Teaching Scripts

Teaching on the Fly

Yes...you can do it
Objectives

Articulate benefits of brief teaching sessions

Describe key components of a teaching script

Create one teaching script to use with residents or students
Key Concepts

Make the session short

Choose something you know well

Don’t teach everything you know
Your audience will pay attention at the **beginning** of your presentation.
Learn from your experience

Think back to a time when you taught a patient about their disease or some aspect of their medical management

What was the topic?
What was effective?

Turn to your neighbor and describe the example
Characteristics of the Session
### Hitting the Teaching Sweet Spot

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Answers the question:
What one teaching point do I want the learner to leave this patient’s encounter with?

Is an organized outline of what you would like to teach.

Is short—one main point with 2-3 supporting details
Links to general rules
Can be used with patients and learners
Teaching Scripts-Examples

**Medical Knowledge: Diagnosis**

“Typical” patient

- Epidemiology
- Key Features of the condition
- Lab tests to do
- Two other things to consider

**Medical Knowledge: Treatment**

“Typical” approach

- How to decide to treat
- Usual treatment (and why)
- Usual response (and why)
- Side effects

**CHOOSE JUST ONE TOPIC**
Skill
• Indications
• Break down each step
  – Explain what you are doing
  – Explain why you are doing the step
• Things to “watch out for”

Clinical Reasoning
“The approach to the symptom”
• Outline how you think about the problem
  – What key points you focus on
  – How they change your thinking
  – If/then scenarios
Acute Otitis Media

Diagnosis
• 4 mo- 2 year olds
• Attends day care; no immunizations
• URI for 2 days, new onset of fever, irritability, ear pain; PE-bulging erythematous TM; clear rhinorrhea
• Lab tests: none-diagnosis by PE
• Other conditions-uri + crying; mastoiditis-look for posterior auricular swelling; otitis media w/ effusion

Treatment
• Age < 2yo treat or if very ill; older kids can watch and wait
• Amoxicillin first line (80-90mg/kg)-10 days for younger kids; 5-7 for older
• Improve in 2 days
• Treatment failure—resistant S. pneumoniae or H.flu
• AAP guideline as reference
Skill: approach to the ear exam

- Do last
- Have caregiver help
  - sit child in lap
  - Restrain forehead w/one hand
  - Hold arms down
- Examine unaffected ear first
  - Gently pull ear up and out
  - Gently (and quickly insert otoscope)
- Look and see if you can see the TM and if it is red; insufflate
- Reposition if needed
- Try not to jam tip in too fast b/c child will start crying; Don’t do it alone

Clinical Reasoning: Ear Pain

What structures can Cause ear pain?

Inner or middle ear/ear canal/nerves/TMJ/referred from oropharynx

Acute

Chronic

Mild Severe

Hearing loss?
An approach

Set up the teaching:
  Link to a patient or problem
  Choose something you know about

Diagnose your learner:
  “what do you know about...?”
  “has anyone shown you how to...?”
Decide what to teach?

- Medical Knowledge
  - Information about:
    - Diseases
    - Treatments
    - Pathophysiology
    - Lab test interpretation

- Skills
  - How to:
    - Talk to patients
    - Perform a procedure
    - Do the physical examination
    - Function w/in your specialty

- Clinical Reasoning
  - You decide

Think like a doctor
Create

Fill out the worksheet (don’t worry about the details do the best you can)

Look at the scenario about the patient education moment

Choose just ONE thing that you could ALSO teach your students
Turn to your neighbor

Diagnose your learner:

“what do you know about...?”
“has anyone shown you how to...?”

Give your brief talk

Switch and repeat