Received: 15 July 2021 | Revised: 28 September 2021 | Accepted: 5 October 2021

DOI: 10.1002/aet2.10701

EDUCATIONAL DOWNLOAD

No time, no room: On-shift teaching for any shift

Deena Khamees MD[1] | Meg Wolff MD, MHPE[2]

[1]McGovern Medical School, The University of Texas Health Science Center, Houston, Texas, USA

[2]University of Michigan Medical School, Ann Arbor, Michigan, USA

Correspondence
McGovern Medical School, The University of Texas Health Science Center, Houston, Texas, USA.
Email: deena.khamees@uth.tmc.edu

Abstract

It can be difficult to carve out dedicated time to teach in the busy environment of the Emergency Department. With some intention, you can find educational opportunities in every shift. Here we highlight some of those opportunities, with careful attention to those without special equipment or preparation required. These can be used to teach less traditional practice points such as interprofessional communication as well as clinical pearls. Select the moments that make the most sense for you, your trainees, and your shift.

START OF SHIFT

Learn about your trainee such as level of training, prior clinical or ED experience, and clinical interests.[1]

Establish goals by asking, "What would you like to work on today?"[1]

Set expectations such as learner roles in the resuscitation bay or note writing.[1]

Empower your residents to be leaders where appropriate by discussing shift roles like code leader, calling consults or admissions, etc.

AT THE BEDSIDE

Role model physical exam techniques, difficult conversations, anticipatory guidance, or shared-decision making. **Debrief** after to ensure a shared mental model.

Observation can be adjusted to create hands-on teaching or more autonomous experience based on learner needs and ability.

PROCEDURES

Establish familiarity of learners at the first anticipation of a procedure. **Just in time train** using your preferred procedural videos after determining learner comfort and experience.[2]

Discuss intention to intervene with your learner ahead of the procedure, including expected learner participation.

Consider corrective language you will use with learners in front of patients or families and be mindful of your facial expression when correcting.

STAFFING THE PATIENT

Teach or practice the oral presentation with early learners. Consider frameworks such as One Minute Preceptor for this.[3]

Broaden the differential by using the learner's presentation to spark discussion of "what else could it be?"

Presentations stay challenging for more experienced learners through games of "what if"—change points of the patient presentation (age, sex, etc) and ask trainees how that changes the plan.

RUNNING THE BOARD

Review one pearl per patient—or ask your resident to select a pearl.

Emphasize ED-critical tasks such as task switching and prioritization or anticipation of lab and imaging results.

Disposition plan for each patient, even if the workup is pending.

DOWNTIME/ANYTIME

Consider more structured techniques:

White board talks—or ask your senior resident to lead one.
Mock oral boards
"Living documents"—use Google Documents to collect clinical pearls and questions to share after shift.
"Post it pearls"–jot down important clinical points (or ask your

© 2021 by the Society for Academic Emergency Medicine

learner to do so) and stick to your workstation. Photograph these to save and reference, post online, or give to learners after shift.

CONFLICT OF INTEREST

DK and MW report no conflicts of interest.

AUTHORS CONTRIBUTIONS

DK: concept and design, drafting of the manuscript, critical revision of the manuscript for important intellectual content. MW: concept and design, drafting of the manuscript, critical revision of the manuscript for important intellectual content.

ORCID

Deena Khamees https://orcid.org/0000-0002-2262-9964
Meg Wolff https://orcid.org/0000-0002-3637-2653

REFERENCES

1. Natesan S, Bailitz J, King A, et al. Clinical teaching: an evidence-based guide to best practices from the Council of Emergency Medicine Residency Directors. *West J Emerg Med*. 2020;21(4):985-998.
2. Bonz JW, Pope JK, Wong AH, Ray JM, Evans LV. Just-in-time clinical video review improves successful placement of Sengstaken-Blakemore tube by emergency medicine resident physicians: a randomized control simulation-based study. *AEM Educ Train*. 2021;5(3):e10573.
3. Stead DR. A review of the one-minute paper. *Active Learn High Educ*. 2005;6(2):118-131.

How to cite this article: Khamees D, Wolff M. No time, no room: On-shift teaching for any shift. *AEM Educ Train*. 2021;5:e10701. doi:10.1002/aet2.10701