Dealing With
The Difficult Learning Situation:
Management

An Educational Monograph

For Community-Based Teachers

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Continuing Education

Purpose: The purpose of this Preceptor Development Program Module Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

Target Audience: This module is designed for physicians, physician assistants and nurse practitioners who teach medical students, residents, nurse practitioner students and physician assistant students in the office or hospital settings in North Carolina.

Accreditation: Southern NH AHEC is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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The Southern NH Area Health Education Center, accredited by the NH Medical Society, designates this live activity for a maximum of 1.0 AMA PRA category 1 Credit (s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Release Date: December 2018. Course valid until December 2020.

Timeframe: It is estimated that it will take 1 hour to complete each module which is available in hard copy or on the web at www.snhahec.org under the topic preceptor development.

To Obtain Continuing Education Credit:

1) Complete the module.
2) Complete the post-test questions.
3) Complete the program evaluation form.
4) Return the evaluation to Southern NH AHEC
5) Enclose appropriate processing fee (if required).

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Managing the Difficult Learning Situation

Although prevention may be the best medicine, there are times in medicine when problems occur and management is needed. The same is true in teaching. A careful approach to orientation, setting expectations and ongoing feedback can help prevent a lot of problems there are those rare occasions when a problem develops that requires an assessment and intervention. If you have been involved in a difficult learning situation in the past, then you are well aware of this fact. If you have yet to encounter a difficult learning situation in your teaching, you are smart to consider that possibility and to prepare for that possibility.

Objectives

In the end of this module you will be able to:

1) Demonstrate skill in the early detection of potential problems.

2) Describe an organized approach to the assessment and initial management of challenging teacher/learner interactions.

3) Be able to apply that model approach in the management of difficult learning situations.

So you have paid attention to early warning signs and despite your best effort at primary prevention you think there is a problem… How do you begin? We recommend a SOAP format. This approach uses the well-known acronym for writing progress notes –**S**ubjective, **O**bjective, **A**ssessment and **P**lan. The educational version has been adapted from Quirk (1994), is outlined in Table 1.

In a step-by-step fashion it allows you to gather basic data, make objective assessments and develop a differential diagnosis and plan of action. We will now examine each step in detail.

Table 1: SOAP-An Approach to Problem Interactions

Subjective
What do you/others think and say?

Objective
What are the specific behaviors that are observed?

Assessment
Your differential diagnosis of the problem.

Plan
Gather more data? Intervene? Get help?

SOAP -- Subjective

In assessing a potential difficult preceptor/learner interaction the subjective is usually "chief complaint." What was it that made you consider that there may be a problem with this interaction? Often the first indication that there may be a problem is when a learner is "labeled" by you or someone in your office. When a learner is described as "slow", "uninterested", "angry", "lazy", etc., this can be an indication of an underlying issue that needs assessment.

Getting Input From Others

Once you have a "chief complaint" then the history should be fleshed out. What do others in the practice think of this learner and his or her performance in the office? When office staff have had experience with several learners, they can be insightful assessors of learners' interpersonal skills. Learners will often act differently towards staff or patients than toward the preceptor who will be grading them. As a result your staff's observations may not completely match your experience. Obtain data from all readily available sources and then determine if a pattern of behavior exists.

Getting Input from the Learner

Another source of data is the learner. Are they aware that there is a problem or potential problem? A simple question about how they feel things are going may reveal that the learner is aware of an issue and is working to remedy it. For example, a learner who has been 20 minutes late to the office twice in the first week is asked, "How are things going with the rotation? I've noticed that you have been late a couple of times to the office this week." The learner apologizes and reports that the clock radio they brought is not working and they plan to go to the store to buy a battery-powered alarm clock after office hours today. Awareness of the issue by the learner is an important step in improving a problem behavior. Lack of awareness of an issue may indicate a more significant issue and/or the need to be more directive.

Symptoms, Not Diagnosis Yet

These labels and impressions should not be considered the "diagnosis" of the problem. Just as "fever" is a symptom of an underlying condition, these impressions or descriptions may just be symptoms of a more specific underlying "diagnosis." In teaching, as in clinical practice, it is important not just to recognize and treat symptoms but to determine and act on an appropriate diagnosis. More specific information will be needed.

SOAP -- Objective

Once information is available on a general pattern of behavior or a general description of a pattern of interaction, it is essential to then identify and list specific instances of behavior to try to document the issues. It is very important to be able to describe specific instances of behavior to the learner. The learner who is unaware that his or her actions or attitudes were likely to trigger a concern may have difficulty reviewing his or her performance to determine exactly what behaviors or episodes are responsible. You will need specific information to intervene effectively. (See Table 1.)

List of Behaviors

The following are examples of specific behaviors that you might list:

"More than 20 minutes late to the office on Monday, Tuesday and Thursday this week."
"Visit Thursday morning with Joe White: Took forty minutes to assess this patient with a cold."
"Spoke harshly to receptionist when asking her to schedule Mrs. Blackwell's return visit."
"Unable to recall info on symptoms of UTI on Wednesday AM after we had reviewed it on Tuesday at lunch."

Having a list of specific behaviors and specific instances of behavior (preferably written down) will be extremely important in helping you to make your assessment of the nature the problem and later to decide on and initiate your plan of action.

SOAP -- Assessment

The next challenge is to analyze the information from the Subjective and Objective parts of your assessment and to try to determine what the possible causes are -- to work from the symptoms and manifestations of the problem to determine a diagnosis. Trained clinicians are highly effective at considering a wide range of possible explanations for a medical condition. Unfortunately we are less confident when it comes to assessing learning situations. This comes not from an inherent inability but from the lack of practice and experience. Just as the clinical learners you teach produce short and incomplete differential for clinical problems, we tend to come up short in our assessment of potential sources of learning difficulties. With practice and a little help we can produce an accurate differential of learning issues as well. A guide to potential diagnoses for difficult preceptor/learner interactions is listed in Table 2.

Table 2. Assessment- Differential Diagnosis

Cognitive	**Knowledge base/ Clinical skills less than expected?**
	Dyslexia?
	Spatial Perception Difficulties?
	Communication difficulties?
	Lack of effort/interest?
Affective	**Anxiety**
	Depression
	Anger
	Fear
Valuative	**Expects a certain level of work**
	Expects a certain grade
	Does not value the rotation
	Does not want to be at your site
	Does not value your teaching
	Holds principles that conflict with those of you or your patients
Environmental	**Hospital-care oriented**
	Not used to undifferentiated patient
	Not time-sensitive
	Not patient-satisfaction oriented
Medical	**Clinical depression**
	Anxiety disorder/ panic
	Recovering from recent illness
	Hypothyroidism
	Pre-existing illness in poor control
	Psychosis
	Substance abuse

Cognitive

One diagnostic category for learning difficulties is the Cognitive area. Does the learner's knowledge base or skill base seem less than you expect for a learner at this level? It is possible that it reflects a true deficit in their preparation. It could also be that the learner has not had the same preparation as similar learners you have had. Learners of different levels of training or from different schools or programs may have markedly different levels of preparation. For example, one medical student in the middle of his clinical clerkships may have had surgery and OB/GYN and another may have had medicine and pediatrics. Their knowledge base and clinical skills may appear very different in the outpatient primary care setting.

Another explanation is that the learner may have a learning disability. Dyslexia, spatial perception problems, communication skill deficits and attention deficit disorder have all been diagnosed in for the first time in medical students (Quirk, 1994). Do not make assumptions. A learner in a demanding professional training program may have a learning disorder that has gone unrecognized. Learners can develop highly effective coping strategies that work in the classroom, only to find that these same strategies do not work in the unique demands of the clinical learning environment.

A learner may lack sufficient interest or motivation in your clinical area. A learner oriented toward a primary care career may not be highly motivated to excel in your specialty area. By the same token, a learner who is headed toward a career in a specialty area may not fully appreciate the learning opportunities in a primary care experience. Lack of motivation may not be a diagnosis in itself but could be a symptom of an underlying process. As a result this should be a diagnosis of exclusion and all other reasonable possibilities considered and excluded. Otherwise an important issue may be missed.

Affective

A second category of possible "diagnoses" is Affective or emotion-related concerns. (Table 2) New learning situations frequently result in significant initial nervousness and *anxiety*. Severe anxiety can be a crippling emotion and extreme nervousness can markedly affect performance. It is important to separate normal nervousness from a more significant problem. Does the anxiety manifest itself only in specific situations or is it more generalized? Is the nervousness improving quickly, as the learner becomes familiar with your setting? Does it respond to reassurance and encouragement or does it seem to worsen? Is the anxiety having a negative effect on the learner's performance? Persistent or severe anxiety should not be ignored.

Depression can also severely affect performance. The depression may be a normal response to a life situation. A learner returning to school after a recent death in the family or a miscarriage may have difficulty in concentration and performance and other features of depression. Signs or symptoms of depression could also be the result of a major depressive illness that is discussed below.

Anger is an emotion that compromises relationships. The learner may have and display underlying prejudices or biases toward certain ethnic, social or religious groups. They may have

and display a superior attitude toward staff and assistants. Anger may be a result of not having been assigned to a preferred training site. It is important to recognize anger and assess underlying causes early or it can have a significant effect on the experience.

Fear is a specific form of anxiety. Prior negative learning experiences may severely impair the ability or willingness of the learner to communicate openly with you. Early learners may be intimidated by patient contact: they may fear that they will not be viewed as a professional or be intimidated by the prospect of performing physical exam maneuvers on a real patient. Learners (and practicing clinicians) can sometimes be compromised in their work by the fear that they will harm a patient.

Assessing Affective Problems

One strategy for determining if an affective diagnosis is present is to consider what emotion or affect the learner or learning situation produces in you. Do you feel anxious or nervous when you talk to the learner? Are you sad or depressed after a day of working together? The affect the learner produces in you can be an important clue to the affect of the learner.

Valuative

The Valuative category of diagnoses is among the most common difficulties that arise (Table 2). They are usually the result of a mismatch between the values and expectation of the learner and the preceptor. A learner may anticipate a light workload on an outpatient rotation and may not expect the high volume and long hours that they find. A learner may expect an Honors grade when your assessment to date is that they have been performing at a Pass level. A learner may have a primary interest in a different clinical area and may not perceive your area as valuable to his or her education. A learner may be too forceful in presenting his or her personal or religious values when talking with staff and patients, which can lead to conflicts. As discussed earlier, many of these issues can be detected early or prevented by a thorough orientation, review of expectations or mid-rotation review. It is important to be alert for these common mismatches at all stages of the learning experience.

Environmental

A marked change in the learning environment can affect the learner's performance. A learner who is used to hospital care may struggle in the outpatient setting and vice versa. A learner may be used to a well-defined specialty clinic population and may be overwhelmed with the undifferentiated population in the primary care outpatient setting. Another learner may be used to the luxury of having lots of time with patients at an academic center, and may be frustrated by the time pressures of the busy private clinical practice. Patient satisfaction is an important part of modern clinical practice. A new learner may not have fully integrated a strong concern for the patients' satisfaction in his or her approach to providing care while learning.

Medical

At times a medical diagnosis may be at the root of an educational issue. Here the clinician's knowledge of illness and its manifestations can be helpful in considering possible medical causes

of learning difficulties. Anxiety or depressive symptoms may be the normal response to a life event or situation as discussed in the Affective section. Sometimes a learner may present with a full-blown *major depression* or *anxiety/ panic disorder*.

A *recent illness* such as mononucleosis or pneumonia may effect performance, as may a *previously undiagnosed illness* such as hypothyroidism.

A *pre-existing illness* such as diabetes or an eating disorder that is now in poor control can lead to difficulties in the clinical setting.

Mental illness, such as schizophrenia, may present with *psychosis* in a previously healthy learner.

Health professional learners are at high risk for *substance abuse* as are health professionals. A healthy suspicion for substance abuse should be maintained when erratic or substandard performance is present.
The Assessment step can seem daunting but there are two important facts to remember. As a health care provider you are trained to make diagnoses, and the same skills you use to develop a differential diagnosis on a patient will work with learning difficulties. Also, it is not necessary to have a firm diagnosis in hand to determine a plan and to get the help you need.

SOAP -- Plan

At this point you have determined that a difficult situation exists, you have collected subjective and objective data and you have developed a working differential diagnosis. Your next step is to decide on a plan (Table 3). Your plan of action must be highly dependent on your differential diagnosis and the impact of the situation on you, your practice and the learner. The following are possible courses of action.

Table 3. Plan

Gather more data?
- Observe and record
- Discuss with learner
- Contact school

Intervene?
- Detailed behavior-specific feedback
- Specific recommendations for change
- Set interval for re-evaluation

Get help?
- Get assistance from regional support or school
- Transfer learner

Gather more data

For a mild situation where the current negative impact is minimal and further assessment has not uncovered more serious problems, an approach may be to gather more data. You may need more information in the OBJECTIVE area of your SOAP process in order to produce a more accurate differential diagnosis. *Observe and record:* more behavior-specific data from direct observation and colleagues can help you decide on a next step. This data will be of value in planning your own intervention or in communicating your concerns to the school or training program. (See Table 3)

Talk to the Learner

Consider *discussing the issue with the learner*. Even at an early stage in your assessment of the situation, this could shed additional light on the issue, including the learner's awareness of the issue and potential causes.

Contact the School

You may want to contact the school or training program at this point --even for what appears to be a relatively minor concern. They can be a source of excellent advice and guidance as well as moral support. Information may be available about the learner's performance on other rotations that may shed light on your concerns. If you do not call and ask for this type of information, you are unlikely to receive it.

Intervene

Difficult learning situations that seem straightforward and are having minimal impact on the practice, the staff and patients may be amenable to intervention in the practice setting. If the problem falls into a category that may be remedied by educational intervention (such as a Valuative or a mild Affective issue), an attempt at intervention may be very appropriate. Detailed specific feedback is the cornerstone of your intervention. The detailed observations you have made will identify your areas of concern for the learner and will allow you to make specific recommendations for change. A set interval for reassessment should be determined so that a discussion of the learner's improvement (or lack of improvement) will occur. (See PDP monograph on "Feedback" for more information.) Many learners will be able to act upon good feedback and make dramatic improvement. It is important to recognize that if an intervention is not successful, the problem may be a larger one than you had thought and help may be required.

Getting Help

Getting help should <u>not</u> be a last resort. As in clinical practice, an important first step is to carefully consider the seriousness of the situation and then decide on an appropriate plan. Just as you would not treat a mild pharyngitis in the hospital or a complicated myocardial infarction at home, you must determine which issues can be appropriately addressed in your setting and when you would need additional resources. It is not the duty of the preceptor to solve all of the problems of the learner. As health care professionals you have strong desire to help others and to solve their problems. Nonetheless, your relationship with the learner is not a provider/patient

relationship but a teacher/learner relationship. There are clearly some diagnoses in our Assessment for which additional resources should be used.

As mentioned earlier, contact with the school can result in additional information or may help you in selecting an appropriate intervention.
The primary responsibility for the well being of the learner rests with the school or program and it has significant resources to help learners in need. In some of these cases it may not be appropriate for the learner to remain in your office. *Transfer* back to the school or program should not be seen as a failure of the preceptor but rather as success for the educational system -- for the learner to get what he or she most needs.

Preceptor Issues

To this point we have focussed on issues related to the learner. There are times when difficult learner situations can occur due to preceptor-related issues (Table 4). Unanticipated events can have a significant effect on a planned teaching experience. Personal illness or an illness in family members may affect your ability to teach effectively. Sudden events such as the loss of a partner or key staff can markedly effect the ability of a practice to serve the needs of a learner. Unexpected financial or schedule-related pressures could upset a previously planned learning/teaching experience. At times an unanticipated personality clash with a learner will make it impossible to establish the necessary close working relationship of the learner and preceptor.

In Your Case

Most clinician teachers do not take their commitment to teach lightly and will often try to work through unexpected difficulties and personal issues. There are two important questions to ask when preceptor issues are present:

1) Is the presence of the learner preventing you from doing what needs to be done?
2) Are your issues seriously affecting the education of the learner?

Often there is a strong tendency to ignore problems and their impact rather than consider declining to take an agreed-upon learner. The result of this could be a LOSE/LOSE situation for the preceptor and the learner.

Table 4. Preceptor Issues that May Affect Teaching

Health Issues: Personal, family

Practice Issues: Staffing, over-scheduling, financial issues

Relationship Issues: Personality clash with learner

Important Questions:

Is the presence of the learner preventing you from doing what must be done?

Are your issues seriously affecting the education of the learner?

Think for a moment now about what type of personal situation would lead you to cancel a rotation to which you had agreed. If you cannot think of one, then you may be prone to putting yourself and the learner at risk and may need to reconsider your threshold.

Conclusion

This learning module has focused on the identification and management of difficult learning situations. It is important again to put things back in perspective and to remember that the vast majority of times learner/teacher interactions go along just fine. It is only rarely that significant problems develop.

The careful application of the prevention techniques discussed in the Prevention learning module can further reduce the occurrence and impact of difficult teacher/ learner interactions. Maintaining a vigilance to help detect issues early and applying the SOAP approach to assessing and intervening early can reduce the impact of the occasional difficulty.

When the rare significant problem occurs, it is important that you seek help early and not allow one experience to burn you out as a teacher. Getting the resources needed for the learner as soon as possible benefits you, the learner and future learners that you will be able to teach.

References

Quirk, M. E. (1994). How to Teach and Learn in Medical School.
Springfield, IL: Charles C. Thomas.

Other Resources

Gordon, G. H., Labby, D., & Levinson, W. (1992). Sex and the teacher-learner relationship in medicine. Journal of General Internal Medicine, 7, 443-447.

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Dealing with the Difficult Learning Situation: Management Post-Test

1. In the educational setting, "SOAP" is an approach to assessing and managing potential problems. Which of the following is **not** correct?

A) S = Subjective
B) O = Objective
C) A = Action
D) P = Plan

2. Select the **correct** answer to complete the sentence:

The "Subjective" part of the SOAP assessment…

A) Usually begins with labels such as, "lazy", "slow", "uninterested", "angry" etc.
B) Should be fleshed out with additional history by asking other staff or colleagues for their input and observations.
C) May include information obtained from the learner.
D) Gives you all the information you need to 'diagnose' the problem.

3. Two members of the office staff have expressed some minor concerns regarding the learner who has just started in your office. At this point you should:

A) Ignore these minor complaints.
B) Wait until the mid-rotation evaluation to discuss them with the learner.
C) Initiate a careful assessment to determine if there are significant issues.
D) Tell the learner to knock it off and shape up.

4. The "Objective" component of SOAP consists of specific instances of behavior that indicate a potential problem. Which **one** of the following would **not** fit into this category?

A) Learner was 30 minutes late to rounds on Monday and Wednesday of the first week.
B) Learner performed a pelvic exam on a patient after having been asked to wait for the preceptor to perform that part of the physical.
C) Partner states that learner seems more disorganized than other learners who have worked in the office.
D) Nurse reports that learner was rude and abrupt in requesting a lab result from the medical records clerk this afternoon.

5. The "Assessment" portion of SOAP is a "differential diagnosis" of possible causes for the difficult situation. Which statement is correct?

A) "Valuative" refers to issues related to conflicts in expectations and values.
B) Possible medical diagnoses should not be included in your assessment.
C) A transition into a new learning environment may create problems for the learner.
D) Learning disabilities may be first detected on a clinical rotation.

6. Which **one** of the following is most consistent with the "Plan" part of the SOAP method?

A) The preceptor should always try an intervention before seeking help.
B) The plan should be customized to the nature and severity of the situation.
C) The preceptor should call the school or program only as a last resort.
D) It is never appropriate to transfer the learner before the end of the rotation.

7. Which **one** of the following statements is correct?

A) All difficult learning situations are caused by the learner.
B) It is always in the learner's best interest to complete the rotation with the preceptor.
C) The preceptor should ask him/herself if his or her issues are significantly affecting the education of the learner.
D) The presence of a learner never has a negative impact on the preceptor.

8.Which **one** of the following is most correct?

A) A "Prevention" approach can eliminate or reduce the impact of difficult learning situations.
B) Vigilance and careful early assessment of potential difficulties may make them easier to manage.
C) Preceptor issues, as well as issues related to the learner, may affect the quality of the educational experience.
D) The preceptor should freely use the resources of the school or program to aid in successfully managing a difficult learning situation.
E) All of the above.

POST-TEST ANSWERS AND DISCUSSION:

1) C.

The heading of SOAP in the assessing difficult learning situations is the same as that used in writing medical progress notes -- Subjective, Objective, Assessment and Plan. Action is not a part of the acronym.

2) B.

This basic history is only the beginning and behavior-specific data must be obtained before an assessment and plan can be developed. Valuable information can be obtained by involving the learner and determining if they recognize the presence of a problem.

3) C.

A careful assessment is in order to determine if there is indeed a problem and what could be done to eliminate it or minimize its impact. Minor complaints may be a symptom of a more significant underlying issue. Time passes quickly during educational experiences and waiting for arbitrary scheduled sessions in order to address an issue may delay a needed intervention. Jumping to the conclusion that there is a problem and intervening with the learner before careful assessment could complicate the situation.

4) C.
Your partner's statement consists of a vague impression of an attitude and would be better included in the Subjective. The remaining examples are specific behavioral instances. Even the nurse's report is sufficiently detailed that it could be investigated as a possible specific instance of problem behavior.

5) B.

Medical diagnoses may be a cause of difficult learning situations and should be considered. "Valuative" diagnoses may be among the most common and relate to conflicts in expectations or values. Environment changes – e.g. from hospital setting to outpatient or vice versa – may require significant adaptation by the learner and may be problematic. At times, significant learning difficulties may remain undetected until the learner is thrust into the faster pace and less structured environment of the clinical setting.

6) B.

The plan should be customized to the nature and severity of the situation. At times it may be unwise to try an educational intervention, as valuable time may be lost in getting the learner the help that he/she may need. Important information and valuable assistance can be gained by contacting the school or program and this should be seriously considered whenever there is a difficult learning situation. There are times when transfer of the learner may be best for the learner (and the preceptor) and this option should not be ruled out.

7) B.

Despite the best laid plans there are times when personal or professional issues of the preceptor, and not the learner, may be a cause of a difficult learning situation. It may **not** be in the best interest of the learner (or the preceptor) to try to complete a rotation in the face these situations. The presence of the learner may make it more difficult for the preceptor to deal with their situation. When faced with a personal or professional crisis, the preceptor should ask him/herself if his or her issues are negatively affecting the education of the learner and if the presence of the learner is keeping him or her from doing what must be done.

8) E.

All of the statements are correct. A "Prevention" approach can eliminate or reduce the impact of difficult learning situations. Vigilance and careful early assessment of potential difficulties may make them easier to manage.
Preceptor issues, as well as issues related to the learner may affect the quality of the educational experience. The preceptor should freely use the resources of the school or program to aid is successfully managing a difficult learning situation.

POST-TEST and EVALUATION

Dealing With The Difficult Learning Situation: Management **Monograph**

This Monograph is eligible for one (1) hour of continuing education credit.

To receive credit: Please complete this Post-Test and Evaluation form and submit it to:

Southern NH AHEC
128 State Route 27
Raymond, NH 03077

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NOTE: A processing fee of $5.00 is required from participants located outside New Hampshire.

Name: _____ Today's Date: _____

Address: _____

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Profession: MD/DO ___ NP___ PA ___ RN___ Other: _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Nursing Students

Other: _____

School Affiliation of Preceptor:_____

POST TEST ANSWERS:
Circle letter that corresponds to your answer for each question

1) A B C D
2) A B C D
3) A B C D
4) A B C D
5) A B C D
6) A B C D
7) A B C D
8) A B C D E

PROGRAM EVALUATION:

Dealing With The Difficult Learning Situation: Management

Rating Scale Range is 5-1
5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor

Please rate:

1. **The monograph overall** **5 4 3 2 1**

2. **The extent to which the learning objectives were met, that you are now able to:**

   1) Demonstrate skill in the early detection of potential problems. 5 4 3 2 1

   2) Describe an organized approach to the assessment and initial management of challenging teacher/learner interactions. 5 4 3 2 1

   3) Be able to apply that model approach in the management of difficult learning situations. 5 4 3 2 1

3. **The relevance of the content to your precepting** **5 4 3 2 1**

4. **The extent to which this format makes it easier for you to participate in preceptor development activities** **5 4 3 2 1**

5. **What did you like about this monograph (in terms of content or format)?**

6. **What would make it better?**

7. **List one idea or recommendation gained from this activity that you will use in your future clinical teaching.**