

Teaching through case discussions

Most small group sessions will include a case discussion. The purpose of these discussions is to: 1) help students synthesize knowledge, 2) help students learn to apply basic science knowledge in a clinical situation, 3) help students develop the “clinical thought process” and begin to develop differential diagnoses, and 4) serve as a springboard into discussion about beliefs, values, and ethics. This is also an ideal opportunity to model the integration of biomedical and psychosocial components. As such, it is key that both Mentors be involved in the discussions.

Your role as a Mentor is to facilitate discussion of the case. Although it can be tempting to “tell,” rather than “ask,” it will be important for you to incorporate question asking as a central component of your case discussions. By doing this, you will enable a number of things to occur:

- You can determine the students’ initial and ongoing needs
- You can engage and sustain students’ interest
- You can use questions to stimulate, expand, and refine the students’ thinking
- You can assign the responsibility for learning where it belongs – with the learner
- You can model a thought process for dealing with clinical scenarios

It can be tempting, when asking questions, to focus only on the recall of facts. However, one of POM-1’s goals is to help students become critical thinkers. In order to accomplish this, it will be important for you to ask students questions that promote critical thinking. The following two page diagram illustrates the range of teaching styles you can take as a Mentor, from the “assertive” style, focusing on the teacher providing information, to the “facilitative” style, focusing on the learner’s experiences. It may be helpful to review this document as a reminder of the ways in which you can query your students.

In addition, there are a few ways you can use questions to foster group exchanges:

Provide “wait” time after all questions. Although it is tempting to jump in with the answer, providing time for students to respond will help them take responsibility for the learning process.

When a student asks you a question, consider turning it back to the group, at least initially. Although there are times when it is helpful for students to hear your response, it is important that you select the times for imposing yourself.

Use neutral follow-up questions. Non-judgmental, sequential questioning is a very effective way to stimulate effective, open group discussions.

Rotate questions among all of the learners. Although a student may not provide a “good” answer, using effective follow-up questions can turn any response into a good teaching moment.

Expect and encourage learners to ask questions of each other. This will help Mentors determine student concerns and the sophistication of student thinking. This information, in turn, can be used to help you formulate your questions and select subsequent instructional strategies. This also helps transform the student role from “passive” to “active,” and helps students take ownership in their learning process.

Brainstorm with the group. For example, ask the group to generate their hypothesis about what could be going on with the patient, ask them to prioritize these hypotheses, then invite them to ask questions that will elicit the information needed for confirmation or disconfirming their initial impressions.

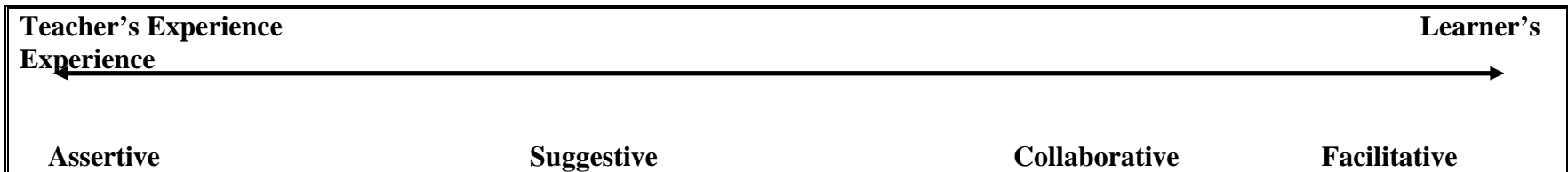
One way to “structure” a brainstorming session is to have the group members identify what type of information is available. One group member can serve as a scribe and record the findings on the board in the following categories:

- History
- Physical findings
- Anatomy
- Issues (would include psychosocial, cultural, spiritual, ethical, etc.)
- Laboratory and test findings, if any
- Diagnostic possibilities

The group can use the resulting categorical list to generate hypotheses and questions.
(Thanks to Dr. Corbett and Dr. Apprey for this approach).



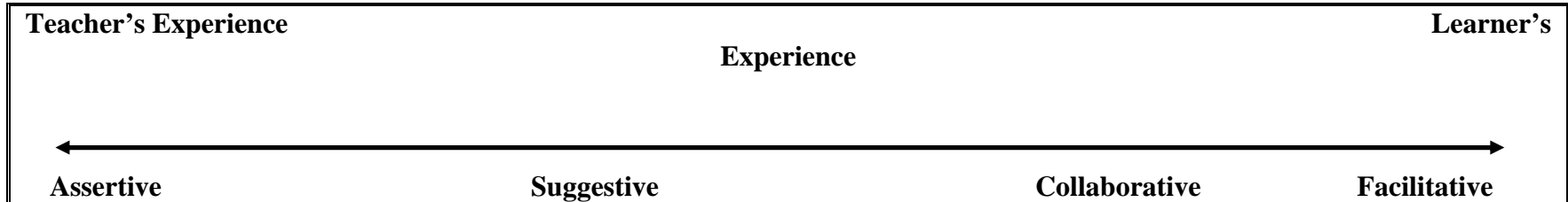
Teaching Styles



<p>Assertive Style: Lectures, gives information</p> <p>Examples: Staph is the most common cause of osteomyelitis. Here's how you treat hypertension.....</p> <p>Who's working: Teacher is providing the information.</p> <p>Deals with: Factual knowledge or specific skills.</p> <p>Questions to ask: Name two different beta blockers.</p>	<p>Suggestive Style: Asks leading questions.</p> <p>Examples: What germs cause osteomyelitis? Which antibiotics kill those germs? Which Abt's get into bone the best? What are the side effects of Abt's?</p> <p>Who's working: Teacher is leading the student down certain path. Teacher is structuring the interaction for the student. Teacher is bringing out what the student knows. Teacher is doing a needs assessment.</p> <p>Deals with: Opinion or uncertainty. Helps with clinical thinking and making inferences.</p> <p>Questions to ask: Compare and contrast. "W" questions: what are the various classes of drugs you could use to treat hypertension?</p>
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Teaching Styles



Collaborative Style:
emotive

Asks open, exploratory questions.

Examples:

What antibiotics would you use to treat osteomyelitis? (the student must figure out the germs, antibiotics, tissue penetration, and side effects, and then synthesizes this information.

Who's working:

Student is organizing information. Locus of control is more with the student than the teacher.

Deals with:

Opinion or uncertainty. Helps with clinical thinking and making inferences.

Questions to ask: What's your assessment and plan?

Facilitative Style:

Asks open, reflective, or questions.

Examples:

How do you feel about putting a needle in someone's bone? How do you feel about caring for a non-compliant patient with hypertension?

Who's working:

Teacher facilitates. Gives learner an opportunity to reflect, but only the learner knows the answer.

Deals with:

Emotions or attitudes.

Questions to ask:

How do you feel about.....?
Is it hard for you to ask about drug use?
What makes that so tough for you?

