Handout

Session Title: “I” Teach – A method for teaching on shift  
Session Tract: Navigating the Academic Waters  
Date/Time: 4/2/2019, 2:45PM – 3:15PM  
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“’I’ Teach Checklist

First 5-10 minutes of shift:

☐ Introduce  
Determine learner’s name, position, institution  
Write down learner’s name and use it during shift

☐ Inquire  
Solicit learner’s goals/requirements for the shift and/or rotation  
Set at least 1 goal, but no more than 3

☐ Invite  
Become an active member of the team  
Come to the bedside  
Participate in “cool” activities – learner defines cool

During shift:

☐ Involve  
Entire treatment team in education – residents, nurses, medics, specialists, consultants

☐ Identify  
Frame teaching, 3 x 5 cards, prescriptions for learning, etc.  
Inform learner teaching is occurring and highlight teaching moments

☐ Importance  
We value their presence, education, and experience

Mid-shift and End of Shift:

☐ Instant Feedback  
Timely, continuous, framed feedback with emphasis on learner identified goals
Outline

1. Why we teach?
   a. We care about our learners and want them to be successful
   b. It is our calling and we can make an impact
   c. It is our job - teaching is in the job description
   d. It is fun
   e. It keeps us sharp
   f. Insert personal reasons here _____________________________.

2. “I” Teach background
   a. A method/framework of teaching on shift using the key letter “I”.
   b. “I” Teach was developed, implemented, and refined over years of clinical teaching.
   c. The organization and framework are original. Some of the content is review.
      i. I very much appreciate the research and literature regarding clinical teaching. Select works are cited.
      ii. I am grateful for my mentors, CORD, the ACEP Teaching Fellowship, and the opportunity to work with exceptional educators and learners.

3. First 5 – 10 minutes of the shift
   a. Introduce
      i. Small talk to break the ice
      ii. Determine learner’s position and home institution
      iii. Obtain name and write it down
      iv. Refer to learner by preferred name
   b. Inquire
      i. Goals:
         1. Determine learner’s goals for the shift/rotation
         2. Set at least one goal for the shift, but no more than three
         3. Share your goals for the shift as well
      ii. Specific requirements
         1. Exposure to certain chief complaints, procedures, or PE findings
         2. Number of case presentations
         3. Particular interests
   c. Invite
      i. To be an active member of the entire treatment team
      ii. To come to bedside with team
1. Pearl: Use this as a tactic to teach during high volume/acuity times. Bring learner to the bedside with you. See the patient together. Saves time by working in parallel as opposed to in series.

   iii. To participate in “cool” experiences
       1. Learner defines cool
       2. Shared learning - can be another provider’s patient in a different patient care space

4. During shift
   a. Involve
      i. In high impact opportunities
         1. Resuscitations and procedures - learner should be in PPE at bedside
         2. Topics of particular interest
         3. Ensure learner is obtaining maximum benefit from the shift.
            a. May involve pulling the learner from other routine assigned tasks during the shift
      ii. Ensure minimum number of presentations to facilitator during shift
         1. Can combine presentations to multiple facilitators to increase ED efficiency. (MS presenting to upper level resident and attending simultaneously)
         iii. Involve entire treatment team – residents, nurses, consultants, pharmacy, respiratory therapy, radiology techs, etc.
   b. Identify
      i. At least one teaching point per patient
      ii. Any of several methods can be utilized including – framing, 3 x 5 cards, prescriptions for learning
      iii. Informs learner that “teaching” is occurring
      iv. Highlights teaching moment and teaching point
   c. Importance should be emphasized
      i. Get back to the “Why” we teach
      ii. We value our learner’s presence, education, and experience
      iii. No one cares how much you know until they know how much you care

5. Mid-shift and end of shift
   a. Immediate feedback
      i. Timely, continuous, and framed
      ii. Ideally linked to established goals
      iii. Mid-shift is helpful

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iv. End of shift is imperative

6. Other “I”s to consider
   a. Improvise
      i. Contingency teaching (if/then teaching)
      ii. Colleague/consultant assist teaching
      iii. Procedures – for education POCUS exams, nursing procedures, etc.
   b. Include/Incorporate
   c. Influence/Inspire
   d. Imagination
   e. Innovation
   f. Interaction

7. “I”s to avoid
   a. Bad “I”s
      i. Interrupt
         1. Consider using visual prompts (Post-it® or others) to minimize interruptions
      ii. Ignore
      iii. Intimidate
      iv. Intolerance
      v. Interfere
      vi. Injury
   b. Learning needs to take place in a safe nonthreatening environment
Select References:

Bedside Teaching:


Interruptions:


Feedback: