Material Modified from AAMC MedEd Portal:

*“A Resident-as-Teacher Curriculum for Senior Residents Leading Morning Report: A Learner-Centered Approach Through Targeted Faculty Mentoring” by Ariel Frey-Vogel, MD, MAT\**

**Table of Contents**

[Choosing a Case and Writing Objectives: 2](#_heading=h.gjdgxs)

[Goals and Objectives 3](#_heading=h.30j0zll)

[Making the Best Use of your 45 Minute Conference: 4](#_heading=h.1fob9te)

[Noon Report Outline: 5](#_heading=h.3znysh7)

[Key Questions: 6](#_heading=h.2et92p0)

[Learning Activities: 6](#_heading=h.tyjcwt)

[Navigating Tangents During the Report 6](#_heading=h.3dy6vkm)

[Enhancing Audience Participation 8](#_heading=h.1t3h5sf)

[Framing Questions to Various Levels: 9](#_heading=h.4d34og8)

[Medical Students: 9](#_heading=h.2s8eyo1)

[Interns: 9](#_heading=h.17dp8vu)

[Senior Residents: 9](#_heading=h.3rdcrjn)

[Faculty: 9](#_heading=h.26in1rg)

# Choosing a Case and Writing Objectives:

* Aims of this Material:
  + Discuss how to choose a “good” case for noon report and how to decide what to focus on within that case.
  + Write different possible objectives for a case using the ***Goals and Objectives Worksheet*** as a guide.
  + Experiment with how to form an outline of a noon report to ensure that the conference’s objectives were covered.
* References:
  + Austin Z. How to design and use learning objectives in clinical teaching. *Pharm J*. 2016;296(7885), online.
  + Center for Evidence Based Medicine. Bloom's Taxonomy Teacher Planning Kit. 2016. https: and and www.cebm.net and wp-content and uploads and 2016 and 09 and Blooms-Taxonomy-Teacher-Planning-Kit.pdf. Accessed April 6, 2019.
  + Moss CM, Brookhart SM and Long BA. Knowing your learning target. Educational Leadership. 2011;68(6):66-69.
  + Shank P. Writing learning objectives that help you teach and students learn (part 1). Online Classroom. 2005;4-7.
  + Wilson, Leslie O. The Three Domains of Learning - Cognitive, Affective, Psychomotor. 2019. Accessed April 6, 2019.
  + For more information about Bloom's taxonomy, the original work is: Bloom BS (1956). Taxonomy of educational objectives: the classification of educational goals. Handbook I, Cognitive domain. New York; Toronto: Longmans, Green.

**Please Fill Out the Following Worksheet After Reviewing Material on the Following Page**:

* What are the **objectives** of the conference?
* Using the case you choose, what are some other objectives you could decide to focus on?
* What are some other objectives you could have decided to focus on?

# Goals and Objectives

Whenever you are in the teacher role in an educational encounter, there is a purpose to what you are doing—something that, in your mind, you would like to get across to your participants. Explicitly documenting and stating to your participants your goals and objectives for the educational encounter helps set their expectations for the teaching session, keeps you on track throughout the allotted time, and allows you to evaluate if your audience learned what you were hoping to teach.

What are **goals** of an educational encounter?

* Goals are broad educational outcomes which often cannot be measured easily.
* For example, if you are discussing a case of a 5 year old asthmatic with an episode of status asthmaticus, your goal for the morning report might be for your audience to develop the knowledge, attitudes, and skills necessary to acutely care for a child in status asthmaticus in the emergency room.

What are **objectives** of an educational encounter?

* Objectives are specific measurable outcomes which, at the end of the encounter,

you should be able to tell if your participants have met (Shank 2005).

* Objectives have 5 basic elements—they tell you **who** (1) **will do** (2) **how much**

(3) **of what** (4) **by when** (5) (Shank 2005).

* There are different types of objectives (The Three Domains of Learning)
  + Cognitive: describe the knowledge the participants will gain.
  + Affective: describe the attitudinal changes the participants will go through.
  + Psychomotor: describe the skill, behavior, or performance the participant will gain
* For example, for our 5 year old with status asthmaticus, you may have the following objectives for your teaching session: By the end of the morning conference, the participants will be able to
  + List at least one first, second, and third line treatment for status asthmaticus (cognitive objective).
  + Explain the importance of differentiating mild vs. moderate vs. severe respiratory distress in a childe (affective objective).
  + Perform an accurate targeted physical exam for a child in status asthmatocus (psychomotor objective).
* Objectives always start with “Participants will be able to...” and are followed by a verb which describes what you want your participants to be able to do. Depending on the verb you use, your participants may have to do something fairly simple (list and memorize and name) or something much more complex (evaluate and predict and compare). You want to prepare objectives which require a combination of straightforward and more in-depth thought-processes (Shank 2005). The attached handout has a list of verbs that go from the most straightforward to the most complex tasks to help you in this process (Bloom 1956; Blooms Taxonomy Teacher Planning Kit).

For the noon report sessions you will facilitate, you should have an over-arching goal for each conference and 2-3 learning objectives. You should then focus your direction of the case to meet the goal and objectives of your case. Any given case can be used to meet a number of different objectives, so when planning your teaching, think about what objectives are most appropriate to focus on for each case.

# Making the Best Use of your 45 Minute Conference:

* Aims of this Material:
  + Using the ***Outline for Morning Report*** worksheet, go back to your objectives and prioritize them, determining how much time should be spent on each.
  + Outline ways to move from one objective to another.
  + Assess when tangents are helpful and when harmful and what to do when they come up.
  + Experiment with ways to end a conference that is not “over.”
* References:
  + Beckman TJ and Lee MC. Proposal for a collaborative approach to clinical teaching. *Mayo Clin Proc.* 2009; 84(4):339-344.
  + Edmunds S and Brown G. Effective small group learning: AMEE guide no. 48. *Med Teach.* 2010;32:715-726.
  + Muller J and DM Irby. Practical teaching: How to lead effective group discussions. *Clin Teach*. 2005;2(1):10-15. Tanner KD. Talking to learn: Why biology students should be talking in classrooms and how to make it happen. *CBE—Life Sciences Education*. 2009;8:89-94.

**Please Fill Out the Following Worksheet and Outline After Reviewing Material on the Subsequent Pages**:

* List your objectives:
* Prioritize the objectives—how much time would you like to spend on each and why? How much time for the intro and wrap up?
* List key questions that will move teaching points forward that you could ask the audience?
* What other learning activities could you try to engage your participants beyond questions and answers?
* Think about what tangents might arise that you want to avoid—what could you do to steer the discussion back on track?

# Noon Report Outline:

1. Case Introduction:

Time Allotted: \*\*\*

Key Questions and Learning Activities:

1. Objective 1: \*\*\*

Time Allotted: \*\*\*

Key Questions and Learning Activities:

1. Objective 2: \*\*\*

Time Allotted: \*\*\*

Key Questions and Learning Activities:

1. Objective 3: \*\*\*

Time Allotted: \*\*\*

Key Questions and Learning Activities:

1. DEI Objective: \*\*\*

Time Allotted: \*\*\*

Key Questions and Learning Activities:

1. Wrap Up:

Time Allotted: \*\*\*

Key Questions: to move the case forward.

* Avoid “guess what I am thinking” questions. This is the type of question in which the educator has one specific answer in mind. Instead, frame open-ended questions and encourage creative thinking in participants’ answers.
* Develop questions that call on the expertise of different levels of participants in the room.
* Ask for thought processes. By starting with general questions and following up with probing questions, the resident can help develop, elucidate, and make explicit clinical reasoning (Beckman and Lee 2009; Edmunds and Brown 2010).
* Questions can be planned in advance. Even if the specific questions planned are not the ones used, writing questions in advance helps the educator determine what to cover and how to cover it, and gets the thinking creatively about how to convey the information they want to convey without just telling the participants.
* Leave time for participants to answer the question—this involves being comfortable with silence.
  + A resident teacher can respond by reflecting an idea back to the respondent, checking to see if they understood the respondent’s answer, or paraphrasing what the respondent said (Edmunds and Brown 2010).
* Listen carefully to what answers are given and how they are given to determine what direction to go in next and determine level of understanding (Edmunds and Brown 2010).

Learning Activities:to engage participants beyond Q&A.

* Encourage participants to talk to each other and think aloud with each other is helpful for learning (Tanner 2009) and there are many ways to do this:
  + Think, Pair, and Share: (Tanner 2009)
    - Think on your own about a question.
    - Talk to a partner about your ideas.
    - Share with the larger group.
      * This takes away the fear of saying something “wrong.”
  + Small Group Activity:
    - Small groups can be given a separate particular task and teach other groups what they’ve learned.
    - Small groups can grapple with the same task and report back their thoughts and findings
  + Audience Response System:
    - Alone, in pairs, or in small groups, participants can be asked to respond to questions which can be open ended or multiple choice with different online programs.

Navigating Tangents During the Report: how can you steer the discussion back on track?

* Sometimes the topic of the tangent is more important than what you had originally planned.
* If the planned conference is too simplistic or seems to not be motivating to the participants and someone raises a new point that is of more interest, it can be a good idea to ditch the planned talk and instead move in the direction that meets the participants’ needs. Consider the following strategy.
  + *“You raise an excellent point about \*\*\*. I had planned to talk next about \*\*\*, but it looks like that is something that is less novel to all of you. Would it be ok with the group if we change our objectives and instead discuss this topic? I am not an expert on it, but I think if we work together, we can have a meaningful discussion*.
  + This tactic lets the audience feel heard and appreciated, destigmatizes vulnerability by stating that everyone is learning about this together, and allows for a discussion that will be richer because the audience is more invested.
* Sometimes the topic of the tangent is NOT helpful and would lead to a discussion that would not be meaningful for majority of the group. Consider the following strategies:
  + Thank the speaker and apologize that the question is beyond the scope of the conference.
  + Put the speaker’s idea in a “parking lot” of topics that could be covered if there is time.
  + In advance, you and chief resident facilitator can decide on a signal to use so that if you feel stuck, the chief resident can interject to help get the discussion back on track.

# Enhancing Audience Participation

* Aims of this Material:
  + Using the ***Engaging the Audience Worksheet***, see how educator tone, wording, and choice of interactive elements can influence participants’ willingness to speak up.
  + Experiment with ways to frame questions which encourage audience participation from participants at different levels of training and experience.
* References:
  + Lake FR, AW Vickery and G Ryan. Teaching on the run tips 7: effective use of questions*. Med J Aust.* 2005;182(3):126-127.
  + Spencer J. ABC of learning and teaching in medicine: learning and teaching in the clinical environment. *Brit Med J.* 2003;326:591-594.

**Please Fill Out the Following Worksheet and Outline After Reviewing Material on the Subsequent Pages**:

* When you are an audience member in a conference, what aspects of the conference make you more likely to participate?
* What aspects make it less likely that you will participate?
* What are things you could do to set the tone to encourage participants to engage?
* Who are some specific people you could invite to encourage people to participate?
* How could you frame questions to invite responses from...
  + Medical Students?
  + Interns?
  + Senior Residents?
  + Faculty?

# Framing Questions to Various Levels:

## Medical Students:

* Medical students bring a lot of knowledge without a lot of practical experience. So, asking them questions about the knowledge piece and letting them “take the first stab” at the clinical piece can help them to participate:
  + Ask about pathophysiology or what they have learned in the classroom.
  + Ask about their initial approach to asking histories and doing physical exam.
  + Give them the first opportunity to create a differential, start a work-up, or discuss management.
  + Ask them what is confusing or what they do not understand to ensure they are being reached—but has to be done in a safe environment so they feel comfortable speaking up.

## Interns:

* Interns bring the practical knowledge of caring for the patient. They know how to "get things done." They are also developing illness scripts for different conditions and can be asked:
  + To present the case and to discuss what the team’s thought process was when seeing a patient and over time.
  + How they approach patients like this one (certain chief complaint or constellation of symptoms). This can be related to history taking, physical exam, differential, or work up.
  + What their experience has been so far with patients like this.

## Senior Residents:

* Seniors bring more experience caring for patients and should have more fully developed illness scripts for the condition under discussion. As well, they have a better understanding of the guidelines and other reference materials and resources on the topic. Ask them about:
  + How they approach this type of patient with this chief complaint/constellation of symptoms, and have them talk aloud about their thought processes.
  + Their experience with different kinds of patients with this chief complaint.
  + The different styles they have seen for caring for a patient like this one.
  + Criteria for discharge.
  + How they would discuss the diagnosis, work up, or management with the child and family using words they can understand.
  + The resources, references, or guidelines to which they would refer while caring for this patient.

## Faculty:

* Faculty can bring expertise in their clinical area as well as a well-developed thought process and illness script for the chief complaint. Asking them to explain their thought processes and their experiences can be very helpful. Ask them:
  + To talk aloud about how they would approach this patient.
  + How they interpret different parts of the history, physical, or lab work up.
  + How they would triage this patient if they saw them in their practice.