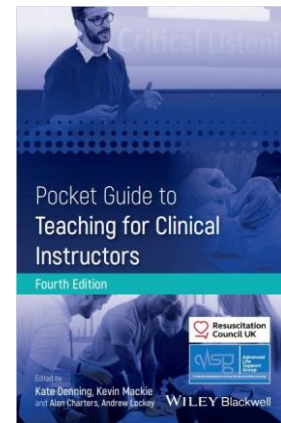


4th Edition of The Pocket Guide to Teaching for Clinical Instructors

The 'Blue Book' has been updated - with a stronger focus on candidate *learning* rather than faculty *teaching*.

Prepare, Open, Facilitate, Close has replaced E/S/D/C to support Instructors to hold a 'mental frame' of supporting candidates in a coaching model.



Key Updates

Educational theories that support the educational impact structured resuscitation courses (like APLS) have on clinicians include: cognitive load theory, decision making, spaced learning, interleaving and deliberate practice.

Psychological Safety. This is addressed overtly and explores having an awareness of inclusivity and the impact that a *growth mindset* and *imposter syndrome* can have for both learners and facilitators.

Building a culture of learning, for both learners and facilitators, supports the effectiveness of coaching, where clinicians have less pressure to be in a *performance zone* and feel OK to be in their *learning zone*

Practical Application

Prepare: (beyond the physical space preparation)

- clarity about the aims of each session/scenario/workshop and how they fit into the curriculum for the whole 3 days
- know the candidates coming into each session and be prepared to modify your questions/approach/opportunities for peer learning to meet their needs – as part of creating a psychologically safe space

Open: - include in your thinking that the 'objectives' of a session are your guide –and in addition, the **outcome** is candidate application in their own context. This may seem like semantics; however, it supports building on prior knowledge and planning/giving enough time for candidate questions.

Facilitate: supporting inter-group learning becomes even more valuable on Day 2/3 – as the groups have been learning together. Faculty are not aware of the discussion that has happened in previous rooms. Giving opportunity for candidates to answer questions for their peers can be more targeted/build on previous discussions.

Close: ...consider sharing the responsibility of a 'summary' with the learners (eg take homes) or your co-facilitator. One of our faculty (who was a journalist before a medico) - describes closure like the 'final paragraph' - it captures why it was worth reading!

The 4e is a foundation for establishing course culture (see next 2 pages).

APLS Instructor Role – Establishing ALSG course culture.


All aspects of environment (physical, intellectual, social, emotional) is critical for candidates to take on all that we hope they will from the APLS programs.

All instructors have a significant role in creating a safe environment for learners to be open to taking risks, moving to the edge of their capacity and allowing change.

In every session that we are involved in (as facilitators, observers, participants, etc), we have the opportunity to role model skills and behaviours that provide subliminal reinforcement of ALSG teaching culture.

Specifically, these skills and behaviours include:

<p>When meeting with mentees:</p>	<p>Purpose – why are you having this session/meeting/chat? Communication – explore <i>their</i> thinking, use silence, respond to their concerns Progress – occurs over time, have awareness of their feelings (nervous/ frustrated?) Trust – establishing a respectful relationship Feedback – be prepared and able to accept as well as give feedback with an open, curious approach</p>
<p>When facilitating plenary and practice sessions – clear use of P/O/F/C</p>	<p>Prepare: Be prepared with clear understanding of aims of each session/activity within a plenary and know as much as you can about the learners in the group. Be organised, supportive of other faculty and flexible when unexpected events happen Open: introduce session purpose, assess understanding of expectations, timing and roles. Reinforce that the learning from each session is for all participants – each session and scenario has content designed for their care of sick and injured kids – whatever their roles or context. Sample script: <i>This session is for simulating management of kids who've experienced a traumatic event . Each of you will have xxx minutes to manage and lead peer.. At the end of each simulation/scenario we will reflect and explore issues relevant for management of kids who present like this.</i> Facilitate: Two way communication. Building on prior knowledge in all sessions. This is how strong links are made for recall in the future. Maximise opportunities for Peer-peer learning Manage timing - to maximise candidate practice/participation/reflections – learning from each other Model learning conversations - including involving the group to discuss strategies (rather than focus on their peer's performance). Use closure if key learning point for group. Closure: after questions, either faculty <u>or preferably candidates</u> can summarise the key 'take home' points they have learnt from the specific teaching session and direct to next session.</p>

<p>Learning conversations</p> <p>Consider</p> <ul style="list-style-type: none"> • W.A. I. T (why am I talking)  <p>Chapter 8 of 4e Blue Book</p>	<p>Frame: genuine respect for colleague</p> <p>Conversation: where possible, consider using advocacy with inquiry.</p> <p>eg: “Observation/heard/Fact/impact to child: I noticed it took several minutes before you acted on the low saturations of 85%. Your perspective: I might have commenced BVM ventilation, Inquiry: I was wondering what you were thinking at the time?”</p> <p>Other examples of sharing your ‘frame’/ inviting discussion</p> <p>We often see hypoxemia and severe hypotension with rapid sequence induction for intubation - can we discuss how you manage this in your clinical setting?</p> <p>You appeared calm and organized and I wondered if you’d managed this situation before....can you share with us your thinking?</p> <p>Summarise a take home point for candidate and group.</p>
<p>Evaluating your teaching - reflection</p>	<p>Use of a structured approach to teaching (POFC) provides a framework that can support preparation, delivery, and evaluation of teaching sessions.</p> <p>Review the GIC/Instructor Candidate matrix for clarity regarding teaching skills and behaviours that support learner-centred teaching for groups with a diversity of learning needs.</p> <p>The feedback matrices detail behaviours related to each stage of the POFC structure.</p>

Also - keep in mind that learner reflection is the most influential aspect to making changes in behaviour. The cohort of clinicians on APLS courses are already practicing clinicians –from the course experience of participating in interactive teaching sessions **they will decide which tips/pearls they pick up from their peers and faculty are worth taking on.**

As always, we aim to deliver a **‘high standard’ but ‘low stress’ course.** The following points should help us to manage this:

1. Don’t take yourself too seriously.
2. Be supportive of your fellow instructors.
3. Listen to the Course Co-ordinator – they keep us on track
4. Have fun!
5. Any problems – go back to point #1.

Thanks for giving your time to support the teaching and learning on APLS courses..