

## Teaching of Residents and Students in Community Hospitals--

Doing More with Less

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- We have no relevant financial relationships with the manufacturers of any commercial products or provider of commercial services



## Learning Objectives

- Introduce teaching methods to improve the learning experience for both educator and student
- Introduce the basics of curriculum design

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## Agenda

- Less Time
- Less Patients
- Less Interest
- Less Resources
- Questions



## Less Time

- Work hour restrictions for inpatient pediatrics
  - short rotations/limited hours
- Overwhelming curriculum to reduce into minimal time with students



## Less time: Short rotations

- What do we really want to teach them?
- Concepts (not individual diseases)
  - Sick vs non sick
  - when does the patient need a higher level of care



### Less Time: Lack of protected teaching time

- Flow of day can be unpredictable
- Shadowing the preceptor vs independent study-- don't want to simply "send them off to read"
  - Active learning techniques
    - Flipped classroom



### Flipped Classroom

1. decide which concepts/topics to emphasize
2. engage students in activities with feedback
3. clarify connections between assigned reading and patient care



**"Why does it matter if I know?"**

- when assigning reading-- be specific about what you want them to learn
- connect the assigned reading to a case based discussion or a specific patient

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- Encourage discussion amongst the team
- Encourage further independent learning
- Example: Case of the Week, trivia contests, how many "abnormals" on a normal newborn

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Differential Diagnosis in this term newborn?  
Inheritance pattern, outlook and treatment?

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## Less Patients

- Classic learning was through...
  - Repetition
  - High patient volumes
- Current Strategies
  - Less volume
  - Less acuity
  - Less variety of patients



### Less Patients:

- Ways to work with what you have:
  - Simulations and mock codes
  - E learning tools/integrative learning
  - Pediatric cases: real or from books/journals



### Simulations/ Mock Codes

- Way to involve learners in mastery of material
- Doesn't need to be a code- can be a case
- Can be announced/ unannounced



## E Learning tools

- <http://www.pedsuniversity.org/>
- <http://www.nicuniversity.org/>
- <http://newborns.stanford.edu/>
- <http://www.sohmlibrary.org/education.html> (several resources)

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## Less Interest: The 5 R's of engaging the millennial learner

- \*Research based active learning
- \* Relevance
- \* Rationale
- \* Relaxed
- \* Rapport





## Less Interest

### 1. Research Based Active Learning

- Short Attention Span
- Active Learning Techniques:
  - -- less lecture
  - -- use of multimedia
  - -- collaborating with peers

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## Less Interest

### 2. Relevance

- Can google/ "up to date" anything-- information for information's sake is not valuable
- Need to connect content with patient care, ie-why does this matter

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## Less interest

### 3. Rationale

- Today's learners are more likely to meet expectations, if given justification.
- Previous Generations were raised In a more authoritative manner, they more readily accepted a "chain of command" or hierarchy

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## Less Interest

### 4. Relaxed:

- There is a place for formality on rounds
- But, learners will respond better in a more relaxed atmosphere with some give and take

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## Less Interest

### 5. Rapport:

- Today's learners are extremely relational
- They are more willing to pursue learning outcomes when instructors connect on a personal level
- For many this is the hardest one to execute

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## Kern's 6 Steps of Curriculum Design

- 1. Problem identification
- 2. Targeted Needs Assessment
- 3. Goals and Objectives
- 4. Educational Strategies
- 5. Implementation
- 6. Evaluation and Feedback



### **Kern's 6 steps: continued**

- Step 1: Problem Identification
  - What is the current approach?
  - What is the ideal approach?
  - What is the desired learning outcome?



### **Kern's 6 Steps: continued**

- Step 2-Targeted Needs Assessment
  - Identify the educational Gap in Learners
    - -Need learners buy in
    - -Identify key stakeholders (FP residency requirements)
    - -institutional needs



### **Kern's 6 Steps: continued**

- Step 3-Goals and Objectives
  - Learning outcomes
  - Broad based goals
  - Specify measurable objectives



### **Kern's 6 Steps: continued**

- Step 4: Educational Strategies
  - Content
  - Method
  - Environment



### **Kern's 6 Steps: continued**

- Step 5-Implementation
  - Obtain institutional support
  - Secure resources
  - Address barriers
  - Introduce the curriculum
  - Administer the curriculum



### **Kern's 6 Steps: continued**

- Step 6-Evaluation and Feedback
  - Did the learners learn?
  - Did they enjoy the learning activity?
  - Were the goals met?
  - What needs to change in the next cycle?



## What needs to Change:



- Design a curriculum to teach "how to bake chocolate chip cookies"



## Design a curriculum to teach baking chocolate chip cookies

- 1. problem identification: many people don't know how to bake c.c. cookies
- 2. targeted needs assessment-- survey the group
- 3. learning outcomes, broad objectives-- teach people how to bake

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- 4. educational strategy (decide)
  - teach people to read and execute a recipe
- 5. implementation
- 6. assessment and evaluation
  - how do you evaluate success-- number who baked cookies, number who baked scratch cookies? how the cookies taste?

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## In Summary

- There is a lack of time coupled with the overwhelming task of teaching general pediatrics in such short time period in community setting
- Hopefully, we have given some tools to facilitate your program requirements



## Questions:

- Thanks for your time and attention
- Please feel free to email us with any questions
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