

Clinical and Non-Clinical Skills Education Made Ridiculously Simple

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Objectives

At the end of this presentation, participants should be able to:

- Describe basic learning principles
- Develop a procedure performance checklist
- Demonstrate clinical/non-clinical procedure instruction and effective feedback



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Peter DeBileux, MD, Daryl Lofaso, PhD, Rachel Fiore, PhD, Laura J. Bell, Chris Carter, Ashley Walker, Lee Engel, MD, PhD

Great Teachers are...

Made not Born

Example is not the main thing in influencing others. It is the only thing.- Albert Schweitzer

Majority of Academic Health
Professionals are...

Accidental Educators

Did you actually plan on a life of teaching?

-Students

-Peers

-Patients

Majority of Academic Health
Professionals are...

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Did you actually plan on a life of teaching?

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Medical Education

- Learning the knowledge, **skills, attitudes, and behaviors** that promote the development of healthcare providers

The Golden Rule of Medical Education...

**Treat learners as you
would like them to
treat patients. As if
that patient were you!**

The Purpose of
Education is to
Make Yourself
Obsolete as a
Teacher

What is a
Procedure?

Procedure

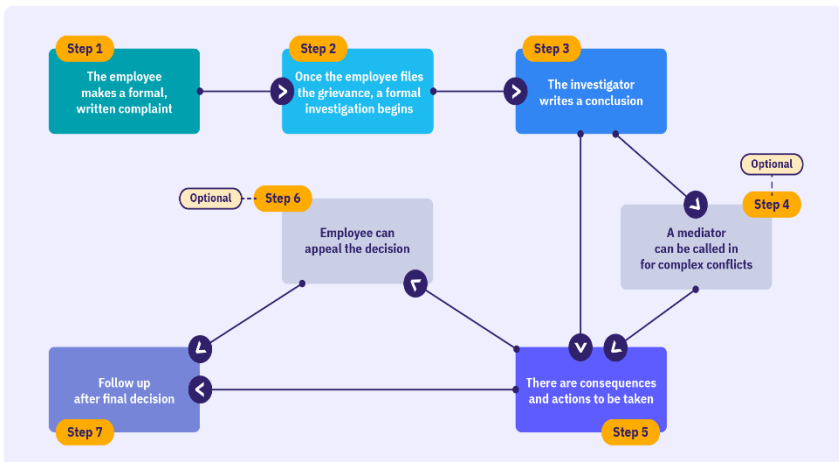
- An established or official way of doing something or acting
- A series of actions conducted in a certain order or manner

Procedure



Grievance Procedure Steps

AIHR | ACADEMY TO INNOVATE HR



Historical Procedure Instruction



- **See One**
- **Do One**
- **Teach One**



Historical Procedure Instruction



- **See One**
- **Do One**
- **Screw One**

Video



Paramount+

Traveling from Novice to Expert

Faculty
Supervision

Patient Care/Work
Responsibility

Novice



Expert

Why Should We Teach?



Why Should We Teach?

- Enhancement of our own knowledge base and problem-solving skills
- Development of learning habits and skills enabling lifelong maintenance of professional competence
- Creation of and fostering a TEAM mentality
- Individually we are pretty smart, but together we are BRILLIANT!

Why Should We Teach?

- Fosters goodwill among learners, coworkers
- Self satisfaction of teaching
- Availability of learners – you are doing it anyway, near peer phenomenon, role modeling
- Lifelong educational model

Barriers to Teaching



Barriers to Teaching

- Time
- Training
- Service vs education vs productivity
- Overcoming inertia
- Imposter syndrome



Principles of Learning

- Material is relevant and useful
- Assurance that learning is active
- Problem solving and concepts are emphasized over facts
- Feedback is provided promptly

Principles of Learning

- Environment is non-threatening
- Material is related to existing knowledge
- Learners are treated as individuals
- Learning is best when self-paced

Ideal Behaviors for Procedure Instructors

- Limit numbers to ideal small group size <15
- Enthusiasm is the #1 attribute
- Set clear expectations
- Organization and clarity in instructions

Ideal Behaviors for Procedure Instructors

- Review indications and contraindications
- Define purpose
- Group questions should be reflected back to the group for problem solving

Ideal Behaviors for Procedure Instructors

- Review small group instructional skills
- Clinical supervision- observe learner
- Clinical competence- repetition to reinforce positive skills
- Modeling professional characteristics

Ideal Behaviors for Procedure Instructors

- Deliver corrective feedback both verbal (limited) and nonverbal
- Utilization of simulation and/or audiovisual aids
- Create a comfortable environment

Ideal Behaviors for Procedure Instructors

- Ideally entire group observes
- Humanistic case-based orientation
- Utilize small group instructional skills



Ideal Behaviors for Procedure Instructors

- Use a logical, stepwise progression
- Adopt and employ a procedure check list to promote standardization
- Encouragement of performance visualization

Bedside Teaching

*Medicine is learned at the bedside
and not in the classroom;
the best teaching is that taught by the
patient himself.*

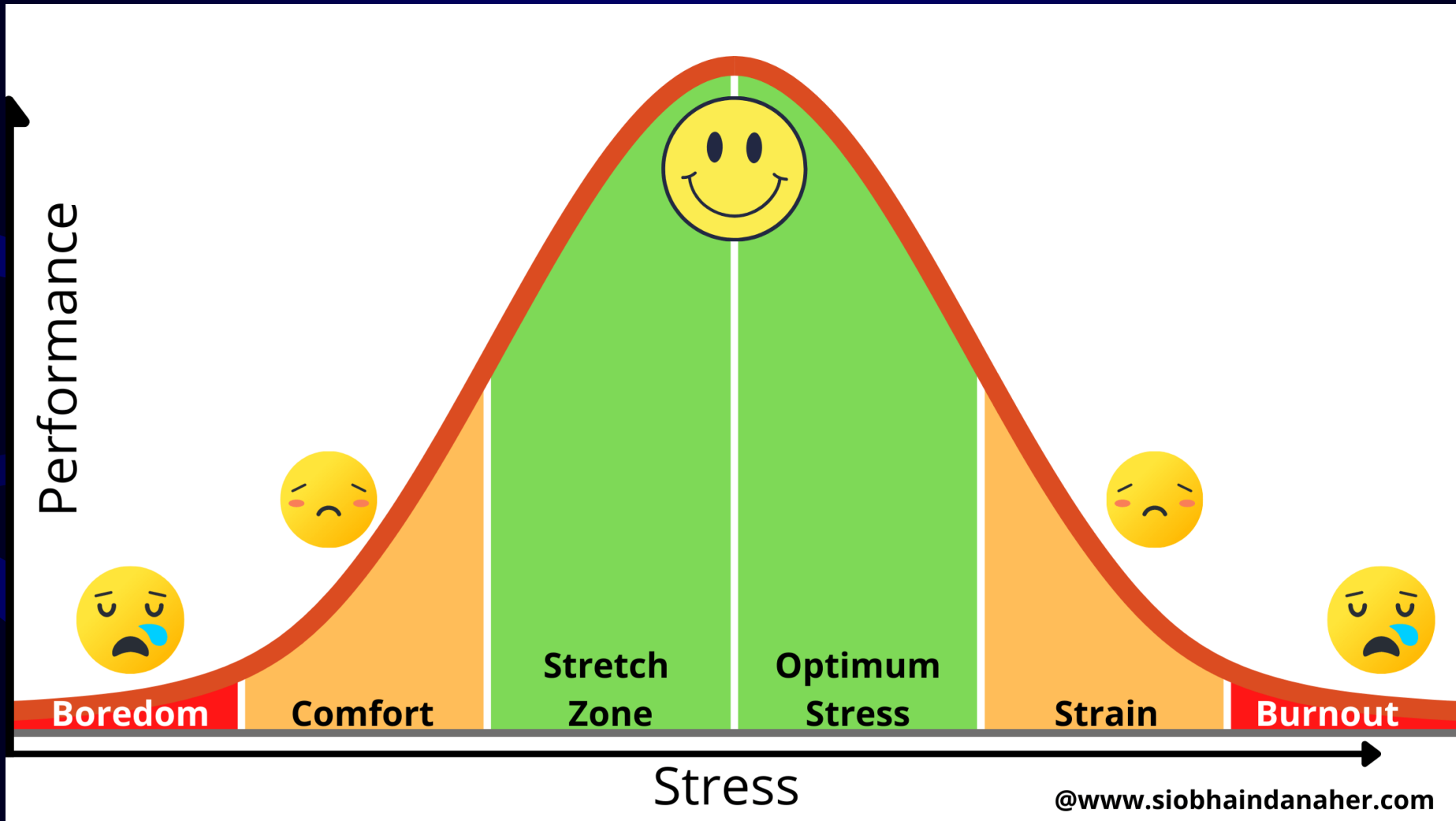


-Sir William Osler

Performance Model

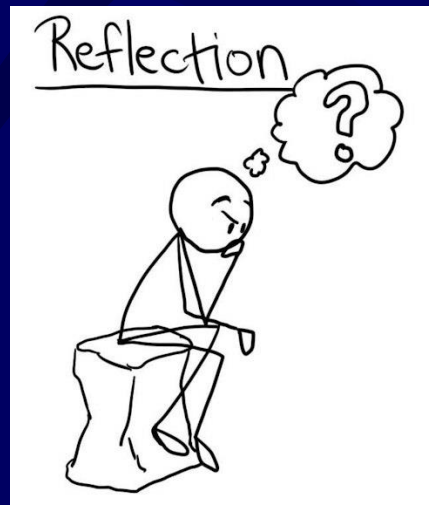
Is there an ideal amount of
Buy-In or Stress that yields a
Sweet Spot for Performance?

Performance Model



Reflection Time

Think about a time when your Procedural Performance was strained – write down those factors that created strain



Phases of Procedure Instruction

- Introduction
- Practice
- Perfection



Introductory Phase

- Objectives clearly stated
- Establish a need to know
- Resources/equipment
- Indications/contraindications

Introductory Phase

- Review procedure checklist
- Overview of the skill
- Demonstration and verbalization

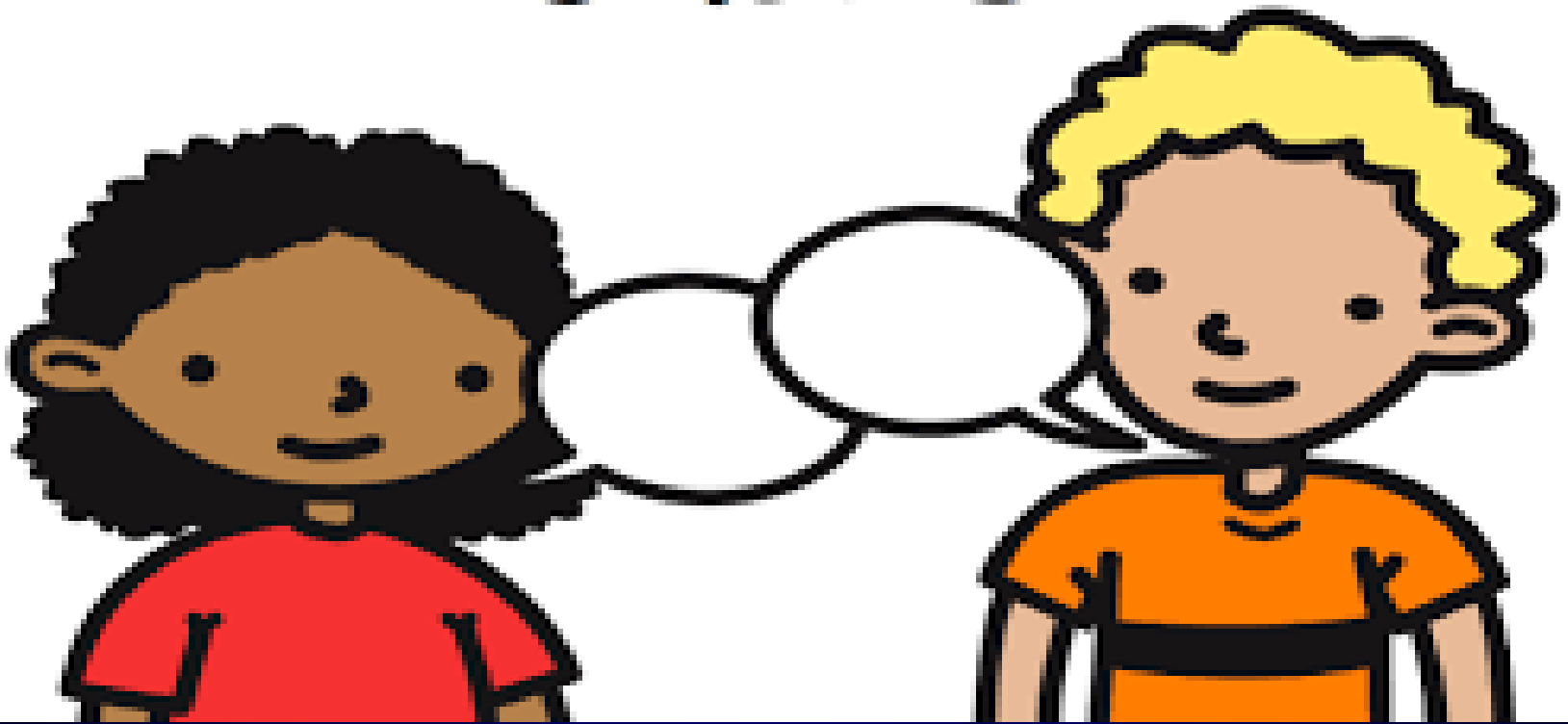


Pair Share Exercise

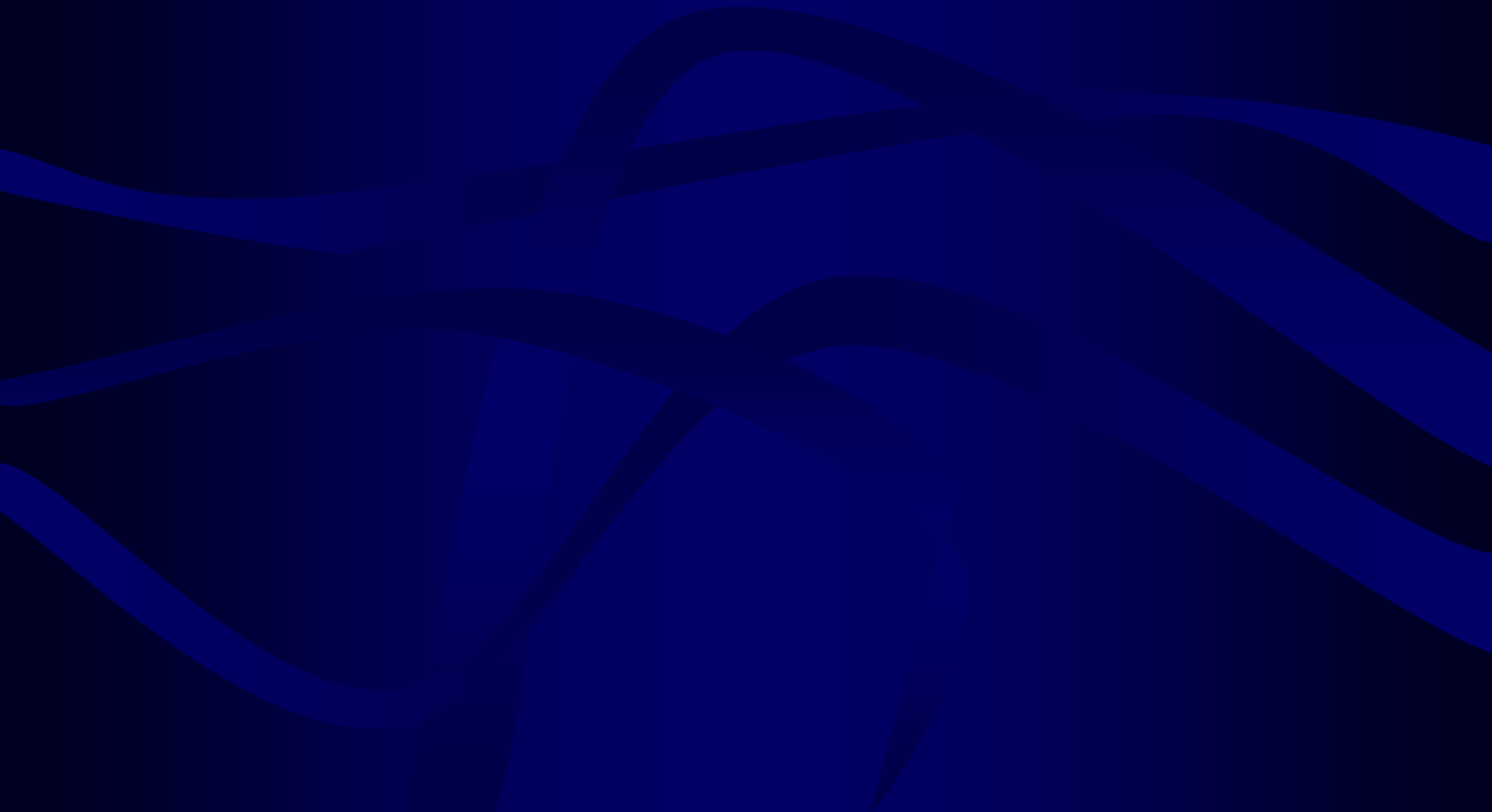
- Pair up
- Each member select a simple procedure
- Take 3 mins to develop a checklist
 - Required materials
 - Step by Step instructions
- Share/compare checklists

Find a Partner and.....

share



Group Share



Practice Phase

- Establish Practice ground rules
- Resources and equipment
- Initial close/direct observation
- Offer feedback, limiting the amount

Practice Phase

- Master steps in progression
- Intervene and prompt for major issues
- Encourage mental imagery



Perfecting Phase

- Repetition and practice
- Minimal prompting
- Feedback on finer points
- Reemphasize importance of imagery

Perfecting Phase

- Create realistic situations and problem solving
- Certification of competence or completion of training
- Review requirements to teach

Challenging the Procedure Paradigm

- To Know One
- To See One
- To Do One
- To Do One Again and Again....
- To Teach One

Procedure Journey

Unconsciously Incompetent



Procedure Journey

Unconsciously Incompetent



Consciously Incompetent

Procedure Journey

Consciously Incompetent



Consciously Competent

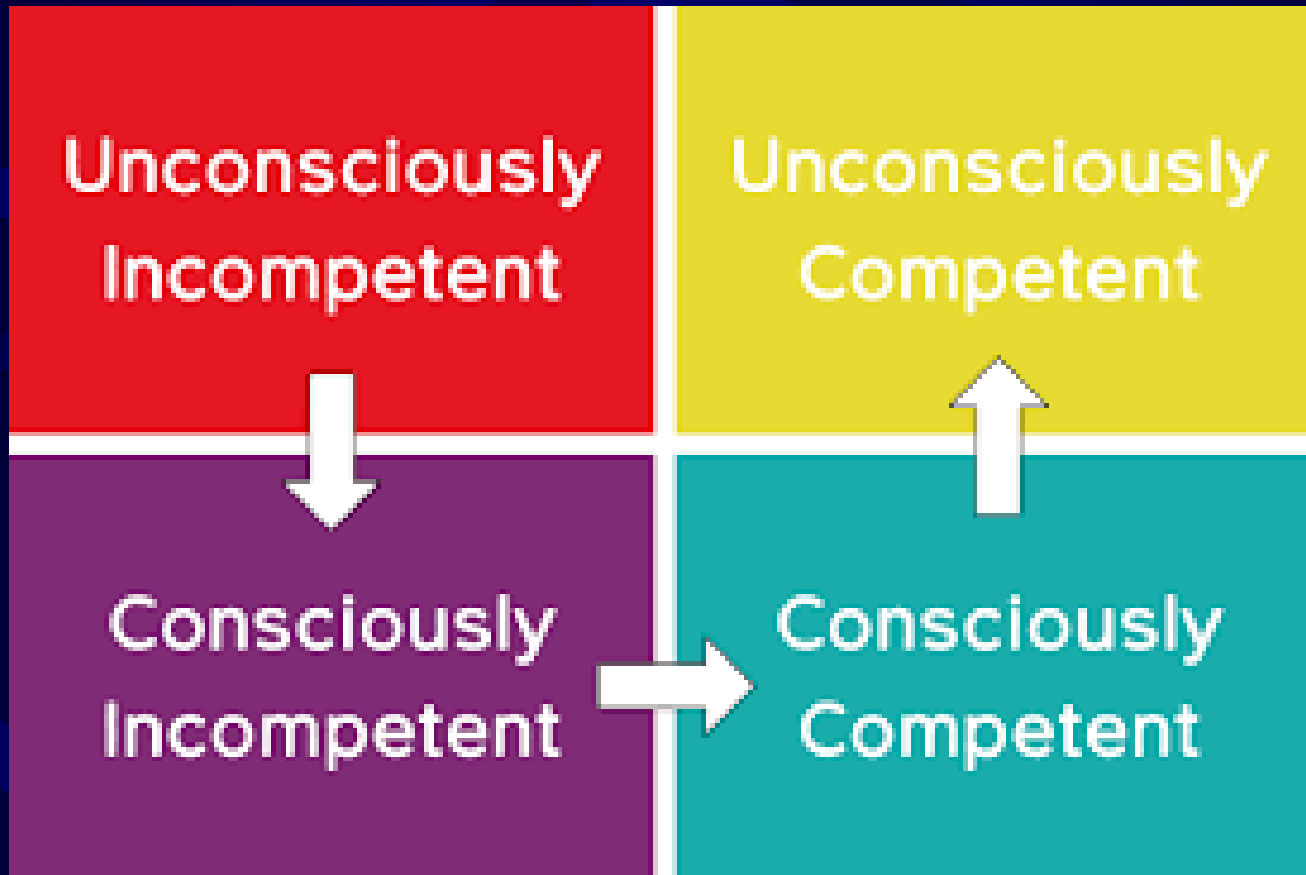
Procedure Journey

Consciously Competent



Unconsciously Competent

Procedure Journey



Procedure Journey

Who is the Best Teacher?



Your Unique Role

Near Peer Superpowers



Attitudes and Behaviors

When you have a hammer,
everything looks like a

NAIL!



Questions



Evaluation QR Code

