



## 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  
Instructor: David A. Masneri, DO  
Assistant Professor of Emergency Medicine  
Wake Forest School of Medicine  
[dmasneri@wakehealth.edu](mailto:dmasneri@wakehealth.edu)

### “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



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:**

Aldeen AZ, Gisondi MA. Bedside teaching in the emergency department. Acad Emerg Med. 2006 Aug;13(8):860-6.

Green GM, Chen EH. Top 10 ideas to improve your bedside teaching in a busy emergency department. Emerg Med J. 2015 Jan;32(1):76-77.

Hexom B, Trueger NS, et al. The educational value of emergency department teaching: it is about time. Intern Emerg med. 2017 Mar;12(2):207-212.

Sheng AY, Sullivan R, et al. Fantastic learning moments and where to find them. West J Emerg Med. 2018 Jan;19(1):59-65.

Chinai SA, Guth T, et al. Taking advantage of the teachable moment: a review of learner-centered clinical teaching models. West J Emerg Med. 2018 Jan;19(1):28-34.

### **Interruptions:**

Chisolm CD, Collinson EK, et al. Emergency department workplace interruptions: are emergency physicians “interrupt-driven” and “multitasking”? Acad Emerg Med. 2000 Nov; 7(11):1239-43.

Dull M, LaPonsie S, et al. Clinical teaching in a busy emergency department: Interruptions during case presentations. Am J Emerg Med. 2018 Oct 16.

### **Feedback:**

Chaou CH, Monrouxe LV, et al. Challenges of feedback provision in the workplace: a qualitative study of emergency medicine residents and teachers. Med Teach. 2017 Nov;39(11):1145-1153.