

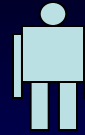
# Teaching With Our Learners' Questions

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Patient  
Dilemma

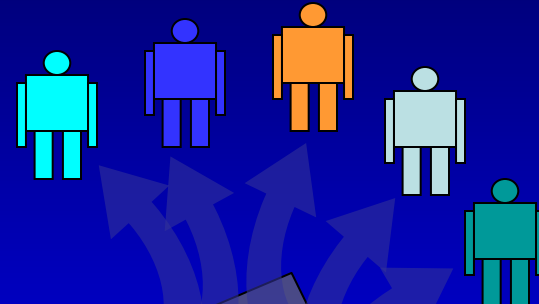


**Ask**

**Act & Assess**

**Acquire**

**Evidence  
Cycle of EBCP**



**Appraise**

**Apply**

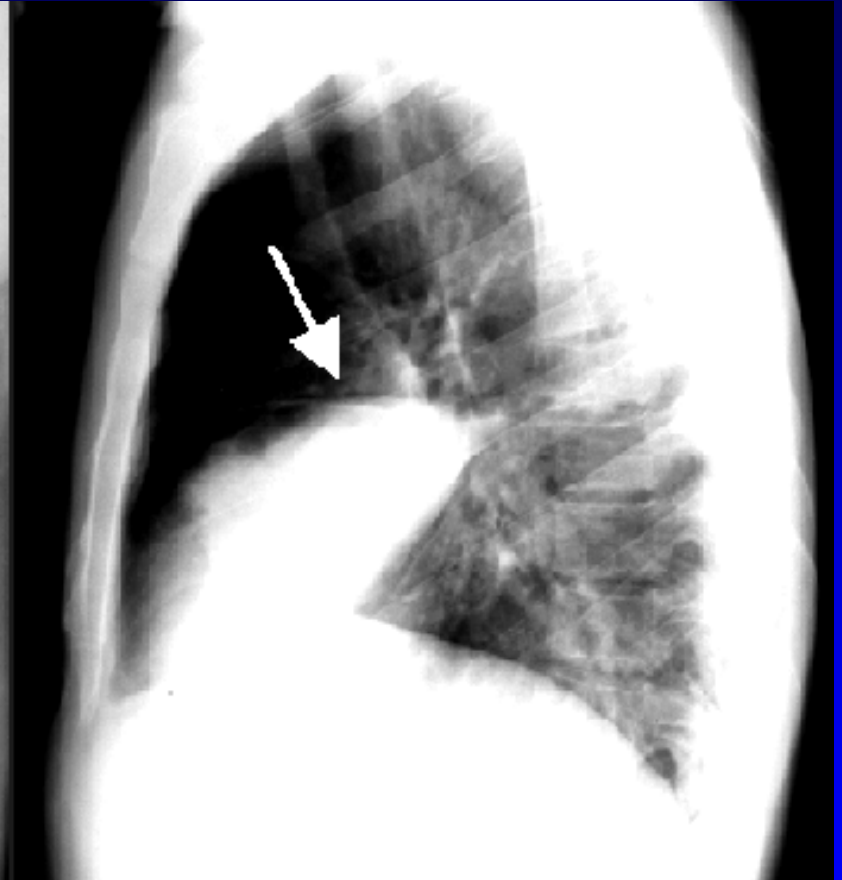
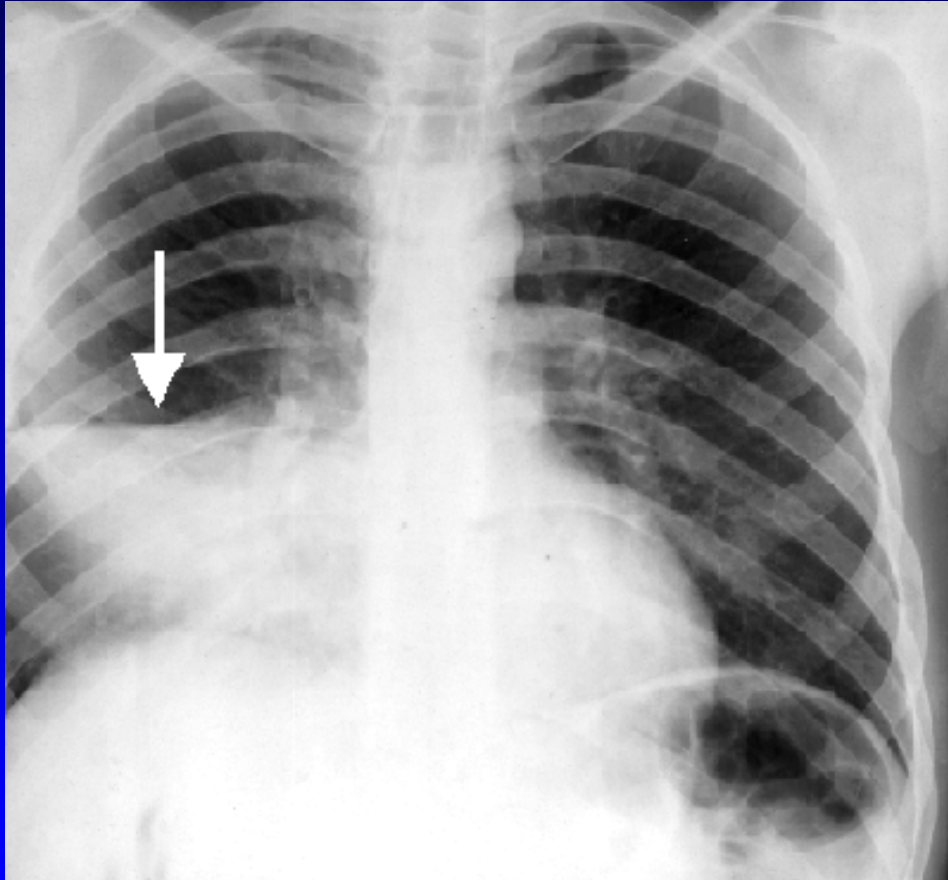
# Listen Carefully ...

- Put yourself in this situation
- Listen to the presentation
- ... and ...
- Listen to the “inner thoughts” of this teacher listening to the presentation

# Tom's just seen a patient:

- 67M, presents with breathlessness
- 2 weeks: ↑ weight, progressive edema
- 3 days: cough & purulent sputum
- Past: Rheumatoid arthritis, Felty's syndrome, heart failure
- Rx: steroids, furosemide, metoprolol
- Exam: lung crackles, splenomegaly

# Chest Radiograph



# 'Hoot Groups' Task



- **Groups of 2 – 3**
- **Describe:**
  - a) what you noticed in teacher's thoughts
  - b)  $\geq 1$  clinical question
- **Return in 3 minutes**

# What you noticed (a)

- This ...
- That ...

# What you noticed (b)

- One thing ...
- And another ...



**What was missing?**

# What was missing?

- Did the teacher identify the learner's questions?
- Did the teacher use the learner's questions in teaching?

**Isn't it all about me?**

# Why don't we ... ? (a)

- Here's why ...
- And also ...

# Why don't we ... ? (b)

- Another thing ...
- Yet another ...

**FAQ: What if I don't know the answer to their questions?**

# Emotions in Not Knowing

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

**What can teachers do ... ?**



# What can teachers do ... ?

- Acknowledge emotions of not knowing
- **Minimize hidden curriculum**
- Help learners build adaptive responses
  - **Don't hide when you don't know**
  - **Use emotions to help pursue questions**
- Point out the 'positive' emotions of learning and knowing ...

# Emotions in Knowing

- **Satisfaction**: Self image of “knower” meets reality of “knew this”
- **Curiosity**: the wind in the sails
- **Joy**: knowing and/or learning brings benefits to others
- **“Zero gravity” or “flow”**: when learning engages the mind fully without self consciousness

**FAQ: How do I recognize Q?**

# What Qs Y'all See (a)

- This ...
- That ...

# What Qs Y'all See (b)

- This ...
- That ...

# 'Background' Questions

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

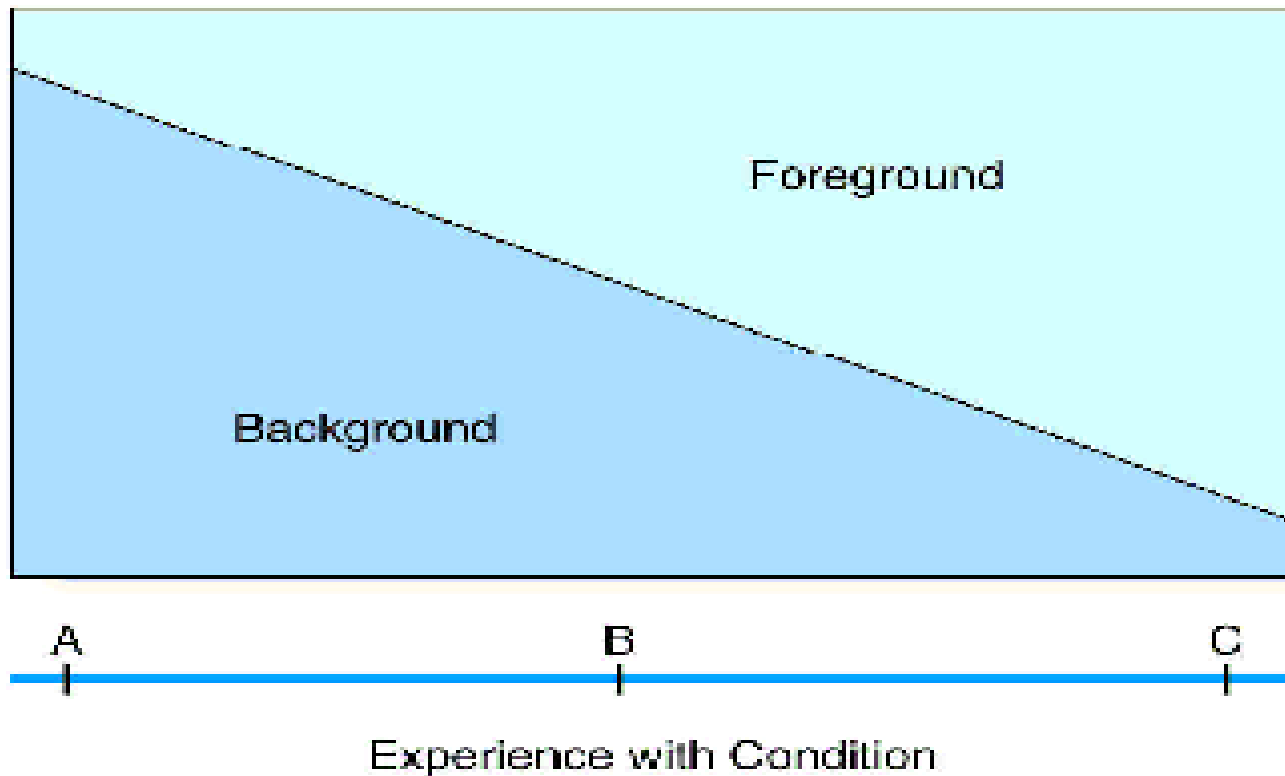
# 'Foreground' Questions

- About patient care decisions and actions
- 4 (or 3) components:
  - a. patient, problem, or population
  - b. intervention, exposure, or maneuver
  - c. comparison (if relevant)
  - d. clinical outcomes (including time horizon)

'PICO' = Patient, Intervention, Comparison,  
Outcomes

# Background & Foreground

Figure 1.1 Background and foreground questions.





# Recognizing Questions

- Listen with both ears
- **Diagnose case and self/learner**
- Compare to inner model – how it should sound
- **Notice your/learner's cognitive dissonance & other responses**
- Both background & foreground

# FAQ: How do I capture Q?

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- “Unsaved Q = Unanswered Q”
- Use ‘short hand’: “S3 DxT HF”
- Capture:
  - Speak: into recorder
  - Write: prescriptions, 3x5, paper
  - Keyboard: computer, PDA, etc
- Or, use diagram or chart: ‘P’ ‘I’ ‘C’ ‘O’
- Keep capture method close at hand

# FAQ: How do I select Q?

# FAQ: Selecting Q

## Consider:

- What is illness?
- What is role?
- What are learning needs?
- What are available resources?

## Of these, select:

- Most urgent
- Most interesting
- Most feasible to answer
- Most likely to recur

# FAQ: How do I coach Q?

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

# FAQ: How do I follow up Q?



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## “Educational Prescription”

- **What: Question, Search, Evidence, Appraise, and how to Apply**
- **How: structured summary, e.g. ‘CAT’**
- **When: In time for decision ...**
- **Where: In settings where we decide ...**
- **Who: learners AND teacher**

**FAQ: Why should I bother  
teaching with learners'  
questions?**

# FAQ: Why Bother?

- Respect learners
- Relevant to clinical needs
- Relevant to learning needs
- Improve comprehension
- Plan searches
- Recognize answers
- Awaken curiosity
- Have some fun!

# **FAQ: “Got no time ...”**

- **Sorry, we don't have time to address this one ...**

# FAQ: “Got no time ...”

- Acknowledge real time limits
- Pick one thing to teach, anything, but **NOT everything**
- Get past misperception – time is tight no matter whose question it is
- Takes gumption ...
- Just do it!

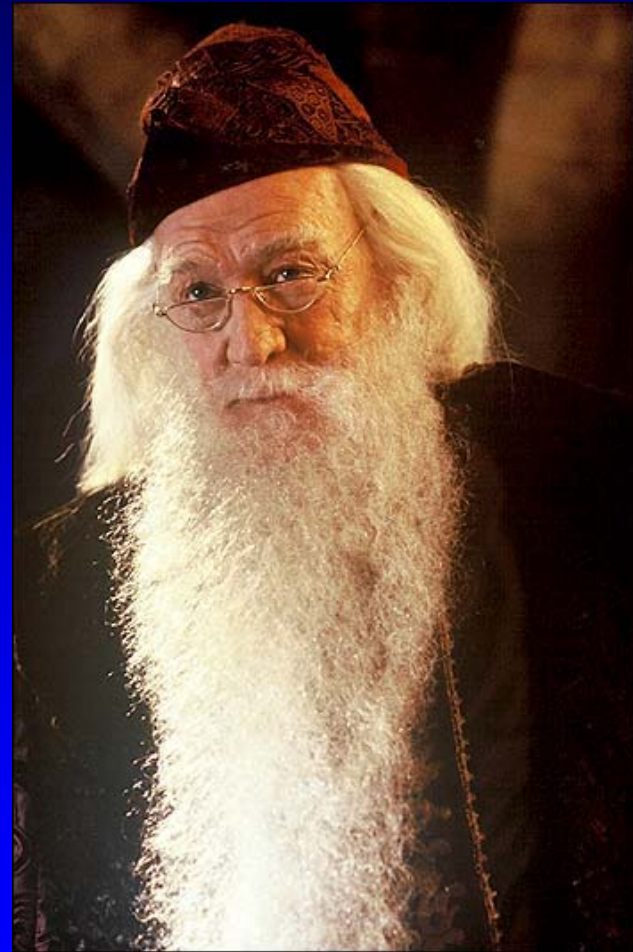
# Have a 'Think-a-bout' ...

## Green 'Action Tool' Card

### 1. Jot Down

\*2-3 specific ways you could better address teaching with learner's questions

### 2. Use it to drive your daily work Periodically pull out to assess your progress



# Questions: Take 'Em Home

- Believe Q's rule!
- **Acknowledge emotions**
- Recognize Q's
  - Background
  - Foreground
- Select Q wisely
- **Coach there!**



# Your Questions about 'Q'?





# Thank You!

