

A Quick Solution to Finding Time to Teach During a Busy ED Shift: The One-Minute Teacher

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Finding time to teach during a busy ED shift can be tough. Yet the ED is one of the best areas for teaching. There are diverse patient encounters, you make rapid clinical decisions and then there is the multitude of hands on procedures. However, this amazing teaching environment comes with some barriers. Many educators cite lack of time as the major obstacle to teaching during a shift. We have an

increasing volume of patients (thank you, influenza!). We also have high acuity patients and are constantly getting interrupted.

But there is a solution, one that only takes a minute. The solution gives you a quick recipe for providing feedback during every ED presentation you receive. For faculty this includes presentations from residents, medical students, and APPs. Residents can also use this when supervising junior residents and medical students.

The strategy makes for countless teachable moments throughout a shift and very appreciative learners. I'd like to introduce you to the "One Minute Teacher."

Drs. Neher and Stevens introduced this concept in 1992 in the family medicine literature and now it is a widely accepted teaching model. This model assures that you teach during every patient presentation. It also allows the learner to take ownership of the clinical problem and forces them to assess and manage the patient. For the educator, it allows you to quickly identify any gaps in the learner's knowledge and focus your teaching. Lastly, it's easy to learn: five easy steps.

Step 1: Get a commitment.

The first step is used immediately after the learner has presented. This is your chance to ask a specific question or fall silent. After a learner presents you need to have patience. It's very easy to jump in and give YOUR plan. The ED is busy, you have things to do, but it's unfair to your learner. Let them take ownership of the case. After the presentation, pause. If the learner still doesn't initiate, ask an open-ended question. "What do you think is going on?" or "What do you want to do?" Help bring out their plan. Your objective is to get the learner to process the information they just have collected and apply it. Things not to do: don't take over the case. Don't do the usual: "Okay, sounds good." Let THEM manage the patient.

Step 2: Probe for supporting evidence.

Next step is to find out how the learner got where they did. Explore the learner's "mind map." Why do they think its pneumonia? Listen carefully to the learner's clinical reasoning and look for any deficits in their

knowledge base. Some potential questions might be: "What major findings led you to that conclusion?" or "What else are you considering?" By probing your learner you can lead them to the correct answer.

Sometimes it can be challenging teaching senior residents. This is a time where you might add for your senior learners an additional question: "How would you manage this patient in a rural setting without this hospital's resources? What if this patient was pregnant?" Challenge your senior learners by putting a spin on the case.

Step 3: Teach general rules.

Every case has some teaching value. Remember this is the one-minute teacher so one to two general teaching points will do. Keep it short and sweet which will help your learner remember your take home points.

These can be anything from the case. Explain what SVT looks like, why

we give adenosine, how to call an effective cardiology consult, how to manage a difficult/demanding patient. Think of how many patients we see during a shift? Each patient holds at least one teaching point.

Step 4: Reinforce what they did right.

Giving some positive reinforcement builds self-esteem and reduces anxiety. Be their coach. Your goal is to reinforce positive behavior so they keep doing it. Good feedback is descriptive and specific. You don't want to simply

say "Great job" or "Sounds good." A better statement is "You had a very good differential for chest pain. You focused on the emergencies that we would want to rule out." Learners quickly discard feedback without substance.

Step 5: Correct mistakes and discuss next steps.

Now the tough part. Feedback is not always easy to hear. Remember to praise in public and perfect in private. Be well timed. Feedback in real time is often better than waiting for the end of a shift when everyone is looking to go home. Be descriptive and specific. Acknowledge your learner but also correct them. "I agree the patient likely has musculoskeletal chest pain, but we still need to do a careful H&P to rule out any emergencies like ACS." Don't be judgmental or abrasive. Discuss the next steps in care.

That's it, five easy steps to help you face the challenge of finding time to teach. Although the ED is filled with barriers to teaching, **giving feedback helps bad first efforts from becoming bad habits.** We owe it to our learners. Remember, you can make a teaching point out of every case presentation, and by using the one-minute teacher; you can do so quickly and efficiently. Try it out on your next shift. ●

