Sharing the Light: Teaching Different Levels of Learners

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Abstract

Introduction: In the midst of a busy clinical settings, clinical educators need to maintain a safe learning environment, but this task can be challenging, especially with learners of different levels, needs, and cultures. In order to provide the requisite strategy and skill, we created this professional development workshop.

Methods: This workshop that aims to teach participants how to (1) establish a positive learning environment considering factors inherent in multicultural contexts, (2) identify strategies to support and respond to the different needs of multiple learners, (3) utilize recognized teaching tools to optimize limited teaching time, and (4) demonstrate support for residents as teachers. The workshop material includes videos for reflection and discussion, written scenarios for role play, laminated cards of two simple tools (SNAPPS and One-Minute Preceptor), and an evaluation form. The workshop engages participants in a brief interactive introduction and several exercises in small and large groups.

Results: This workshop has been presented in local, regional, and international conferences. The evaluations were favorable; using a 5-point Likert scale, the average overall rating was 4.3 for engagement and ability to use the tools. Participants were observed to use strategies they had learned in subsequent teaching encounters.

Discussion: Using simple tools and approaches to respond to different learners’ needs can lighten the preceptors’ burden and provide a safe, interactive, and productive learning experience.

Keywords
Faculty Development, Resident as Teacher, Cultural Sensitivity, Learning Climate, Control of Session

Educational Objectives

By the end of this workshop, the learner will be able to:

1. Establish a positive learning environment considering factors inherent in a multicultural context, including respect for others, inclusion of all learners, constructive feedback, and redirection.
2. Identify strategies to support and respond to the different needs of multiple learners, providing an opportunity for all learners to contribute to the discussion and ask questions.
3. Utilize recognized teaching tools that contain specific identifiable elements of teaching encounters to optimize limited teaching time.
4. Demonstrate encouragement and support for residents as teachers by providing opportunities and reinforcement for that role.

Introduction

Teaching in busy clinical sites, in general, can be challenging, especially if there are different levels of learners. Clinical educators have to maintain a safe learning environment, overcome hierarchical influences within the teaching and learning context, respond to learners’ needs, and support trainees as teachers while still providing patient care.¹ ² ³ Balancing all of these elements becomes magnified in a multicultural context.⁴ Faculty interested in teaching need some practical approaches and tools to support their efforts.⁵

This workshop was developed in Doha, Qatar, by pediatric faculty at the Hamad Medical Corporation (HMC)⁶ and Weill Cornell Medicine-Qatar (WCM-Q)⁷ to fill the perceived gap in faculty comfort for teaching...
different levels of learners in busy clinical settings within a multicultural context. HMC is a large government-sponsored general hospital that is accredited by the Joint Commission International\(^8\) and the Accreditation Council for Graduate Medical Education International.\(^9\) WCM-Q is a branch of Weill Cornell Medicine in New York and follows the same curriculum. HMC clinicians are board certified mainly by the Arab board, and some by European or North American boards. This diversity created a challenge in introducing a US clerkship curriculum that encouraged an egalitarian, interactive, and positive learning environment while taking care of patients.

We decided to prepare a workshop that would equip clinicians with some tools to help them continue their patient care while teaching different levels of learners. A review of the literature in 2011 did not reveal a model that met all of the desired objectives, although a number of useful elements were identified. In MedEdPORTAL, some examples of doctor–patient communication and culture were found.\(^10\) However, no videos related to teaching different levels of learners in a multicultural context were available. Utilizing adult learning theory,\(^11,12,13\) we decided to use videos, small-group discussions, and role play\(^14,15,16,17\) to engage participants who might be resistant to faculty development and maximize their participation and enjoyment. Recruiting actors for the videos among the multicultural core learners (residents) contributed to supporting the engagement of the attendees. Videos of desirable clinical teaching interactions were developed using available resources. We used knowledge gained from the Stanford Clinical Teaching Program, where a safe learning climate and control of session are addressed.\(^18\) The One-Minute Preceptor (OMP) and SNAPPS tools were also identified as useful and used in the workshop.\(^19,20,21\) However, they were each used as both learner and preceptor initiated, rather than being preceptor led in the case of the OMP and learner led in the case of SNAPPS, as originally described. The Association of American Medical Colleges call for involving residents as teachers was another element that we chose to address.\(^22\) More recent literature suggests that the approach taken in this workshop is valid.\(^14,5\)

We ourselves are multicultural faculty, a mix from different parts of the world with different undergraduate training, board certification, and work experience from Africa, the Middle East, Canada, and the USA. The workshop has been presented at different conferences internationally and has received feedback that enriched our experience and helped in refining its content and delivery.

This workshop can be used for continuous professional development for health providers, educators, and trainees. The suggested target audience includes the following:

- Clinicians/preceptors who supervise or teach trainees (fellows and residents) and students in clinical settings.
- Clinical health providers/preceptors who supervise trainees and students.
- Senior trainees who supervise junior trainees and students.

**Methods**

Using adult learning theory and the concept of a safe learning environment, we decided to use an interactive brief didactic presentation, small- and large-group discussions, and role play for hands-on application of concepts. The workshop can be run over 90 to 120 minutes. The time line suggested below reflects the range per section. Users can modify each as they see fit.

- 15-20 minutes: Interactive introduction.
- 20-25 minutes: Exercise 1: Clinical Round 2 video clips.
- 15-20 minutes: Exercise 4: Role play and small-group discussion.
- 5 minutes: Evaluation and wrap-up.

Note: Adjusting the duration of any section depends on participant numbers, flexibility of the available time, and the main focus of the session.
Before starting the workshop, make sure to have the following equipment and materials:

- Computer.
- LCD projector with audio.
- Flip chart (optional).
- Handouts, including:
  - Appendix F. PowerPoint Presentation With Embedded Video Clips.
  - Appendix B. Laminated Card (optional).
  - Appendix C. Reflection Sheet (optional).
  - Appendix E. Evaluation Form.

Check the audiovisual equipment and the compatibility of the PowerPoint presentation with the projection system being used so that the system can run the embedded videos. If it cannot, then link the video clips manually to the relevant slides as indicated by appendix title in the presenter notes of the PowerPoint presentation.

Arrange round tables in the room to accommodate six to eight participants at each. Use Appendix A. Transcripts & Tables with the comments in the balloons to help facilitate the discussion. Prepare/print handouts with or without the optional documents and evaluation form.

Begin the workshop with an interactive introduction.

1. Introduce each presenter, preferably by him- or herself.
2. Distribute the handouts.
3. Conduct interactive didactics using the PowerPoint presentation (Appendix F).

After the introduction, begin Exercises 1-4. Certain instructions apply to all four exercises:

1. Use the laminated card (Appendix B; optional).
2. Use the blank reflection worksheet (Appendix C; optional).
3. As you are viewing the video clips:
   - Identify which parts of SNAPPs and OMP are used.
   - Comment on the learning climate and control of session.
   - Elicit any observations related to cultural differences.

Exercise 1: Clinical Rounds 2 Video

2. Either play both Clips 1 and 2 and then run the discussion or run the discussion after each clip. You may divide the time as seems appropriate.
3. Use Appendix A, the detailed transcript with comments (comments in the balloons are to highlight the transcript text that demonstrates the color-coded targeted concept), to run the discussion demonstrating points related to safe learning climate, control of session, cultural issues, SNAPPs, and OMP.

Exercise 2: Clinical Rounds 1 Video

1. Use Appendix I. Clip 3 - Clinical Round 1.
2. Use Appendix A (comments in the balloons are to highlight the transcript text that demonstrates the color-coded targeted concept) to run the discussion demonstrating points related to safe learning climate, control of session, and problem learners.
3. Ask participants to comment on the responses to the problem learner.
Exercise 3: Radiology Session Video


2. Use Appendix A (comments in the balloons are to highlight the transcript text that demonstrates the color-coded targeted concept) to run the discussion demonstrating points related to resident as teacher, safe learning climate, problem learners, control of session, and missed teachable moments.

3. Ask participants to comment on instances when resident acts as teacher.

Exercise 4: Role Play - a Case of Migraine (Clinic Setting)

1. Use Appendix D. Role Play - a Case of Migraine.

2. Ask for three volunteers per group to take the roles of an attending, a junior resident, and a medical student for 3-5 minutes.

3. Distribute the scenarios only to the participants who will role-play.

4. Instruct other group members to observe and take notes during the role play and afterwards give feedback related to utilization of SNAPPs, OMP, or other tools, as well as to safe learning climate, cultural issues, and missed teachable moments.

5. Repeat with other volunteers, add more learners such as a challenging learner, or change the clinical setting to rounds or a tutorial, as time permits.

After completing the exercises, answer the attendees' questions, and wrap up the discussion. Then, collect the evaluation forms.

Results

The workshop was peer-reviewed and accepted for presentation in several conferences locally in Doha and internationally. Attendees (10-45 participants per workshop) were medical educators, health providers, and trainees.

The workshop was initially presented at the First Medical Education Conference, Doha, Qatar, in January 2012. Although the feedback was very positive from attendees (N = 58), who were mostly clinicians and residents, we realized that we needed to use the videos more effectively. We changed from running the whole video to using clips focusing on the subject under discussion (control of session, SNAPPs, etc.). The modified version was presented at the 2013 APPD/COMSEP Combined Annual Meeting, Nashville, TN, in April 2013. It was also well received by the attendees (N = 12), who were pediatric educators, clerkship directors, and residency program directors mainly from North America. Based on the feedback from the participants and our own reflections, we decided to:

1. Develop a third video (Appendix L. Clinical Round 2 Whole Video) to explicitly present the utilization of SNAPPs and OMP.

2. Add a few more minutes to the interactive didactics to help attendees synthesize the material as well as more time for role play to allow for greater self-exploration.

3. Follow the time line strictly (our own control of session) to fulfill the agenda.

After these modifications, we presented the workshop at the Excellence in Pediatrics (EiP) 2013 Conference, Doha, Qatar, in December 2013. The attendees (N = 55) were pediatric health care providers and educators (pediatricians and nurses) from Qatar and the region, as well as some international attendees. The team then decided to emphasize the multicultural context, using the same videos but highlighting the moments that captured interactions reflecting multicultural sensitivities. The written role play was revised to highlight the same. This version was presented at the Ottawa/CCME 2014 Conjoint Conference, Ottawa, Ontario, Canada, in April 2014 and at the 12th Asian Pacific Medical Education Conference.
Conference and 3rd International Conference on Faculty Development in the Health Professions, Singapore, in February 2015. The attendees (Ns = 15 and 28, respectively) were an international mix of health care providers (nurses, pharmacists, doctors, etc.), educators, and trainees. The feedback for this version was satisfying, and so, we present that version with minor modifications here.

Overall, the workshop resulted in positive feedback indicating that the participants felt fully engaged and the objectives were met. Participants enjoyed the videos and role play and said the workshop helped them identify strategies and gave them tools they could use in their home environment. As a result of attending the workshop, they said that they would be better prepared to teach multiple learners in a multicultural context and that they had been given some practical approaches to effective teaching. Some participants commented on wanting more elaboration of certain aspects, such as the use of the OMP and SNAPPS.

Evaluations were distributed to all participants (N = 101) at five international conferences using 5-point Likert scales, with 5 indicating a positive response. The number of participants who completed the evaluations totaled 87, for a response rate of 86%. The overall mean for the responses was 4.30 (SD = 0.23), with a median of 4.25. The questions asked in the evaluations, with mean scores in parentheses, included the following:

- “The structure of the workshop allowed me to be fully engaged” (4.08).
- “Working through the exercises helped me identify strategies to support and respond to multiple learners’ needs while teaching in a multicultural context” (4.22).
- “As a result of this workshop, I am better prepared to utilize recognized teaching tools to optimize limited teaching time” (4.11).
- “As a result of this workshop, I am better prepared to teach different levels of learners in busy clinical settings” (4.11).
- “Satisfaction with the session as a whole” (4.50).
- “The objectives were met” (4.10).

What responders said they learned from or liked about this workshop was as follows:

- “Carried the theory aspects into practical use.”
- “Video sessions were interesting. Useful to see how they dealt with ‘difficult learners’ situation.”
- “The actual videos being played and the actual situation that is happening in the hospital.”
- “Use of video scenarios to start discussion.”
- “Videos were engaging.”
- “Videos were used—and very useful for learning and identifying how the tools were used.”
- “Role-play to try the skills learnt.”
- “A lot of video clippings, interactive.”

Suggestions for improvements made by the responders were as follows:

- “Better layout to facilitate session. Rather than videos, can use more role-playing?”
- “More strategies.”
- “More detailed and specific case scenarios for discussion.”
- “Further elaboration and explanation on SNAPPS and OMP with detailed examples. Possibly add in allied health information/case sessions as I am an allied health professional and the case studies were a bit medical—difficult to analyze strategies.”
- “Having more case scenarios for us to practice the SNAPPS and OMP.”
- “Explaining or elaborating on learning climate and control of sessions; slides.”

No formal follow-up has been conducted on how participants’ teaching was affected by their attendance. However, anecdotally, several of them have been seen carrying their laminated cards and running their rounds using some of the strategies identified in the workshop.
Discussion

Developing the materials for this workshop was a very interesting process. It helped us reflect systematically on how teaching was taking place in our workplace, what we needed to address to improve the learning environment, and which tools could help the clinicians teach while caring for patients on busy services. Evaluations of the workshop also helped us to reflect on the points being raised and refine the content. Presenting the workshop to educators, health care providers, and trainees in different disciplines from different parts of the world was very helpful as it improved our own facilitation and time-management skills. These experiences informed the final version of the workshop.

Overall, the lessons learned were related to the importance of having good control of session by following the time line while giving sufficient time to the role play, as the attendees enjoy it the most. However, control of session is challenging, especially since the discussion needs to be controlled flexibly, depending on the participants’ area of interest. They may have more than one area of interest among them, and providing enough time to cover each area is challenging. Workshop leaders will need to decide how to make the best use of the allotted time. The clips and videos can be customized and presented to fulfill the needs of the participants. For example, if the attendees struggle with problem learners who are part of the team at their home institution, the portions of the videos that portray these interactions can be emphasized, and the discussion can focus on this point, thus dedicating more time to this issue and limiting or deleting another component.

A limitation is that no solid data have been collected about the impact of this workshop on teaching or learning, such as pre/post knowledge and perceptions.

We are measuring success by the positive evaluations received from the participants and by observing clinical supervisors and trainees using the tools and techniques learned in the workshop during clinical rounds and discussions.

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Ethical Approval
Reported as not applicable.

References


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