



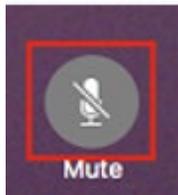
MD Program
UNIVERSITY OF TORONTO

Office of Faculty
Development

WELCOME TO THE VIRTUAL FACULTY DEVELOPMENT SERIES

OFFICE OF FACULTY DEVELOPMENT
MD PROGRAM, UNIVERSITY OF TORONTO

We will be starting shortly.



Please mute your microphones when you are not speaking as this cuts down on background noise.

*Please **rename** yourself on ZOOM for attendance purposes.
(click right on bottom left of your video picture)*

Teaching History Taking and Communication Skills

September 6th and 7th

Chris Gilchrist, Associate Director Clinical Skills, MD Program

Jana Lazor, Director of Faculty Development, MD Program

OUR CURRENT
CONTEXT is shifting...



Disclosures

We have nothing to disclose

... except that we are constantly adapting to changing environment

Objectives:

This faculty development session will help tutors prepare to teach the Strategies for History Taking and Communication Skills' session to Year 1 students. By the end of the session, you will be able to:

- **Describe** how the sessions on History taking and communication skills will work.
- **Discuss** what is new this year, including rationale for changes and how to prepare to incorporate these changes.
- **Share and discuss** common challenges associated with teaching this material including strategies to create and maintain an effective, safe, and inclusive teaching and learning environment
- **Reflect** on our past virtual teaching experience and **identify** lessons learned that we could use to improve the current sessions.



Poll

Setting the stage for today's learning

To help the workshop run smoothly

- **Mute your microphone** but get ready to unmute when you wish to speak (press space bar to temporarily unmute)
- Make sure your **name** is correctly displayed in Zoom
- Ask questions via the '**Chat**' Zoom feature
- 'Raise your hand' via **Reaction Button** and ask questions after the faculty acknowledges your request
- You can also just **jump in** and ask your question:
 - *"It's Jenny. Could you tell me..."*
- Provide us feedback using Reaction Button icons



Zoom features: **Basics**

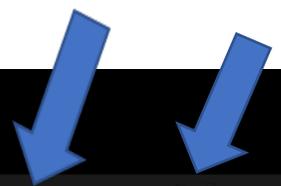
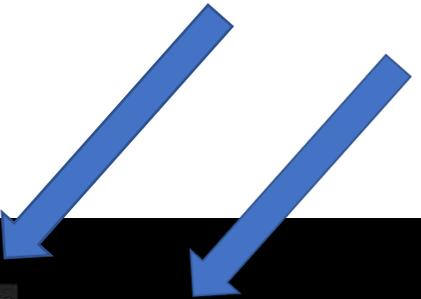
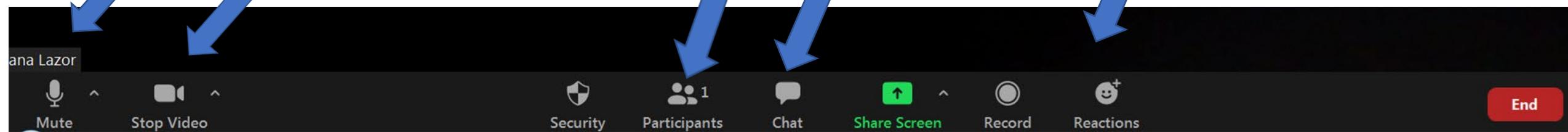
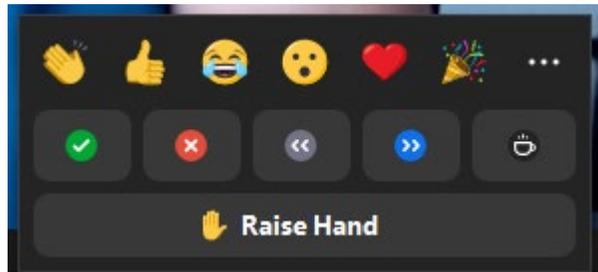
Mute

Stop video

Participants – see who is here

Chat

Reactions





A BIG
thank
you


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Curriculum Delivery

- 90% will be in-person!
- 10% virtually



What is your role and expectations as a tutor?

- Review the syllabus AND tutor guide for the session
- Use the agenda to keep the session on track
- Engage students using in-person or virtual techniques
- Preserve curricular content
- Stimulate critical thinking
 - Facilitate discussion more than lecture
 - Use your experiences as examples for students to consider
 - Explain pathophysiology and links to history taking
- Provide ongoing feedback on students' skills
- Facilitate Q&A





Typical Agenda

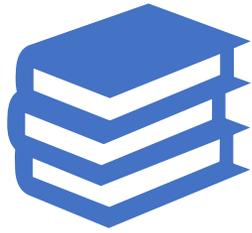
DISCUSSION

EXPERIENTIAL LEARNING

DEBRIEF AND GROUP FEEDBACK



Facilitating Discussion



Utilize the Student Guide to inform the content



Tutor Guide will have specific tips for each session



Many sessions have homework questions for discussion



Role Plays (Peer to peer)

Student Guide contains stems. Tutor materials contain the scenarios

In-Person

- Typically facilitated in groups of 2 (or 3)
- Patient role; Med Student role; (Observer Role)

Virtual

- may need to use breakout rooms to allow students to practice



Standardized Patients

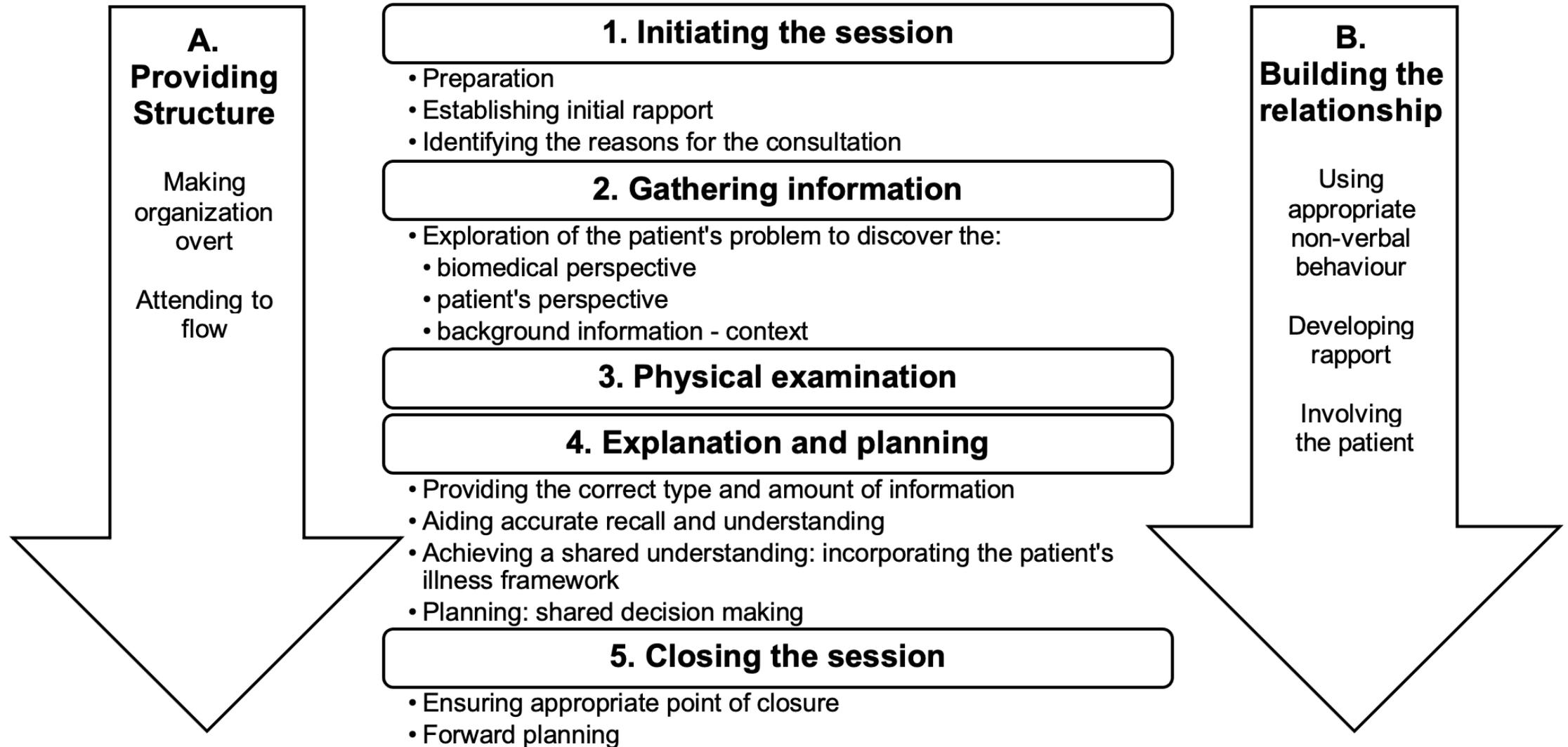
- Will be used both in-person and virtually over the year
- SPs are organized by the hospital.
- SP Facilitation Techniques
 - Time outs/Time ins
 - Re-do's
 - Group 'shout-outs'
 - Student swap
 - SP Feedback



Real Patients

- What we are all excited to get back to!
 - Patient recruitment varies by site
 - Students typically divided into pairs for interviews
- 

Calgary-Cambridge Model

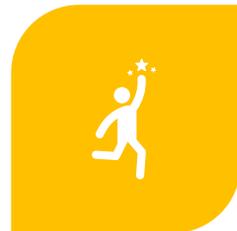




CULTURE OF
CONTINUAL
FEEDBACK



MAKE IT TIMELY



START WITH
LEARNER SELF-
ASSESSMENT



POSITIVE AND
CONSTRUCTIVE
FEEDBACK



TARGET A
SPECIFIC DETAIL



CHECK-IN WITH
THE LEARNER

Feedback

Resources

- Website [Faculty Development | Medical Education \(utoronto.ca\)](https://ofd.med.utoronto.ca/faculty-development)

<https://ofd.med.utoronto.ca/faculty-development>

- New tutors/Core – Introduction to teaching clinical skills in MD Program (year 1 and 2)
 - Video
 - Audio
 - slides

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New communication content

- The Social Model of Disability

- Disability is a social construct, created by social barriers. Barriers that can be eliminated through thoughtful accommodation
- A change from the Medical Model which views disability as something to “fix”
- A disability is not viewed as an abnormal or “lesser” state of being compared to a person without a disability. Just as one’s gender or race are not considered abnormal or “lesser” than another.
- Challenges us to choose language that focuses on the strengths of a patient, avoids assumptions about patient limitations and works with a patient to achieve *their* goals.

Optional TED talk by Stella Young

<https://www.youtube.com/watch?v=8K9Gg164Bsw>

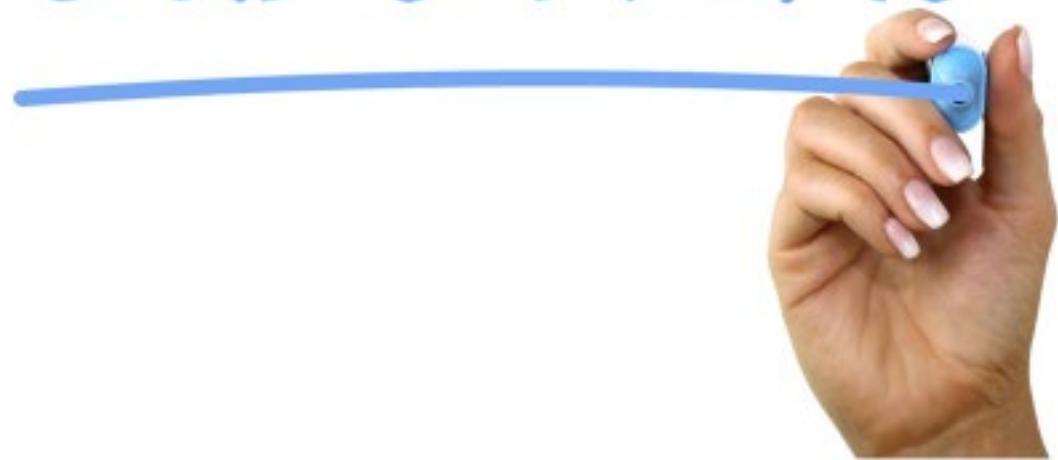
People-First Language

*In general, put the person first and the disability or illness second (i.e. child with epilepsy). **People-first language** is often preferred as it implies that a person's illness or disability does not define them.*

*However, some people or groups might prefer **identity-first language** (i.e. Deaf people)*

Instead of...	Consider saying...
Birth defect, congenital defect, deformity	Person born with a disability, person who has a congenital disability
Confined to a wheelchair, wheelchair-bound	Person who uses a wheelchair, wheelchair user
Physically challenged, physically handicapped, physically impaired	Person with a disability
Mentally retarded	Person with an intellectual disability, neurodivergent
Suffers from, afflicted by, victim of	Person with/who has a disability or illness
Handicapped parking, bathrooms	Accessible parking, accessible bathrooms

QUESTIONS



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Situation

- You are a small group tutor and new to teaching your learner group. You will be facilitating small group sessions with the same group over the course of the year.
- You are part way through your first tutorial and finding that learners are quiet and not fully participating. They seem hesitant to speak out.
- **What do you think could be going on in their minds? How can you enhance your learning environment to help them engage more in the small group discussion?**
- What if this was a tutorial later on in the year and learners used to be vocal and engaged but today, they are really quiet and hesitant to share ideas and ask questions?

We need to know
how to create,
maintain, and
regain
psychologically safe
learning
environments

the
fearless
organization

Creating **Psychological Safety** in the
Workplace for Learning,
Innovation, and Growth

Amy C. Edmondson

HARVARD BUSINESS SCHOOL

WILEY

What is a psychologically safe learning environment?^{1,2}

- Is one where learners feel comfortable speaking up, offering ideas, asking questions, take interpersonal risks, making mistakes, and asking for help.
- Learners feel respected, and that their efforts and skills are valued
- Members of group do not fear that others will think less of someone on the team for admitting they don't understand something
- People believe that if they make a mistake, offer a different point of view, or ask for help others will not react badly (punitive behaviours, embarrassed, humiliation, shamed, ridiculed, their ideas picked apart)

Why is this important?²

- How psychologically safe a person feels strongly shapes the propensity to engage in learning behaviours, such as information sharing, asking for help or experimenting
- A supportive and safe environment **MUST** be created to allow students to feel comfortable participating. Encourage critical thinking while validating student responses, gently correcting misconceptions, and avoiding shaming.

What is the relationship between fear and learning?²

- Fear inhibits learning and cooperation
 - “Fear consumes psychological resources, diverting them from parts of the brain that manage working memory and processing information. This impairs analytical thinking, creates insight and problem solving”
 - This occurs more often than most leaders realize

What a psychologically safe learning environment is it NOT?²

“Psychological safety is not a personality difference but rather a feature of the workplace that leaders (you as the tutor) must help create?”

“Does not mean that people always agree with one another for the sake of being nice”

“Does not imply ease and comfort”

“It is not an anything goes environment where people are not expected to adhere to high standards and meet deadline”

“It is about candor, and making it possible for productive disagreement and free exchange of ideas – willingness to engage in productive conflict so as to learn from different points of view - these are vital to learning and innovation”



How does this relate to the concept of “productive struggle” a key concept in our curriculum and foundational outcome underlying the MD Program curriculum – the development of Adaptive Expertise?

Optimal relationship between psychological safety and performance standard ²

Environment	Low performance standard	High performance standard
High psychological safe	Comfort zone	Learning High performance zone
Low psychological safe	Apathy zone	Anxiety zone



How do we create this
in a small group
teaching environment?

Table 7.1 The Leader’s Tool Kit for Building Psychological Safety.²

Category	Setting the Stage	Inviting Participation	Responding Productively
Leadership tasks	<p>Frame the Work</p> <ul style="list-style-type: none"> • Set expectations about failure, uncertainty, and interdependence to clarify the need for voice <p>Emphasize Purpose</p> <ul style="list-style-type: none"> • Identify what’s at stake, why it matters, and for whom 	<p>Demonstrate Situational Humility</p> <ul style="list-style-type: none"> • Acknowledge gaps <p>Practice Inquiry</p> <ul style="list-style-type: none"> • Ask good questions • Model intense listening <p>Set up Structures and Processes</p> <ul style="list-style-type: none"> • Create forums for input • Provide guidelines for discussion 	<p>Express Appreciation</p> <ul style="list-style-type: none"> • Listen • Acknowledge and thank <p>Destigmatize Failure</p> <ul style="list-style-type: none"> • Look forward • Offer help • Discuss, consider, and brainstorm next steps <p>Sanction Clear Violations</p>
Accomplishes	Shared expectations and meaning	Confidence that voice is welcome	Orientation toward continuous learning

Set up and maintain a Safer Space:

To build trust, foster interaction & communication

✓ Setting the stage (creating connections and build rapport)

✓ Expectations/Orientation – communication/collaboration

✓ When and how questions will be managed? Let them know if it's OK to jump in.

"Could you go over that again?"

"Would you be able to give another example?"

✓ How will we create a more spontaneous rich and lively conversation ?

Students need to know you are interested in their responses and input. If they feel you are interested in what they have to say they will be interested in what you have to say.



RULES OF ENGAGEMENT

- Collaboratively set up ground rules
- Students should be allowed to respectfully raise viewpoints and counter-points during discussion
- Encourage students to ask as many questions as they need to support their learning
- How to politely excuse yourself

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Attributes of a Powerful Question²

Generates curiosity in the learner

Stimulates reflective conversations

Is thought-provoking

Surfaces underlying assumptions

Invites creativity and new possibilities

Generates energy and forward momentum

Channels attention and focuses inquiry

Stays with participants

Touches a deep meaning

Evokes more questions

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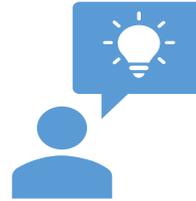
What if learner gives the wrong answer



Highlight part of the answer that is correct or when the answer might have been correct



Then open a dialogue with the group or the individual to what extent this could be true or not in a particular setting.



Encourage student to think out loud (why, how) to see if student(s) picks up the error



Discuss what would be considered the right answer and why and why people might choose the wrong answer

- A wrong answer often helps us to point to a common misconception.
- It is to highlight these and why are these so common.
- Also thank the student for helping to raise these common misconceptions.

Destigmatizing Failure for Psychological Safety²

	Traditional Frame	Destigmatizing Reframe
Concept of Failure	Failure is not acceptable	Failure is a natural by-product of experimentation
Belief about effective performance	Effective performers don't fail	Effective performers produce, learn from, and share the lessons from intelligent failures
The Goal	Prevent failure	Promotes fast learning
The Frame's Impact	People hide failures to protect themselves	Open discussion, fast learning and innovation

Creating Psychological Safety in
the Learning Environment:
Straightforward Answers to a
Longstanding Challenge
Adelaide H. McClintock, MD,
Tyra L. Fainstad, MD, and
Joshua Jauregui, MD. Academic
Medicine, Vol. 96, No. 11S /
November 2021 Supplement

Establishing a psychologically safe learning environment.

- clear expectations, self-efficacy, team engagement, autonomy, and frequent feedback as important

Destructive of a psychologically safe learning environment.

- educator disinterest in students, dismissal of questions, lack of autonomy, and unclear expectations
- Most students were unable to describe a time psychological safety was restored if lost.
- Early impressions of individual learning environments and establishment as “safe” or “unsafe” were durable and rarely changed.
- Behaviors such as acknowledging and apologizing for team member misbehavior were among the few that did improve the learning experience once safety was lost.

References

1. Edmondson, Amy. Psychological Safety and Learning Behaviour in Work Team, 1999
http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmondson%20Psychological%20safety.pdf
2. Edmondson, Amy . (2019) The fearless organization. John Wiley and Sons Inc. Hoboken, New Jersey.
3. Creating Psychological Safety in the Learning Environment: Straightforward Answers to a Longstanding Challenge Adelaide H. McClintock, MD, Tyra L. Fainstad, MD, and Joshua Jauregui, MD. Academic Medicine, Vol. 96, No. 11S / November 2021 Supplement

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Case: Transitioning virtual to face to face clinical skills

Reflect on previous experience in guiding virtual Clinical Skills tutorials and identify key learnings that we can transfer to in person tutorial facilitating with the goal of improving our teaching practices

- (Jump right in, use hand up feature, or write in chat)



Setting up your teaching environment [virtual]



Check microphone and camera are working



Set the camera so you are looking into it



Reduce noise (turn off notifications)



Make sure you have light from the front toward your face



Consider your background – make it neutral

Setting up your teaching environment (In-person)



Teaching materials ready



If needed have a computer set up



Consider the seating in the room – for the context of the teaching session and so you can see the students



How are you going to keep time



How are you going to co-tutor



Collaboratively establish ground rules for learning [Face to Face environment]

How should students ask questions? Ask as many questions as you need to support learning: 'There is no bad question'

Students are expected to actively engage in the learning by contributing to the discussion – how will this occur?

Speak up, respectfully. Establish how to address your tutor in session



Use of cell phones during session

How to politely excuse yourself (aka: 'I need to go the bathroom')



Collaboratively establish ground rules for learning [Virtual environment]

Video on for most of time if possible

Make sure your name is correctly displayed in Zoom – learners can use the name they wish to use

Ask questions via the 'Chat' Zoom feature

'Raise your hand' via Reaction Button



Speak up, respectfully. Establish how to address your tutor in session

Ask as many questions as you need to support learning: 'There is no bad question'

How to politely excuse yourself (aka: 'I need to go the bathroom')



Silence – No one
asking or
answering
questions





Silence –
no one
asking or
answering
questions



Wait (time delay)



Set up a safe space: Set the stage at the beginning and maintain throughout “If we don’t have a safe space, learning does not occur”



Restate question (Use a priming or cuing question)



Encourage use of chat, hands up or can always ask “just jump right in”



Respectful “cold call” – our goal is to always create a psychologically safe learning space. “John, could you get us started?”



Break up the group into smaller sub-groups

Break up
the group
into
smaller
sub-
groups

Think – Pair – Share

Case to discuss and come prepared
to share (recorder and reporter)

Practice with another

Virtual Environment? Breakout
room

Thank
You

For sharing your Expertise, Time, & Dedication

QUESTIONS

