



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

# UNC Academy of Educators Residents as Teachers Course Welcome

UNC Academy of Educators  
October 4th, 2018



UNC  
SCHOOL OF MEDICINE



UNC  
SCHOOL OF MEDICINE

ACADEMY *of*  
EDUCATORS



# Special Thanks

- Academy of Educators
  - » Dr. Shaheen
  - » Leadership Council
  - » Lauren Westervelt
- Office of Faculty Affair and Leadership Development
- Wonderful Faculty
- All of you!
- Morgan Resnick-Kahle
  - » [morgan\\_resnick-kahle@med.unc.edu](mailto:morgan_resnick-kahle@med.unc.edu)

The.Best.Person.Ever.





# Goals

- Get you excited about teaching
  - Give you some insight on teaching
  - Give you some simple tools on teaching and scholarship
  - Teach you some things about medical education
  - Teach you how to coach and give feedback.
- 
- Have fun!



**DON'T KEEP  
CALM...**

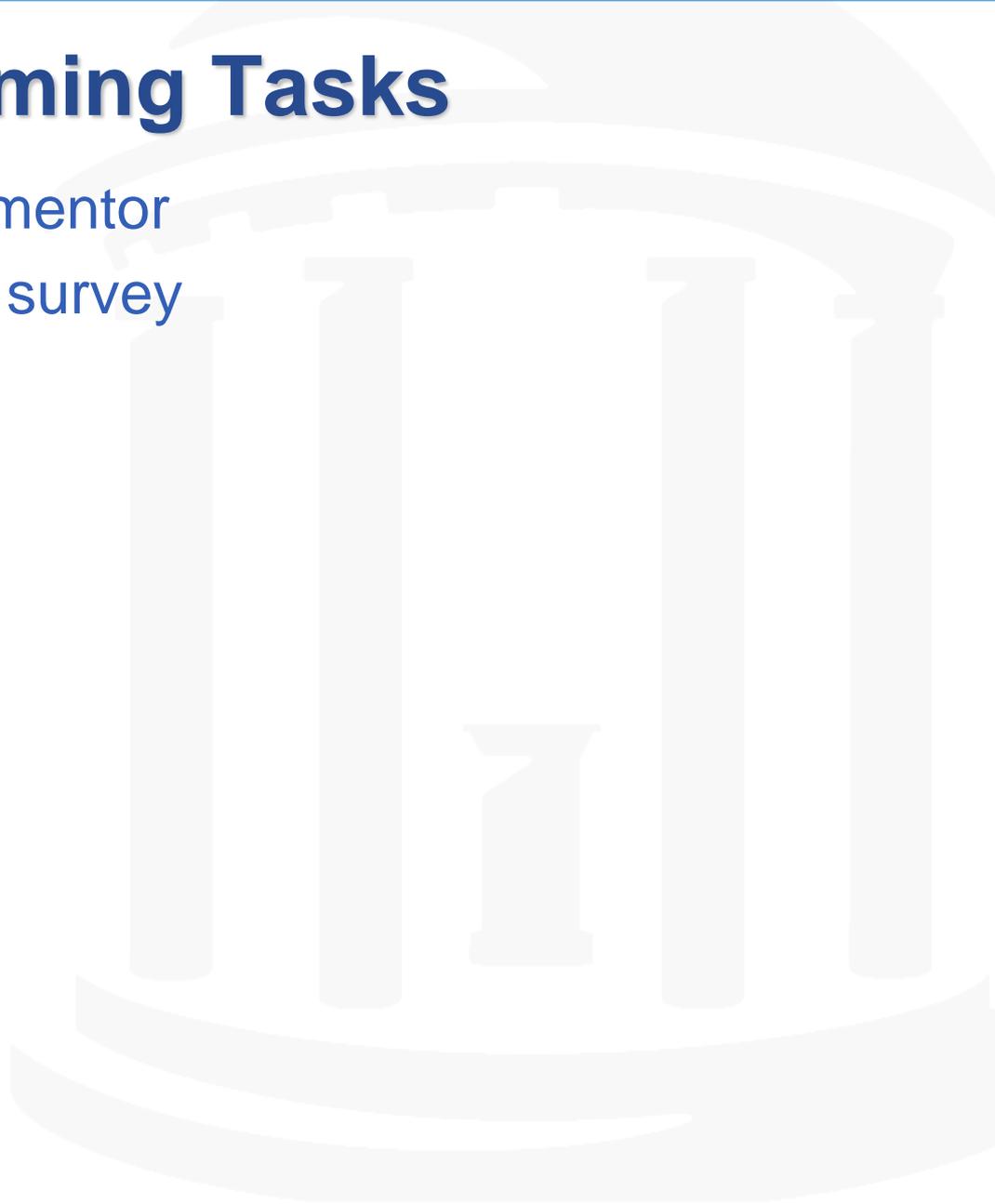
**GET  
EXCITED!**





# Upcoming Tasks

- We will pair you with a mentor
- Fill-out your pre-course survey
- Post-lecture survey





## PROGRAM FEATURES

### MENTOR

Each resident participating in this program will be able work with a teaching and learning mentor, who will be assigned after a statement of teaching philosophy, has been completed. The mentor may be from the same department or from a different area / department. The hope is that this relationship will be beneficial for the professional development of the resident.

### STATEMENT OF TEACHING PHILOSOPHY

Each Resident will write a Teaching Philosophy Statement at the beginning of the program (ideally listed as part of application materials). Each resident will also complete a Teaching Philosophy Statement at the end of the program.

### WORKSHOPS & AOE EVENTS

Each resident will be asked / expected to participate in at least 6 hours of AOE activities over the duration of the course. The four required workshops (see below) are core content for the Residents as Teacher program (dinner will be served).

### OPTIONAL: JOURNAL CLUB

Each Resident will have the option to participate in a discussion of a single or a series of related journal articles related to teaching in medical education. Previous topics have included GME Funding and High Value Care.



## TEACHING EXPERIENCE

Each Resident will lead a clinical skills didactic or some other educational experience using something learned in this program. Examples may include AM report, formal teaching sessions with students, noon conferences, etc. We will ask that members of the program be available to attend at least one of these events and give the presenter feedback. Mentors should also be invited to attend these events and will be asked to provide feedback.

## WORKSHOPS

### *Clinical Teaching*



Examines the principles and methods for teaching in small groups in both inpatient and outpatient settings.

### *Instructional Methods & Assessment*



Focuses on teaching large and small groups in the classroom setting. Benefits and challenges of lecture, active learning, and use of technology in teaching will be included.

### *Introduction to Educational Research*



Provides a brief introduction to approaches commonly used to engage in pedagogical research in areas relevant to medical education.

### *Coaching*



Provides an overview of coaching. Participants will hear about and practice techniques in helping peers and learners use positive psychology.



## Survey / Participation

**We request your participation in brief anonymous surveys, to be taken pre course and post teaching sessions, which aim to gauge your teaching experiences and knowledge and assess how these change as you participate in the course.**

**The surveys should take less than 3 minutes to complete. Responses are anonymous and confidential. Data will be analyzed and reported in aggregate form only. Completion and submission of the survey will be an indication of your individual participation consent.**



# Academy of Educators



Search this site  Search UNC School of Medicine

- Home
- About Us
- Membership
- Academy Programs**
- Teaching Awards
- Resources
- Events

Home » [Academy Programs](#) » Residents as Teachers

## Academy Programs

Programming at a Glance

Faculty Development

Passing the Torch

### Residents as Teachers

Program Schedule

Session Resources

Mentors

Kathleen Rao Cooperative Agreement

Evening of Scholarship

## Residents as Teachers

This program is designed to provide residents a foundation in effective teaching and learning. The course is designed to be done under the guidance of a mentor. The program components are extremely adaptable in terms of timing and format, designed to allow extremely busy residents to complete the course. The total amount of time estimated to complete this program is ~12-14 hours and designed to be completed across 6 months. Residents must complete the required activities to obtain full recognition for completion of the program.

[Residents as Teachers Program Overview for 2018-2019](#)





# Upcoming Events

- Frank Wilson Professionalism Day
  - » October 17<sup>th</sup>
- 12-1PM
  - » Workshop in Bondurant 2020
- 4:30-6PM
  - » Reception & Lecture in Bondurant G100
- RSVP to attend!

# Residents as Teachers Program Schedule



## Residents as Teachers Overview

2018 – 2019

### Sessions and Dates

Session	Date	Topic
Session 1	October 4 <sup>th</sup>	Introduction
Session 2	November 1 <sup>st</sup>	Instructional Methods/Technology for Small and Large Groups
Session 3	December 6 <sup>th</sup>	Positive Psychology Coaching for Peers/Giving Feedback
Session 4	February 7 <sup>th</sup>	Educational Scholarship
Session 5	March 7 <sup>th</sup>	Best Practices Panel
Session 6	April 4 <sup>th</sup>	Teaching Practice
Journal Club	May 9 <sup>th</sup>	Medical Education & Social
End of Year Event	May 23 <sup>rd</sup>	AOE Evening of Scholarship

\*Sessions will be from 5:30-7:00PM



# Upcoming Events

- **Journal Club** at Dr. Richard Wardrop's home. May, 9th 2019. Date TBD. RSVP required. More info to follow
- Topic TBD
- Ideas Welcome



# Opportunities

As a group within the RAT, there may be opportunities towards some sort of service or scholarship around what we are doing...

- » Creating a repository of quality teaching scripts for all residents
- » Publishing something about this process or about your teaching
- » Creating a platform for RAT for all trainees
- » Teach in the Transition Course – see me with ?'s



# Other Announcements?



## Fifth Annual Sheldon Resident Research Symposium

### Welcome, Keynote Address, and Oral Presentations (Old Clinic Auditorium)

Breakfast provided

7:00 am Welcome

7:15 am Keynote Address: *"Making it all fit: Strategies to integrate work, life, and scholarship AND thrive!"*  
**Dr. Richard M. Wardrop III, MD, PhD, FAAP, FACP**  
Associate Professor of Medicine and Pediatrics

8:00 am Resident Basic Science Presentations

**Mia Klein, MD** *"Tissue Factor-Targeted Peptide Amphiphile: an Injectable Therapy for Hemorrhage"*

**Joshua Shapiro, MD** *"A Biomechanical Comparison of Radiocarpal Arthrodesis Techniques for Radiocarpal Arthritis"*

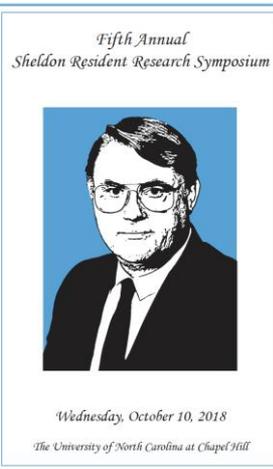
**William Teeter, MD** *"Extended Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) Induced Type 2 Myocardial Ischemia: A Time-Dependent Penalty"*

8:45 am Resident Clinical Science Presentations

**Jessica Friedman, MD** *"Evaluating the effects of a new hospital-based, faculty- and resident-run observation unit at a large academic hospital"*

**Thomas Blount, MD** *"Reduction in Length of Stay and Pharmacotherapy for NAS with the "Eat, Sleep, Console" Method"*

**Pauline Filippou, MD** *"The presence of gender bias in letters or recommendations for urology resident applicants"*



## Fifth Annual Sheldon Resident Research Symposium



### Breakout Sessions (Sanofi-Avantis Conference Room)

1:00 am Resident Research Panel Q&A session

2:00 pm UNC Doctor's Dilemma competition  
Hosted by **Dr. Lacy Hobgood, MD, FACP, FAAP**  
ECU Adult and Pediatric Health Care

:00 pm Resident Story Slam

Presenters:

**Ben Demarco, MD**, Resident, Internal Medicine  
**Amanda Kovacich, MD**, Fellow, Pulmonary Medicine  
**Sara Scarlet, MD**, Resident, Surgery  
**Steven Hochman, MD**, Resident, Medicine-Pediatrics  
**Amy Shaheen, MD**, Attending, Medicine  
**Gary Winzelberg, MD**, Attending, Palliative care  
**Jennifer Howell, MD**, Attending, OB/GYN

### Resident Poster Presentations (Cancer Hospital Lobby)

9:45 am-11:15 am Morning Poster Session and Judging

3:00 pm-4:30 pm Afternoon Poster Session and Judging

### Awards Presentation (Cancer Hospital Lobby)

4:30 pm Presentation of Awards



# Introductions

- Name
- Background
- Program
- Why you like teaching?
- Name a time when you were an effective teacher.





# AOE Residents As Teachers

## Session 1

### Introduction to Teaching

Christopher Klipstein, MD

Richard M. Wardrop MD, PhD





# Objectives

1. Develop a framework for thinking about the learner using RIME
2. Understand and be able to use existing tools to give specific feedback (Competencies, Milestones, EPAs, RIME)
3. Understand and employ the use of teaching scripts and other models of teaching clinically including the "30 second preceptor"



# RIME

Reporting

Interpreting

Managing

Educating





# RIME

- Reporter
- Interpreter
- Manager
- Educator

When using the R.I.M.E. framework it is helpful to consider the expected level (year of training) when a resident should reach each stage.



## Recall...

- A helpful experience with giving or receiving feedback
  - » What made it good?
- A bad experience with giving or receiving feedback
  - » What made it bad?



# Good Feedback Principles

- Timely
- Clear goals and outcomes
- Direct observation of learners
- Pick and use a framework
- Label as feedback

The  
“F”  
Word



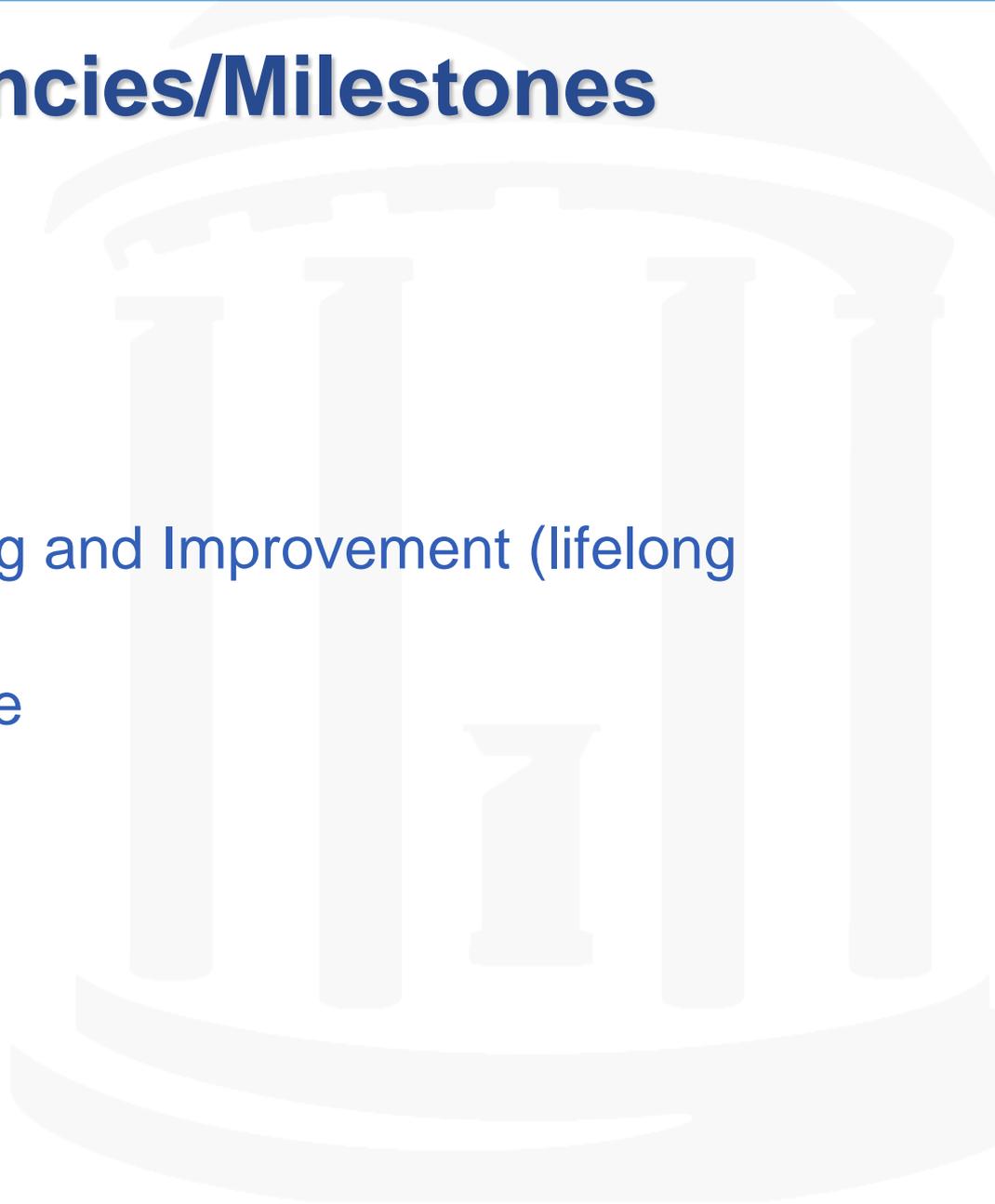
# Good feedback requires

- Adequate time;
- Clear goals and outcomes — so you know what you are appraising or assessing;
- Direct observation of learners — so you know how well they are doing; and
- Skills in giving positive and negative feedback — so you are an effective facilitator of your learner's development.



# Competencies/Milestones

- Medical Knowledge
- Patient Care
- Communication
- Professionalism
- Practice Based Learning and Improvement (lifelong learning)
- Systems Based Practice



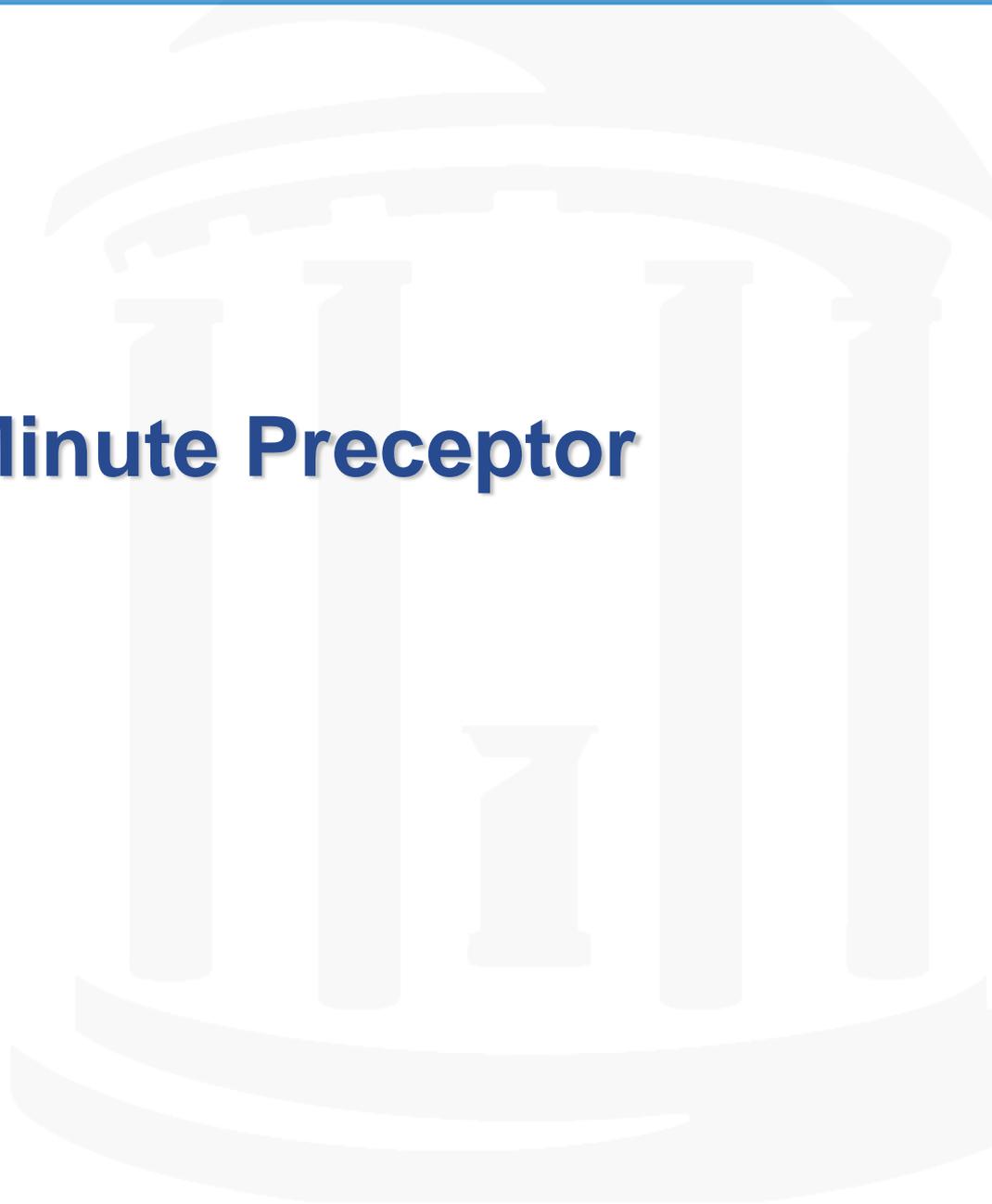


# EPA: Entrustable Professional Activities

- 1: Gather a history and perform a physical examination
- 2: Prioritize a differential diagnosis following a clinical encounter
- 3: Recommend and interpret common diagnostic and screening tests
- 4: Enter and discuss orders and prescriptions
- 5: Document a clinical encounter in the patient record
- 6: Provide an oral presentation of a clinical encounter
- 7: Form clinical questions and retrieve evidence to advance patient care
- 8: Give or receive a patient handover to transition care responsibility
- 9: Collaborate as a member of an inter-professional team
- 10: Recognize patient requiring urgent/emergent care, initiate evaluation and management
- 11: Obtain informed consent for tests and/or procedures
- 12: Perform general procedures of a physician
- 13: Identify system failures and contribute to a culture of safety and improvement
- 14: Develop management plan and behavior change goals with patients for common chronic conditions
- 15: Demonstrate approach to prevention care and individual and population level



# The One Minute Preceptor





# One Minute Preceptor

- An interactive clinical teaching model
- Allows the learner to focus on knowledge that can be applied, establishing their background knowledge for you to add to



# One Minute Preceptor Skills

## Get a commitment

*What do you think is going on?*

## Probe for supporting evidence

*Why do you think that?*

## Teach general rules

*In this setting, the general issue is....*

## Support what was done right

*I agree with...because....*

## Correct mistakes

*Next time also think...because....*

*Then...."Lets go see....."*



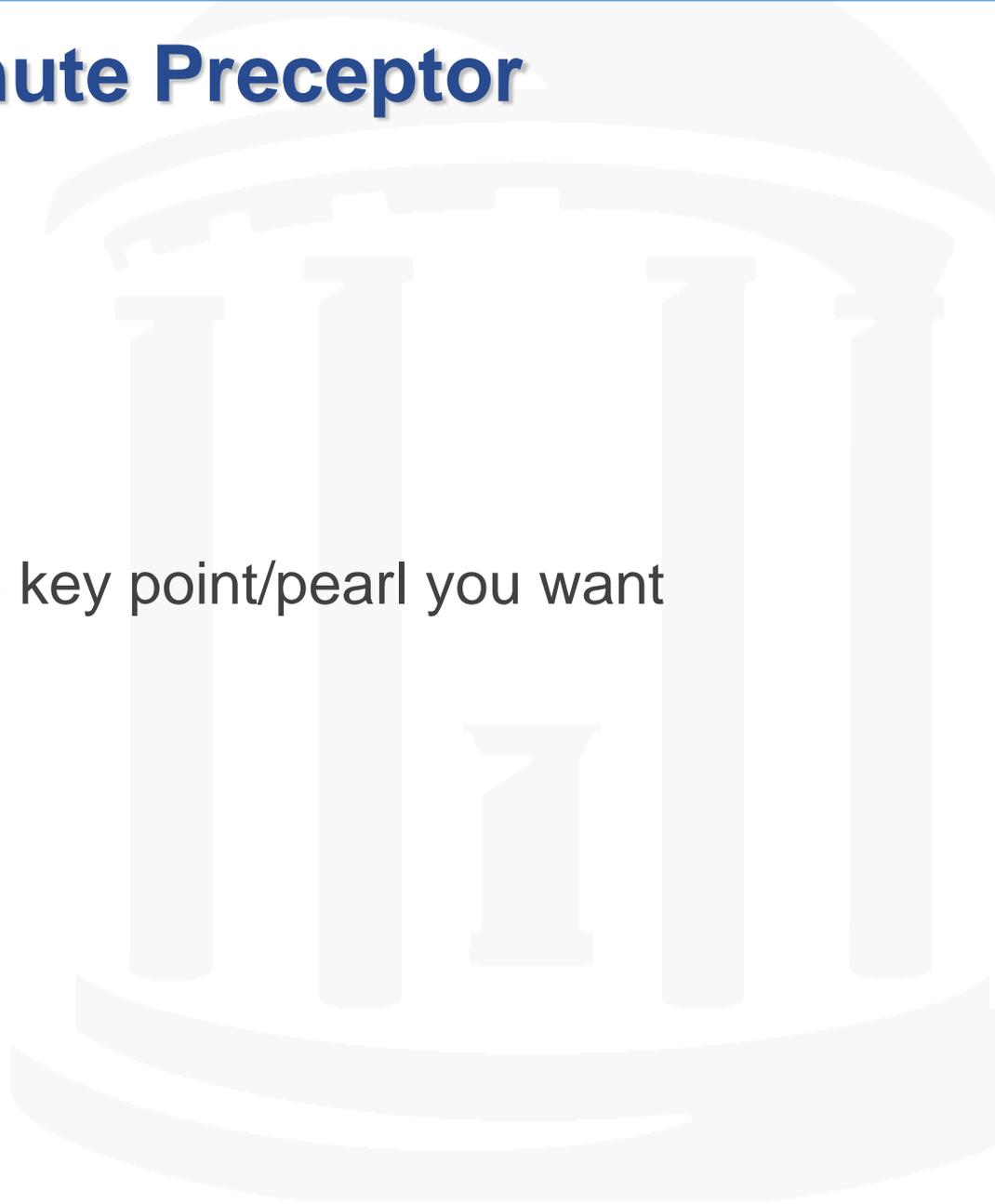
# One Minute Preceptor

Assess the patient

Assess the learner

Focus teaching on one key point/pearl you want to get across

Give feedback





# 30 Second Preceptor

## WHAT

-What do you think is going on?

## WHY

-Why do you think that?

## WHEN....

-When you see this, you need to think of ....

-Feedback



# Other Strategies for Efficient Clinical Teaching

- Label your teaching
  - » “Here, let me teach you this.”
  - » “Have you learned..?”
  - » “...because I have learned...”
  - » “What can I teach you?”
  - » “I just taught you something.”
  - » “What did I teach you today?”
  - » “What did we learn today?”



# Strategies for Efficient Clinical Teaching

- 5 minutes of prep is invaluable for purposeful teaching
  - » Who's on the inpatient census or appointment list?
  - » Plot your course
- Teach in small bites
  - » Resist the urge to share all accumulated wisdom
  - » Plotting the points where you'll teach helps avoid this
- Teach the patient in front of the student
- Use visual aids
  - » Can be pre or post encounter



# Teaching Pearls When You Are Busy

- Teach through the work you are already doing
- Think out loud
  - » Add “because” to the end of your sentence
  - » Say “I’m thinking...”
- Illustrate your questions and find answers to those questions with your learners
  - » Assign meaningful tasks, labeled as learning
- Utilize pre-made resources



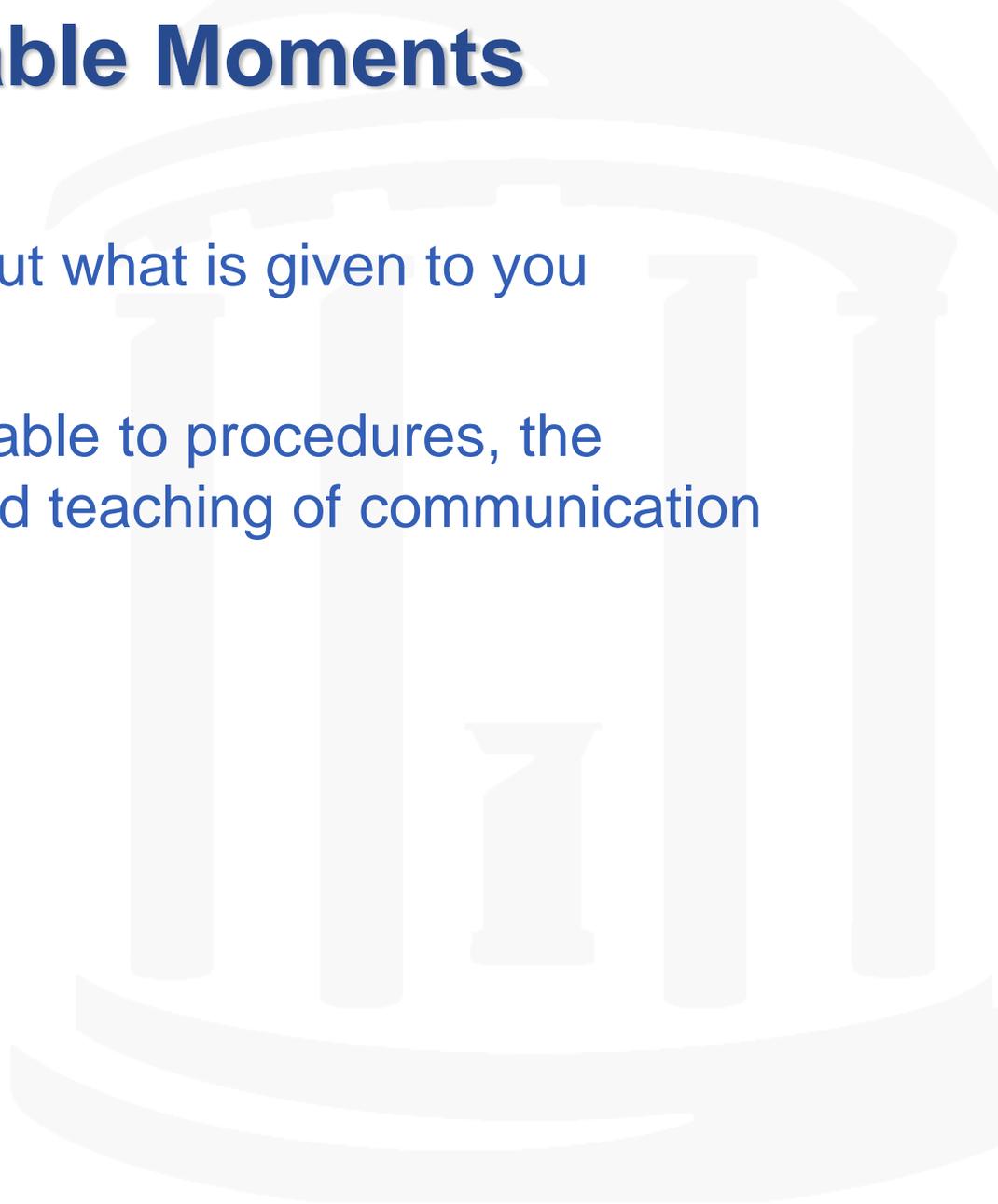
# Other Teaching Techniques

- Lit review
- “What if the patient was...?”
- Role play
- Teach the patient....
- Pretend I’m...
- You can always teach development
- Theme for the day
- Activated observation
- Have the patient/family teach the learners



# Teachable Moments

- Take and talk about what is given to you
- Particularly applicable to procedures, the physical exam, and teaching of communication skills





# “Teaching Scripts”

- Planned teaching scripts we are prepared to give when there is down time or when familiar scenarios arise
  - » Hyponatremia
  - » Immune deficiency work-up
  - » Acid-base
  - » Pediatric developmental milestones
  - » Infant of a diabetic mother

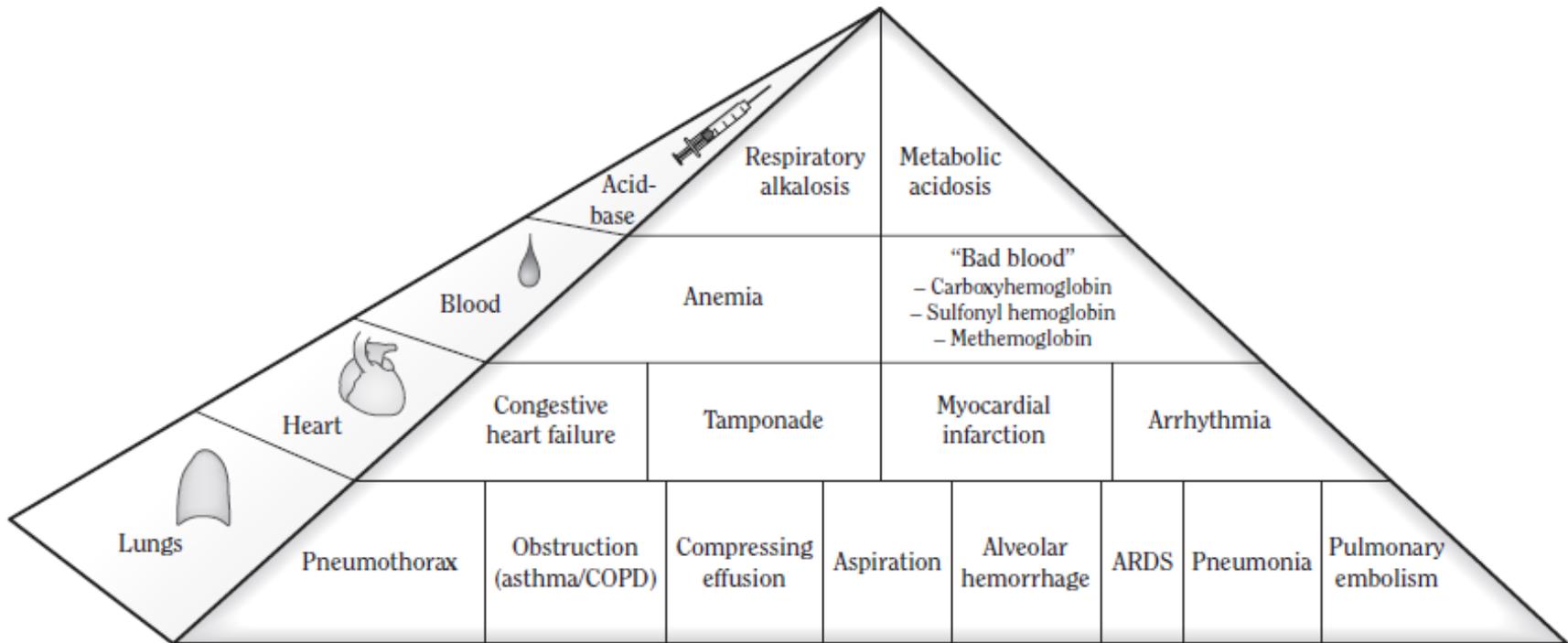


# “Teaching Scripts”

- Usually arise from things you either really know or struggle with
- Learning about it causes you to become somewhat expert in this area
- There are some classic ones to know about
  - » Pyramid of dyspnea
  - » Ticking clock of abdominal pain



# Dyspnea Pyramid



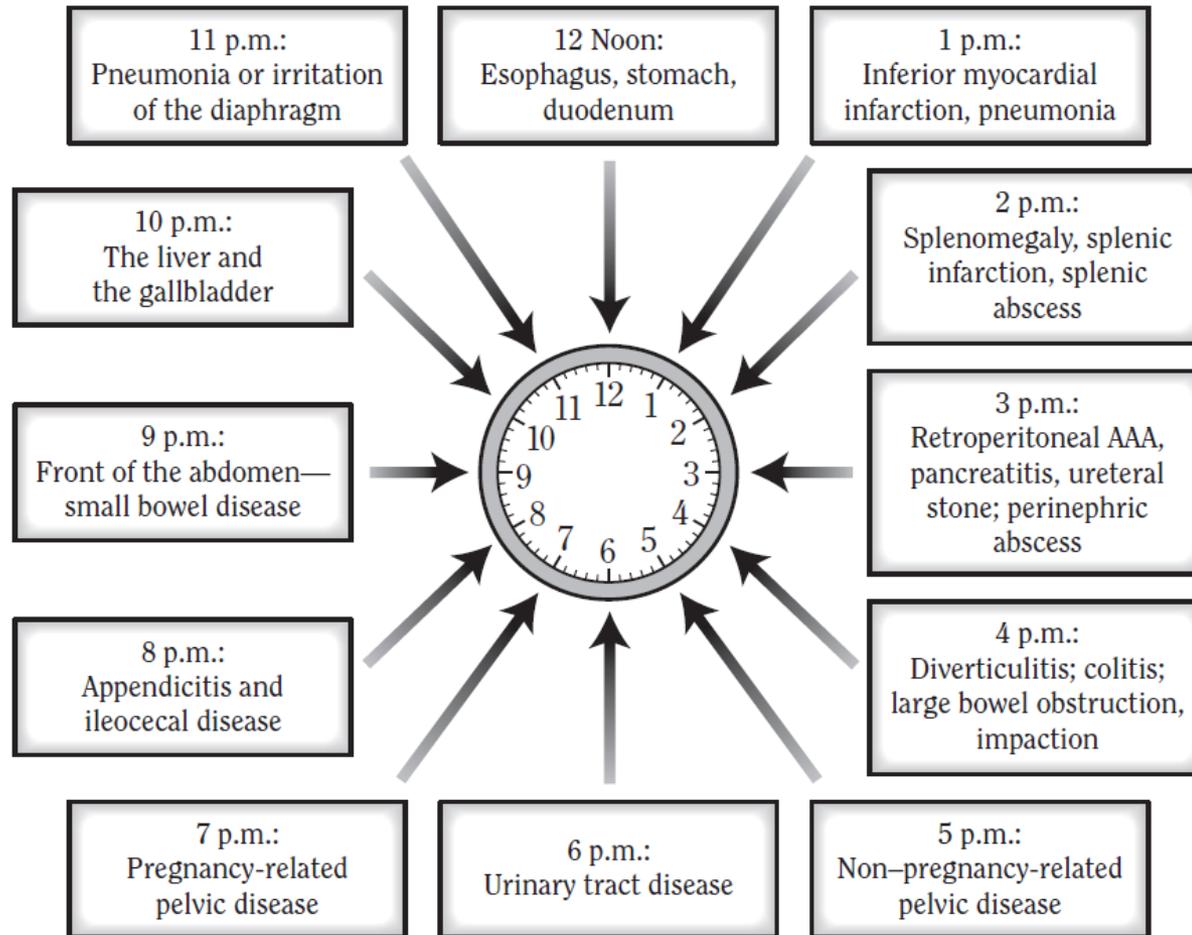
**Figure w-3** The dyspnea pyramid. ARDS = acute respiratory distress syndrome; COPD = chronic obstructive pulmonary disease.

## Clinical Teaching Scripts for Inpatient Medicine

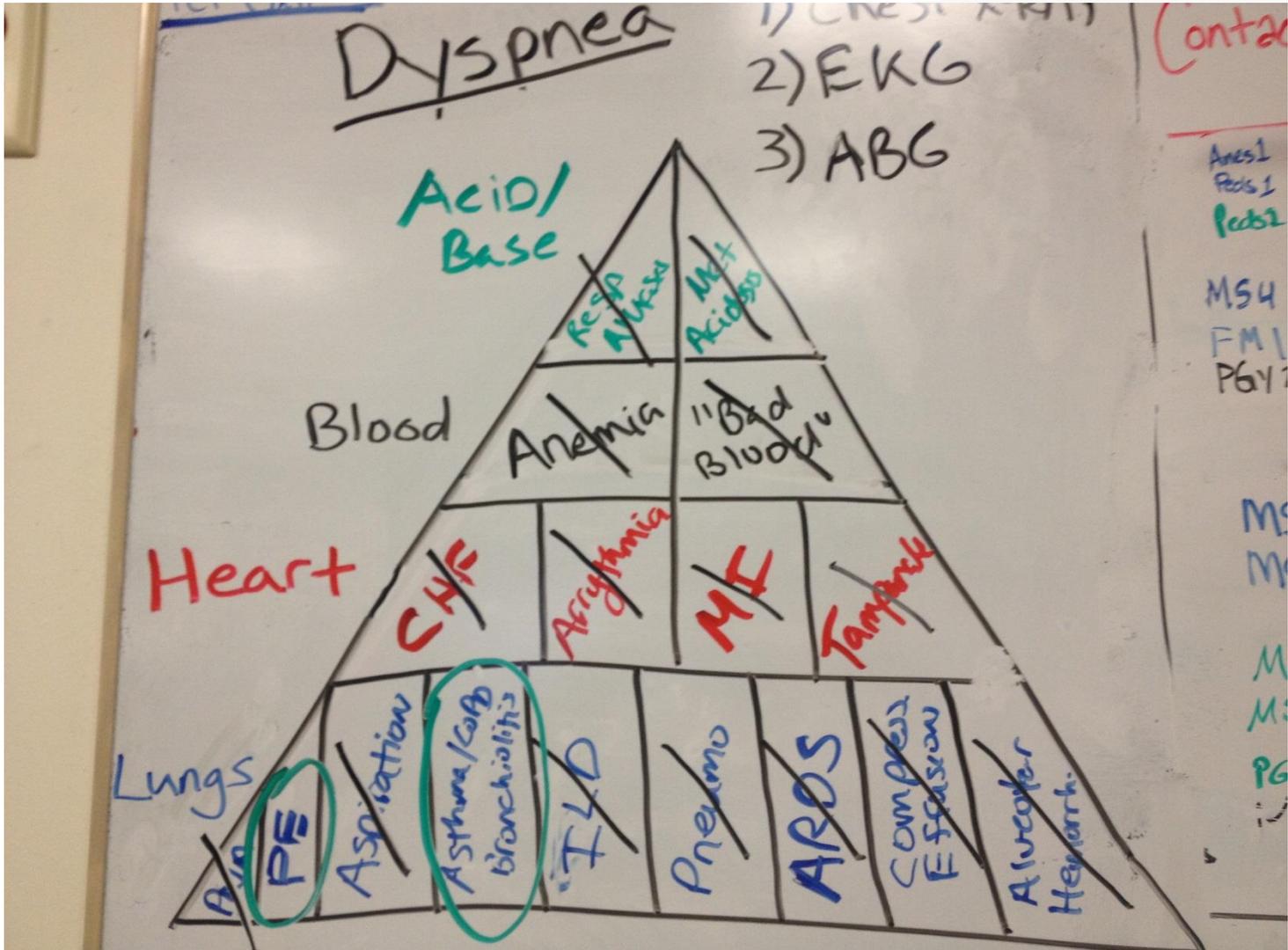


# Abdominal Pain

Jeff Wiese, MD



**Figure w-4** The abdominal pain clock (...it's ticking). AAA = abdominal aortic aneurysm.









# “Teaching Scripts”

Make a list of 5 in your field, and plan how you will address them

## Examples:

1. Electrolyte emergencies (CBIGKDIE)
2. Stroke Syndromes
3. Causes of Eosinophilia
4. Causes of Atrial Fibrillation
5. Management of DKA



# Questions?

- Please complete your survey!
- See you at the next session on November 1<sup>st</sup>!

