

DYAD DISCUSSIONS

“THINK-PAIR-SHARE”

Steps:

- Pose the discussion topic or question.
- Give learners 10 seconds to think on their own. (“think time”).
- Ask learners to pair with a partner and share their thinking.
- Call on a few learners to share their ideas with the larger group.

Questions for discussion:

- Describe a situation where YOU were given feedback that was particularly meaningful for your development, and describe why it was so meaningful.
- Describe a situation where you needed to provide feedback to another that felt difficult for you, and identify what made the situation challenging.
- Identify 1-2 cases from the group from the above that seem to have the most potential to illustrate important points, and develop them.

Wrap-up questions for the group:

Based on today:

- Identify one action you will take for yourself to further your own self-development plan.
- Identify one change you will make in how you work with others on your team to improve their learning environment through feedback.

Case to discuss if needed:

You are the senior resident leading a ward team in March. Your team consists of an attending physician who rounds with the team for about an hour a day but is otherwise doing direct patient care; an R2 resident who is clinically strong but prefers to do things himself; and two interns, one from your specialty and one who has just rotated onto your service from another specialty and is less experienced in your specialty. Your service is at cap with a number of ill patients.

The nurse on the floor pages you at 9:30am about a patient on your service, a 75yo woman admitted 1 day ago with CAP and who has a history of moderately severe COPD, concerned about the level of respiratory distress of this patient and that the intern has not responded to her page. The patient ends up in the ICU on a ventilator within the next hour. On review of the chart, the patient's vital signs (respiratory rate and O2 sat) had been deteriorating since admission, and a cbc done late yesterday showed an increasing WBC from 9k on admission to 18k, but there are no notes in the chart from any members of the team since the admission note done mid-day yesterday.

- Task: how would you handle the feedback if the resident responsible for the care of this patient were the intern from your own specialty?
- How would that feedback differ if the resident were the intern from another specialty who had just started your service?
- How would that feedback differ if the resident were the R2 on your service?
- What if this had been YOUR case, and the attending physician has contacted you to discuss what happened?

PEDIATRIC VERSION:

You are the senior resident leading a ward team in March. Your team consists of an attending physician who rounds with the team and two interns, one from your specialty and one who has just rotated onto your service from another specialty and is less experienced in your specialty.

The nurse on the floor pages you at 9:30am about a patient on your service, a 15yo girl admitted 1 day ago with CAP and empyema, concerned about the level of respiratory distress of this patient and that the intern has not responded to her page. The patient ends up in the ICU on a ventilator within the next hour. On review of the chart, the patient's vital signs (respiratory rate and O2 sat) had been deteriorating since admission, and a cbc done late yesterday showed an increasing WBC from 9k on admission to 18k, but there are no notes in the chart from any members of the team since the admission note done mid-day yesterday.

- Task: how would you handle the feedback if the resident responsible for the care of this patient were the intern from your own specialty?
- How would that feedback differ if the resident were the intern from another specialty who had just started your service?
- What if this had been YOUR case, and the attending physician has contacted you to discuss what happened?