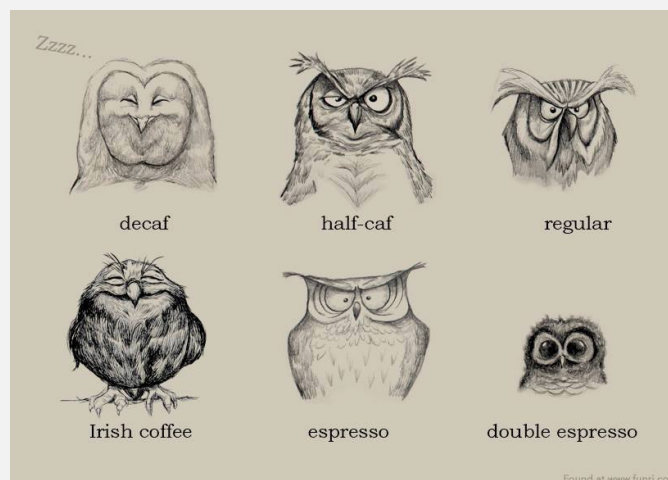


Asking Answerable Questions – 20th Anniversary

W. Scott Richardson, M.D.
Mark C. Wilson, M.D., M.P.H.
McMaster University, 9 Jun 15

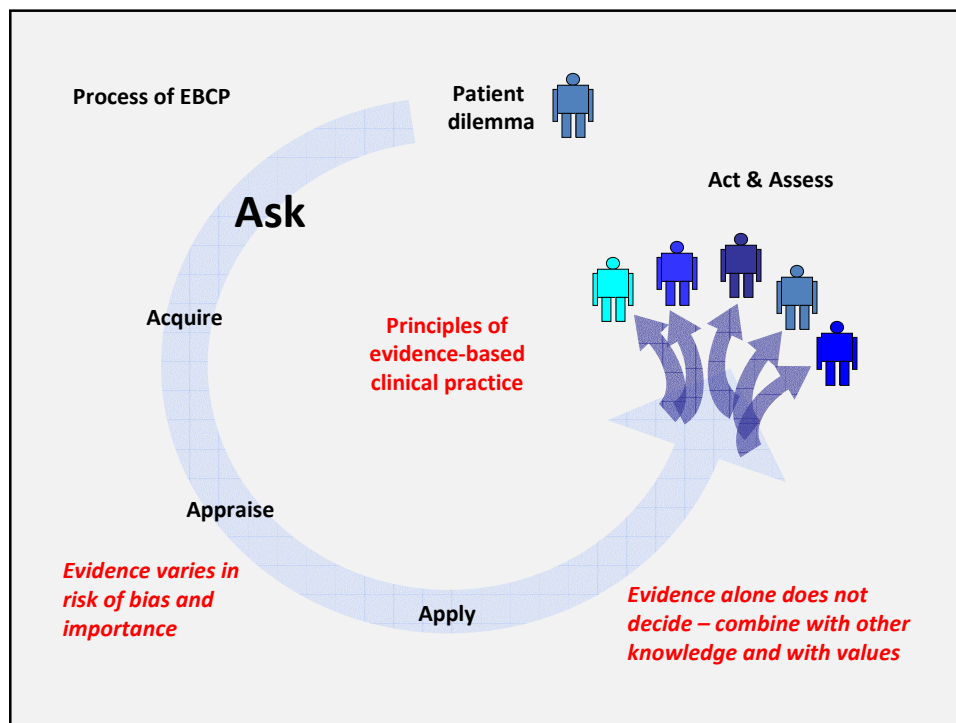
Before we begin ...



Session Aims

- Ask & use answerable questions for E-bCP
- Have some fun!

Thank David Sackett for some of his many gifts to us



'Hoot Groups' Task



- Groups of 2 – 3
- Share a recent clinical question ... you did NOT pursue
- Write it down
- Be ready to report to group
- Return in 2 minutes

Why Don't We ... ?

This

- Too new
- ALREADY doing it
- Time!
- Time
- Time
- No demand for evidence
- Uptodate – is it really
- You told me to do it
- Lack of skill ...

& That

- Believe there will be no evidence
- Guidelines are aging faster than my patients
- Pathways, habits, protocols, and the computer made me do it
- Our environment won't accept it – it's new
- Difficult to change

How does it feel ...

... when we don't know?

Emotions in Not Knowing

<u>Ready to ...</u>	<u>Feeling</u>	<u>Behaviors</u>
Flee	Fear	Leave Invisible
Fight	Anger	Disrupt Undermine
Cry for help	Distress	Stop trying Body stress
Withdraw	Sadness	Inattention Detachment

Watch Closely ...

-
-
-
-

Buzz with your neighbor

- Identify 2 Clues
- From Scenario
- Or, from your experience with:
 - yourself
 - colleagues
 - learners
- That suggest we or they don't know



Cues You Use

- Gets quiet in voice
- Considering – noncommittal
- Reporting without interpretation
- Little reasoning
- Jumping to action
- Dismissed patient inquiry ... hrt
- Avoid gaze
- Wordy
- Halting speech
- No clear question
- Patient asked – serious what did you say
- Side bar chat
- Avoid unknown
- Straight to point

Cue Categories

- **What We Say**
(Linguistic)
- **How We Say It**
(Paralinguistic)
- **What We Do**
(Nonverbal)



Adapted from Roger Neighbour, 1996
The Inner Apprentice: An Awareness –Centered Approach

10 Common Questions

- Clinical findings
- Harm/etiology
- Differential diagnosis
- Manifestations
- Diagnostic tests
- Prognosis
- Therapy
- Prevention
- Experience, Meaning
- Learning

(Not exhaustive or mutually exclusive)

'Background' Questions

- About the disorder, test, treatment, etc.
- 2 components:
 - a. **Root*** + **Verb**: “What causes ...”
 - b. **Condition**: “... swine flu?”
- * Who, What, Where, When, Why, How
- **'RVC'** = Root, Verb, Condition

'Foreground' Questions

- About patient care decisions and actions
- 4 (or 3 or 5) components:

Patient, **p**roblem, or **p**opulation

Intervention, exposure, or maneuver

Comparison (if relevant)

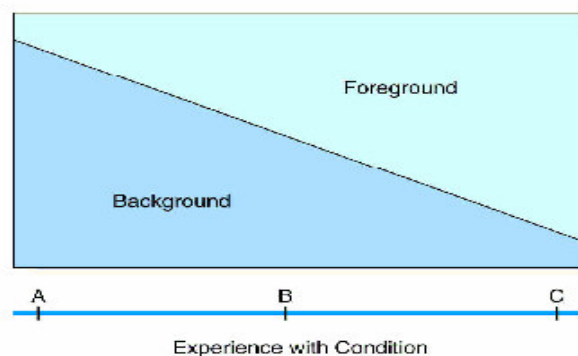
Outcomes of importance to patients

'**PICO**' = Patient, Intervention, Comparison, Outcomes

Some add 'T': time horizon, trade-offs, etc.

Background & Foreground

Figure 1.1 Background and foreground questions.



Building Questions

- **Try building up** from ‘raw’ question to more complete anatomy, rather than tearing down
- **Consider 2 stages:**
 - “Sounds like we’re asking a question about ... (therapy, prognosis, etc.)”
 - “What would be the ... (missing anatomy) we would want to know?”

The ‘Three R’s’ of Learning



- **Resourceful**
 - Skilled, Organized
 - Creative Problem-solver
- **Reflective**
 - Curious
 - Humble
 - Aware
- **Resilient**
 - Adaptable
 - Persistent

Reflect for a Moment

Take the Card ...

1. Write 3 Rs of Learning:



- Reflective
- Resourceful
- Resilient



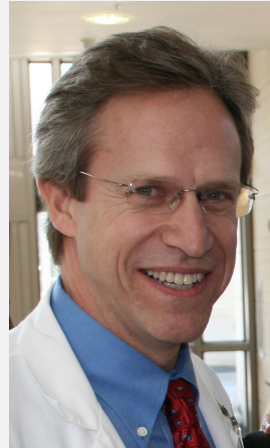
2. Jot down what *specifically* you will do this week to build your 3 Rs

Questions: Take 'Em Home

- Believe Q's rule
- Acknowledge emotions & cues
- Build & Use Q's
 - Background
 - Foreground
- Grow 3 Rs of learning



Questions?



What If Our Cupboard Is Bare?

- **Affective Responses & Losing Control**
- **Or ... Ego Stable & Shift into a Cognitive Response**
- **Embrace that c/w 'Adaptive Expertise'**
 - **Allows experts to continuously learn during the process of problem-solving**
 - **Unanticipated challenges become opportunities for learning**

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