

**Special
points of
interest:**

- Welcome to our new Intern class—class of 2013
- The first annual OBGYN-Emergency Medicine Kickball challenge has been issued. Stay tuned for details!
- Attention PGY 1/2: sign up early for your Step 3 exams!! Don't wait!!
- Interview season is fast approaching—interviews begin in October!

**Inside this
issue:**

Internet Resources	2
Barriers to Feedback	2
A Challenge	2
Generational Mix at Work	3
Patient Centered Care	3
Multiple Learners	3
Learning Styles	4

The Gator Educator

August 2009

New faces, new places and we're off to the races!!

Welcome to the second edition of the Gator Educator. It is the start of the new academic year, and by the time you will be reading this our new house-staff will have had a full month nearly behind them. As each class moves one step closer to completing their graduate medical training, let's pause for a moment and reflect on our own experiences in dealing with new levels of responsibility. Each of us at one time or another has had a moment when we realized that our comfort zone was about to be breached. Recall the time when you thought to

yourself "I didn't know I could do that!"

As our residents and medical students push the boundaries of their comfort zone, we as educators will be tasked with providing them with feedback and assessment of their tasks.



This edition of the newslet-

ter will focus on some simple strategies for effectively providing your learners with resources, inspiration and feedback.

Dan Rather once said:

"The dream begins with a teacher who believes in you, who tugs and pushes and leads you to the next plateau, sometimes poking you with a sharp stick called truth."

Feedback can be difficult but in the end, it is the best gift you have to give your learners!

- Kelly

Residents innovate and reorganize in didactic sessions

The start of the 2009-2010 academic year has begun with a makeover of sorts and the PGY 4 class has taken the helm. The core lectures are now delivered by a PGY 4 with a faculty advisor. Each of these lectures has been well

designed, researched and comes complete with a series of challenging PROLOG questions for discussion. In addition, you will notice a similar improvement to the pre-op sessions with many more images,

CREOG questions and didactic asides to stimulate learning of the material. Finally, M&M conference will impress you with easy to read graphical trends and learning concepts highlighted. Well done!

Internet Resources for Students

Dr. Karl Smith, a dedicated advocate for medical student and resident education, has provided the following useful website for medical students!!

www.altasofpelvicsurgery.com Excellent diagrams and step-by-step approach: all students on Gyn or Gyn Onc rotation should review this prior to going to the OR.

www.borland.ufl.edu New England Journal of Medicine Procedure videos: this

needs to be accessed through the Borland Library web site (ejournals). There are about 20 excellent procedure videos available. At a minimum, I recommend that medical students review the videos on the pelvic exam and insertion of a urinary catheter into a female patient.

www.NCCN.org an excellent resource to learn about all cancer sites. Requires a login password which is simple to obtain. The information on non-Gyn cancers

will be an important resource for when family members inquire about various cancers such as lung, breast, colon, brain, bone, pancreas, prostate, etc.

<http://elearning.facs.org/login/index.php> excellent site for first year residents and medical students to learn basic surgical skills such as knot tying and use of basic surgical instruments. It has nice videos, does require obtaining a login and password.

"I have a hard time telling students and residents what I need them to hear because I sound like I am criticizing."

**OBGYN
Attending**

Barriers to Effective Feedback

Feedback can be a difficult task because it requires directness and specificity. Don't confuse feedback with evaluation! Feedback is descriptive, well timed, and contains a reasonable amount of material the listener can handle. "Good job" is evaluative and not very

useful. "Good job, I liked the way you incorporated your own research into your presentation today" is valuable feedback. Some suggestions for overcoming barriers to effective feedback: use the expression "I'd like to give you some feedback," be sure the feedback is

timely and in private if necessary, invite feedback yourself (eg. how can I help you improve your needle control?), and finally remember that constructive feedback contributes to a relationship based on trust, honesty and genuine concern.

Esprit de corps— a challenge

Esprit de corps translates from French as *group spirit*. It is a synonym for words like *morale*, *comradeship*, and *purpose*. Normally used in a military context, it is often used in common language to refer to any group that appears united and protective of its members. Where it does not exist,

disorganization can prevail. Our educational mission has at its backbone this value. Recognition and reward are important elements of esprit de corps. Whether it comes from nursing staff, clerical staff, surgical techs, residents, medical students or administrators we know it when we see it.

The next time you see it recognize it, praise it and share it. You can email your thoughts (to be included in the newsletter) to Kelly.best@jax.ufl.edu

You will notice a section specifically for these accolades in future issues!

Generational Mix: Motivating Gen X and Gen Y

Who hasn't heard the refrain "they just don't make them like they used to!" Understanding the generational mix at work requires one to recognize that differences in values, outlook, work ethic, relationships, authority and life balance exists among the generations. Gen X (born 1962-1981) and Gen Y (born 1982-2000) are our current partners, students, residents (and maybe children). These two

generations have a few important characteristics: want a voice, value rapport with educators, active learners, want variety in learning, want relevance in learning, want current information, value feedback, expect praise. They are tech-savvy, resourceful, prefer action to observation. As educators our teaching strategies must fit our audience. Some suggestions for motivating X and Y's: 1.establish a dia-

logue about goals, criteria for evaluation, 2.consider influence of prior knowledge and experiences, 3.provide context, meaning and relevance, 4.facilitate collaboration, 5.emphasize independent and cooperative problem solving, 6.provide opportunities for application and practice, 7.use technology, 8.be available and respond to need for feedback, 9.update your skills and expand your repertoire!

"It meant so much to me to be able to kiss my 8 year old daughter goodnight."

Leading the 'Charge' for Patient Centered Care

Imagine yourself anxiously awaiting the arrival of your baby. You are going to have a c-section and the doctors have told you it will be difficult and dangerous. You are stable but your case is delayed by emergency after emergency. Your daughter has called you all day from home

asking "when can I see you mommy?" This is exactly what **Latoya Brisbane, RN** knew about the patient who was arriving to 3N late one evening. As the charge nurse on duty that night she recognized how important it was to the patient to see her daughter. Despite it being after visiting

hours, Latoya facilitated a special goodnight kiss for a mom who had a long, lonely and stressful day. Her thoughtfulness and empathy were appreciated by the patient and her family. Thank you Latoya for your flexibility and dedication to providing excellent care!

Challenges of Multiple Learners on a Service

Often times we are faced with the challenge of dealing with multiple learners on a single service or in a single patient encounter. For example, a team may consist of a team of OBGYN residents, medical students, nursing students, PA students, off-service residents, paramedic students,

and anesthesia students. As we strive to educate the many learners and students in our midst, there may be a critical number beyond which the education lacks for most on the team. It is imperative for both the leader of the care team and the learners communicate regarding these lim-

its to permit adequate learning while providing safety and modesty for the patient. Talk with your team—your learners will appreciate the direction, consideration and instruction that will follow!



Learning Styles and Medical Education

When you..	Visual	Auditory	Kinesthetic & Tactile
Spell	Do you try to see the word?	Do you sound out the word or use a phonetic approach?	Do you write the word down to find if it feels right?
Talk	Do you sparingly but dislike listening for too long? Do you favor words such as <i>see, picture, and imagine</i> ?	Do you enjoy listening but are impatient to talk? Do you use words such as <i>hear, tune, and think</i> ?	Do you gesture and use expressive movements? Do you use words such as <i>feel, touch, and hold</i> ?
Concentrate	Do you become distracted by untidiness or movement?	Do you become distracted by sounds or noises?	Do you become distracted by activity around you?
Meet someone again	Do you forget names but remember faces or remember where you met?	Do you forget faces but remember names or remember what you talked about?	Do you remember best what you did together?
Contact people on business	Do you prefer direct, face-to-face, personal meetings?	Do you prefer the telephone?	Do you talk with them while walking or participating in an activity?
Read	Do you like descriptive scenes or pause to imagine the actions?	Do you enjoy dialog and conversation or hear the characters talk?	Do you prefer action stories or are not a keen reader?
Do something new at work	Do you like to see demonstrations, diagrams, slides, or posters?	Do you prefer verbal instructions or talking about it with someone else?	Do you prefer to jump right in and try it?
Put something together	Do you look at the directions and the picture?		Do you ignore the directions and figure it out as you go along?
Need help with a computer application	Do you seek out pictures or diagrams?	Do you call the help desk, ask a neighbor, or growl at the computer?	Do you keep trying to do it or try it on another computer?

Adapted from Colin Rose(1987). Accelerated Learning.

Stay tuned for the next issue for details in how you can improve your teaching by understanding how your learner learns best!!