential in determining *the severity/urgency of the illness*.

Heidenreich C et al. Pediatrics 2000;105(1 pt 3):231-7.

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THE NIVERSITY

Clinical Reasoning Reverse Presentation

Rationale: By reversing the order of the standard presentation and placing the assessment first, there is an immediate commitment to diagnosis and treatment plan. This allows the preceptor to pay attention to the key features that support or refute the learner's decision. It also forces the student to select key details to support their assessment.

How to do: Ask learners to present in "ASOAP" format where they briefly give their assessment first and then present the supporting data.

Example

A: This is a 65-yo woman with cough, myalgias and fevers. I think she has influenza. I think we should do a nasal swab for influenza.

S/O: Preceptor listens closely to presentation with the end diagnosis in mind and learner presents information that they think is relevant to the diagnosis.

A/P: Assessment and plan presented in more depth but with description of how the decision was made.

Blankenburg B et al. Pediatric Academic Societies Annual Meeting, May 2011.

Evaluation

	edicine Education Center	Internal Medicine Education Center Evaluation Action Plan List 1-2 skills related to evaluation that you wo like to improve upon and try when working with learners before the next teaching session.	
G (get ready)	 Set expectations for specific clinical setting Know the evaluation form 	1.	
R (review expectations with learner)	 Review your goals early on Determine student's skill level Describe evaluation process 		
A (assess)	Provide feedback Observe		
) discuss at nid-point of otation)	Assess progress in meeting goals	2.	
E (evaluation)	 Fill out CCOM evaluation form in timely manner Give specific examples of strengths and areas for improvement 		