



Education

Educating Families Through Teachable Moments

Authors

Donna M. D'Alessandro, M.D.

Judith S. Palfrey, M.D.

Janet P. Hafler, Ed.D.

CONTENTS

OVERVIEW	194
INTRODUCTION TO TEACHING SESSIONS	195
SESSION 1: TEACHABLE MOMENTS	
Setting the Context: The Bright Futures Concept	197
Introducing the Session	197
Discussion and Exercises	198
Defining a Teachable Moment	198
The Six-Step Teachable Moments Model	198
Case Vignette: The Thermometer	198
Alternate Case Vignette: The Inhaler	199
Applying the Six Steps	199
Group Exercise	199
Evaluating the Teaching Strategies	200
Take-Home Message	201
Answer to the Guiding Question	201
Planning for the Next Session	202
Optional Follow-up Exercises	202
Evaluation	202
Handouts and Forms	
<i>Handout 1-1: Education: Educating Families Through Teachable Moments</i>	203
<i>Handout 1-2: Case Vignette: The Thermometer</i>	204
<i>Handout 1-3: Case Vignette: The Inhaler</i>	205
<i>Handout 1-4: Chart of Teaching Strategies</i>	206
<i>Handout 1-5: Session Evaluation Form</i>	208
<i>Handout 1-6: Preceptor Structured Observation Form</i>	209
<i>Handout 1-7: Patient and Family Survey Form</i>	210
<i>Facilitator Form: Facilitator Self-Assessment Form</i>	211
SESSION 2: MAKING THE MOST OF TEACHABLE MOMENTS	
Setting the Context: The Bright Futures Concept	212
Introducing the Session	212
Discussion and Exercises	213
The Six-Step Teachable Moments Model	213
Optional Follow-up Exercises	214
The Importance of Wait Time	214
Practicing Wait Time	215
Asking Questions	216
Questioning Exercise	216
Take-Home Message	217
Answers to the Guiding Questions	217
Evaluation	218

Modifications to Session 2	218
Introduction	218
Definition	218
The Six-Step Teachable Moments Model.....	218
Handouts and Forms	
<i>Handout 2-1: Education: Educating Families Through Teachable Moments</i>	220
<i>Handout 2-2: Case Vignette: The Polio Shot</i>	221
<i>Handout 2-3: Questioning and Nonquestioning Techniques</i>	222
<i>Handout 2-4: Session Evaluation Form</i>	225
<i>Handout 2-5: Preceptor Structured Observation Form</i>	226
<i>Handout 2-6: Patient and Family Survey Form</i>	227
<i>Overhead: Questioning Exercise</i>	228
<i>Facilitator Form: Facilitator Self-Assessment Form</i>	229
REFERENCES	230
RESOURCES	230



EDUCATION

Educating Families Through Teachable Moments

OVERVIEW

Background

Opportunities to promote learning occur many times a day but often go unrecognized. Identifying daily teaching “moments” and knowing how to improve the health education of children, families, and communities is critical to fostering health promotion. Teachable moments can occur any time that children and families are ready to learn, and the health visit presents the ideal opportunity for the child health professional to teach. The child health professional must not only recognize teachable moments but also respond to them by using suitable and effective teaching strategies.

Goal

The overall goal of this module is to improve the health education of children, families, and communities by introducing the Teachable Moments model and by identifying teaching strategies that address daily teaching opportunities.

This module will enable learners to:

- ▶ Recognize the teachable moment
- ▶ Use a variety of teaching strategies
- ▶ Facilitate learning with children and families

Instructional Design

This module consists of two 30-minute sessions:

- ▶ Session 1 introduces the Teachable Moments model and offers a variety of teaching strategies that may be used to facilitate learning.

- ▶ Session 2 elaborates on the Teachable Moments model and further explores communication skills.
- ▶ Each of the two sessions can be used as a separate, stand-alone offering, or the sessions can be combined. See the Facilitator’s Guide for information on combining sessions.
- ▶ If Session 1 is not presented, the early part of Session 2 (a recap of information from Session 1) should be expanded somewhat in its explanation of Teachable Moments.

Teaching Strategies

The teaching strategies used in this module include mini-presentation, case discussion, role-play, and reflective exercise. These strategies have been selected to help learners develop the skills required to recognize teachable moments and facilitate learning with children and families. Please refer to the Facilitator’s Guide for more information related to each strategy.

Evaluation

Learners will complete a **Session Evaluation Form** following each session. Learners will also be given a **Preceptor Structured Observation Form** and a **Patient and Family Survey Form** for use in their practice settings. Facilitators are encouraged to complete a **Facilitator Self-Assessment Form** prior to and following each teaching experience (e.g., a single session or an entire module) in order to assess their own performance over time.

Guiding Questions

Learners who have completed the entire Education module should be able to answer the following questions:

- ▶ How do I identify teaching opportunities during my health encounters with children and families?
- ▶ How do I partner with the child and family to begin teaching?
- ▶ How do I decide which teaching strategy (strategies) to use?

INTRODUCTION TO TEACHING SESSIONS

Session 1: Teachable Moments

Objectives

The objectives for this session are for the facilitator to:

- ▶ Introduce the Teachable Moments model
- ▶ Offer a variety of teaching strategies that may be used to facilitate learning
- ▶ Present the advantages, disadvantages, and appropriate use of specific teaching strategies

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Education: Educating Families Through Teachable Moments
- ▶ Case Vignette: The Thermometer
- ▶ Alternate Case Vignette: The Inhaler
- ▶ Chart of Teaching Strategies
- ▶ Session Evaluation Form
- ▶ Preceptor Structured Observation Form
- ▶ Patient and Family Survey Form

Facilitator Form

- ▶ Facilitator Self-Assessment Form

Teaching Aids

- ▶ Display board, flip chart, or chalkboard
- ▶ Markers or chalk
- ▶ Paper and pens or pencils
- ▶ Glass thermometer, coffee stirrer, or paper equivalent
- ▶ Demonstration metered-dose inhaler or paper equivalent (if the alternate case vignette is used)
- ▶ Patient education materials (written and/or demonstration models) on how to take a temperature or use a metered-dose inhaler (optional)

Time

The time allocated for this session is 30 minutes.

Session 2: Making the Most of Teachable Moments

Objectives

The objectives for this session are for the facilitator to:

- ▶ Provide an in-depth look at the Teachable Moments model
- ▶ Explore communication skills such as the use of questions and wait time as they apply to the Teachable Moment

Materials

The materials and teaching aids needed for this session are:

Handouts

- ▶ Education: Educating Families Through Teachable Moments
- ▶ Case Vignette: The Polio Shot
- ▶ Questioning and Nonquestioning Techniques
- ▶ Session Evaluation Form

- ▶ Preceptor Structured Observation Form
- ▶ Patient and Family Survey Form

Facilitator Form

- ▶ Facilitator Self-Assessment Form

Teaching Aids

- ▶ Overhead projector
- ▶ Overhead of the Education: Educating Families Through Teachable Moments hand-out (optional)
- ▶ Overhead of Questioning Exercise

Time

The time allocated for this session is 30 minutes.



SESSION 1:

Teachable Moments

At the beginning of the session, the facilitator and learners should introduce themselves briefly. Ideas for creative introductions can be found in the Facilitator's Guide.

Setting the Context: The Bright Futures Concept

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

F *The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

Introducing the Session

Before introducing the session, the facilitator distributes the handout **Education: Educating Families Through Teachable Moments** to the learners.

F *Today's session is the first of two that comprise the Pediatrics in Practice Education module. We are going to explore a teaching model you can use with the children and families you encounter each day. The model is based on a concept called Teachable Moments.*

Opportunities to promote learning occur many times a day but often go unrecognized. Identifying daily teachable moments and knowing how to improve the health education of children, families, and communities is critical to fostering health promotion. Teachable moments can occur any time that children and families are ready to learn, and the health visit presents the ideal opportunity for the child health professional to teach. The pediatric provider must not only recognize teachable moments but also respond to them by using suitable and effective teaching strategies.

In today's session, our objectives will be to:

- ▶ *Define teachable moments*
- ▶ *Identify the six steps in the Teachable Moments model*
- ▶ *Describe a variety of teaching strategies*
- ▶ *Apply the six-step teaching model to a case vignette*
- ▶ *Practice using teaching strategies based on the case vignette*

When we have completed the session, you should be able to answer the following question:

- ▶ How do I identify teaching opportunities during my health encounters with children and families?

The facilitator asks the learners to look at the **Education: Educating Families Through Teachable Moments** handout.

F Let's begin by taking a look at the definition of a teachable moment. Next, we will identify the six steps of the Teachable Moments model.

Discussion and Exercises

Defining a Teachable Moment

F A teachable moment is simply any time during the course of a health visit when the child health professional identifies an opportunity to teach the child and family. Teachable moments are the moments when the child and family are ready to learn.

After the definition has been read, the facilitator continues:

F These teachable moments occur many times each day but often go unrecognized.

The Six-Step Teachable Moments Model

F There are six important steps in the Teachable Moments model. These steps will help us take advantage of those teaching opportunities that are sometimes missed.

1. Recognize teachable moments in the health visit

The child or the family will often express a need to learn during the health visit.

2. Clarify the learning needs of the child and family

Assess and clarify the family's learning needs.

Determine what the family knows and needs to know.

3. Set a limited agenda and prioritize needs together

Plan for the appropriate teaching strategy by setting a limited agenda and prioritizing the learning needs together with the family.

4. Select a teaching strategy

Select and implement the appropriate teaching strategy or combination of strategies.

5. Seek and provide feedback

Seek and provide feedback about the information you've presented. Did the family understand? Can they affirm the knowledge you've provided? Were there any misunderstandings that need to be corrected?

6. Evaluate the effectiveness of the teaching

Obtain the family's perspective on the teaching you've provided. Will they remember the information after they leave the visit? If learning a new skill was involved, were they able to demonstrate the skill for you?

The facilitator next offers the four characteristics of the teachable moment.

F Now, let's look at the four characteristics of the teachable moment.

The teachable moment:

- ▶ Provides "information bites" or small amounts of information
- ▶ Is directed at the child's or family's specific need
- ▶ Is brief, requiring only a few seconds of time
- ▶ Requires no preparation time

F Do you have any questions about the Teachable Moments model?

Case Vignette: The Thermometer

After discussing the Teachable Moments model, the facilitator distributes copies of the case vignette handout **The Thermometer**.

F *We'll use this case vignette as we apply the six steps of the Teachable Moments model. Would someone like to read the vignette for us?*

Alternate Case Vignette: The Inhaler

The facilitator may choose to present the alternate case vignette. This vignette can be used instead of the thermometer case vignette, using the same questions when applying the six steps of the Teachable Moments model and the same instructions for the group exercise. In the group exercise, the “showing” (demonstration) group may use a demonstration metered-dose inhaler or a rolled and folded piece of paper.

Applying the Six Steps

Using the display board, the facilitator asks learners to suggest responses to each of the six steps below. The facilitator may use the examples that are provided, if needed.

F *The focus of this discussion is the implementation of each step of the model. Please suggest elements of the case vignette that illustrate each of the six steps as we go through the list.*

1. Recognize teachable moments in the health visit

- ▶ Mei and Li are not sure how to use the thermometer properly

2. Clarify the learning needs of the child and family

- F** *What is it they need to learn?*
- ▶ The mechanics of using a thermometer
 - ▶ When to take a temperature
 - ▶ What the readings mean
 - ▶ When to call for help based on the readings

3. Set a limited agenda and prioritize needs together

F *What information does the family want?*

- ▶ They need help with all of the topics (above)
- ▶ They want to learn how to use and read the thermometer now
- ▶ They are worried they will not remember what the readings mean

4. Select a teaching strategy

F *From the list of six teaching strategies noted in the model, which strategies could apply in this case?*

- ▶ Telling—explaining and giving directions on the use of the thermometer
- ▶ Showing—demonstrating the use of the thermometer
- ▶ Providing resources—giving the family an information sheet on the use of the thermometer

5. Seek and provide feedback

F *For the method(s) you selected (telling, showing, providing resources), how might you receive feedback?*

- ▶ Mei and Li thank you and tell you that they understand how and when to use the thermometer

6. Evaluate the effectiveness of the teaching

F *How would you assess whether the teaching was helpful and effective?*

- ▶ Ask Mei and Li to practice in front of you and demonstrate the proper use of the thermometer

Group Exercise

The facilitator divides the learners into three teaching teams and assigns each of them one of the teaching strategies. (With a smaller group of learners, use two teams; with a larger group, include as many strategies and teams as needed.)

The teaching teams are assigned a task appropriate to each of the teaching strategies.

For example:

Teaching Team A will use the “telling” strategy and will provide Mei and Li with a 1-minute explanation on the use of a thermometer.

This team will need paper and pens. Instruct learners to write down each step in the order that it will be presented and to pay close attention to the exact wording of the explanation.

Teaching Team B will use the “showing” strategy and will develop and provide Mei and Li with a 1-minute demonstration on how to use a thermometer.

This team will need a glass thermometer, a coffee stirrer, or a rolled piece of paper.

Teaching Team C will use the strategy of “providing resources” and will design a one-page patient information handout on how to use a thermometer and will show it to Mei and Li.

This team will need paper for writing.

Encourage learners to think about different elements to include in the handout, including how the information should be worded and what illustrations might be appropriate.

F *Imagine that you are Mei or Li and ask yourself what you would want and need to know. Be very explicit with the details you provide as you teach.*

Each team has 5 minutes to work together on its assigned task. One person from each team will then act as the “teacher” for the other teams of learners who will assume the roles of Mei and Li. The “teacher” must use only the teaching strategy his or her group worked on. Imagine that your strategy will be the only way Mei and Li will receive the information.

Evaluating the Teaching Strategies

Each group presents its finished product. After each presentation, the facilitator asks all learners the following questions, recording the responses on the display board.

- F** ▶ *Was this teaching strategy effective in teaching Mei and Li how to use a thermometer?*
- ▶ *Why or why not?*
- ▶ *What could be improved?*
- ▶ *Under what circumstances would the strategy have been successful? What circumstances would make it a less effective one?*

The facilitator should outline the following points if they have not been made during the presentations.

- F** ▶ *Teaching strategies are often used in combination. For example, you might provide the child and family with information verbally and also give them a handout to take home after the visit.*
- ▶ *Combining strategies helps families remember the information better. They can “experience” the learning in more than just one way.*
- ▶ *Different strategies used together help accommodate the family’s different learning styles.*
- ▶ *Some teaching strategies are reinforcing and enduring. Handouts provide the opportunity for the family to look at the information from a different perspective and to refer to the material again later.*
- ▶ *Another reinforcing and enduring option is to give an “information prescription” for families. Families can then find additional resources for themselves (e.g., books, videos, or Web sites).*

The facilitator might then ask each teaching team to brainstorm about the relative advantages and disadvantages of their respective

TEACHING STRATEGY	Advantages	Disadvantages
Telling	<ul style="list-style-type: none"> • Can provide families with information. • Can make the same point many times. • Can clarify concepts. 	<ul style="list-style-type: none"> • Learners may be confused and not say so. • May be hard to remember all of the information. • There is nothing for the family to take home.
Showing	<ul style="list-style-type: none"> • Provides a step-by-step demonstration. • Provider can talk and model at the same time. 	<ul style="list-style-type: none"> • May take time and equipment to set up. • There may be nothing for the family to take home.
Providing Resources	<ul style="list-style-type: none"> • Can explain the information. • May have pictures to illustrate concepts. • Is something to take home. 	<ul style="list-style-type: none"> • May not convey all (or may convey too much) of the information. • Families may not be able to read it. It may get lost.

approaches. The facilitator and the learners can build a chart (similar to the one above) using these and other points that are raised.

The facilitator may use some of the following questions to build and elaborate on the key learning points of the exercise.

- ★ *• What were some problems the teams encountered in developing or presenting their strategies?*
- *How did you decide which teaching strategy (strategies) to use?*
- *What combination of strategies would have ensured that Mei and Li learned what they needed to know?*

Take-Home Message

The facilitator summarizes the session:

- ★ *During this session, we've discussed recognizing teachable moments and using effective teaching strategies after the teachable moment has been identified. We have also seen that each teaching strategy has*

strengths and weaknesses and that combining teaching strategies often works best. Before we conclude, what questions remain about what we addressed today?

The facilitator distributes the **Chart of Teaching Strategies** handout and says:

- ★ *This handout summarizes various teaching strategies, their advantages and disadvantages, and examples of situations where they might be effective. Although not all of these strategies would be appropriate to use with families, you may find yourself in other situations where this information would be helpful. It is a more comprehensive reference on teaching strategies than what we have presented today. Please take some time to review the chart. We can take time during clinic today or at another time to go over any questions you may have.*

Answer to the Guiding Question

- ★ *Now that we have completed this session on Education, you should be able to answer the following question:*

- ▶ How do I identify teaching opportunities during my health encounters with children and families?
 - Learn to recognize teachable moments during the course of a health visit
 - Focus on the family and listen actively to what they ask or say
 - Look for moments to teach when the child and family are ready to learn

Planning for the Next Session (if Session 2 is planned)

F *In the next session, we will take an in-depth look at the Teachable Moments model and explore the use of questions and wait time as they apply to the Teachable Moment.*

The facilitator asks the learners to prepare for the next session by considering the following:

- ▶ How do I partner with the child and family to begin teaching?
- ▶ How do I decide which teaching strategy (strategies) to use?

Optional Follow-up Exercises

If Session 2 of the Education module is planned, the facilitator may choose to assign one of the exercises presented below.

If Session 2 is not planned, the facilitator might consider assigning one of these optional exercises and following up with the learners at a future time. One of the exercises could also be assigned as a self-motivating exercise for the learners.

Observation of Teachable Moments

F *In your health visits today and over the next week, practice identifying the teachable moments you experience, either as a teacher yourself or as an observer of another person teaching.*

Keep a list (in a journal or on 3" x 5" cards) and briefly make notes about the teachable moments as they occur. Also note the teaching strategy (or strategies) you or the other person used in response to the teachable moment. Make notes right away or as soon as possible later in the day.

Use of Teaching Strategies

F *During the next week, set a goal to use at least one teaching strategy you would not normally use during your health visits with children and families.*

Make notes about the strategies you used and how effective you think they were.

Review and Critique of Patient Education Materials

F *Review and critique patient education materials on taking temperatures (or using a metered-dose inhaler). Practice using various types of thermometers (or equipment such as spacers).*

Evaluation

The facilitator now distributes the **Session Evaluation Form**, the **Preceptor Structured Observation Form**, and the **Patient and Family Survey Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

Education: Session 1

EDUCATION: EDUCATING FAMILIES THROUGH TEACHABLE MOMENTS

A teachable moment is simply any time during the course of a health visit when the child health professional identifies an opportunity to teach the child and family. Teachable moments are the moments when the child and family are ready to learn.

1. Recognize “teachable moments” in health visit
2. Clarify learning needs of child and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Four characteristics of the teachable moment

- Provides “information bites” (small amounts of information)
- Is directed to the child’s or family’s specific need
- Is brief (e.g., a few seconds)
- Requires no preparation time

Teaching strategies	Advantages
■ Telling (explain, provide information, give directions)	Works well when giving initial explanations or clarifying concepts
■ Showing (demonstrate, model, draw)	Illustrates concepts for visual learners
■ Providing resources (handouts, videos, Web sites)	Serves as reference after family leaves the office/clinic
■ Questioning (ask open-ended questions, allow time for response)	Promotes problem-solving, critical thinking; elicits better information; stimulates recall
■ Practicing (apply new information)	Reinforces new concepts
■ Giving constructive feedback (seek family’s perspective, correct misunderstandings, restate, clarify)	Affirms family’s knowledge; corrects misunderstandings

Source: Adapted with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

*Education: Session 1***CASE VIGNETTE:
THE THERMOMETER**

Mei and Li are first-time parents of a 1-week-old son in your clinic. You have 5 more minutes to spend with them in the visit. After you discuss the baby's temperature, Mei and Li tell you that they were given a glass thermometer as a baby gift. They inform you that they don't know how to use the thermometer.

*Education: Session 1***CASE VIGNETTE:
THE INHALER**

Amanda is an 8-year-old girl who comes to see you with her parents. Recently, her asthma flare-ups have been getting worse. In the past, Amanda needed intermittent treatment of her asthma. Amanda, her parents, and you decide together to begin daily anti-inflammatory treatment using an inhaler and spacer.

Education: Session 1

CHART OF TEACHING STRATEGIES

STRATEGY	Advantages	Disadvantages	Example Situation
Apprenticeship/ Preceptorship	Begins to change behavior with personalized instruction.	Very time and resource intensive.	Continuity clinic, a day spent with a lobbyist.
Brainstorming	Good for generating initial ideas, learning others' points of view.	Needs several people and some setup and recording. Ideas need to be further developed.	Discussion of possible solutions for staffing. Discussion of different community-based options for care and pros/cons.
Computer-Assisted Instruction	Good for initial instruction, practice, repetitions, and future reference.	Learner may need to obtain basic computer skills before using, may have "mechanical" quality.	Anticipatory guidance on development, safety, community activities.
Demonstration/ Modeling	Illustrates concepts for visual learners.	May take time and equipment to set up.	How to perform age-appropriate developmental assessment. How to wear a bicycle helmet properly.
Discussion	Good for problem-solving, critical thinking, demonstrating different points of view.	May take time for the concepts to evolve, some in group may not participate.	Discussion of community approaches to child health problems. Discussion of strategies that different learners have found effective.
Feedback	Affirms knowledge, corrects misunderstandings, begins to change behavior, essential for learning.	The teacher may not give useful feedback or may not give any feedback at all.	Asking a supervisor how your procedures or techniques could improve. Asking a patient or family member how helpful suggestions for behavior change have been.
Handouts/Printed Materials	Often used to illustrate initially; useful for later reference.	Information may not convey nuances, quantity of information may overwhelm.	Handouts on discipline that works, TV charts for logging hours watched.
Lectures	Works well for initial explanation or clarifying concepts.	Teacher centered, not learner centered. Generally cannot review the presentation.	Review of the biochemical actions of new vaccines, normal cardiac electrophysiology, or medical treatment plan.

(continued on next page)

Education: Session 1

CHART OF TEACHING STRATEGIES (continued)

STRATEGY	Advantages	Disadvantages	Example Situation
Practicing	Begins to change behavior with personalized instruction, reinforces concepts.	Takes time, may need observation from an instructor.	Practicing new ways of eliciting history. Going over new methods of performing pubertal exam, using asthma inhaler properly.
Problem-Solving	Provides opportunity to apply critical thinking skills. Also see Practicing.	Takes time and requires commitment and mastery.	Working with parent on child care options, advocating for window guards in housing complex.
Questioning	Promotes problem-solving, critical thinking; elicits better information; stimulates recall.	Can be too teacher centered.	What is the patient's/family members' knowledge of nutritional needs? What feeding techniques has the family learned?
Reading	Good for instruction, future reference, further exploration.	No interaction with people.	Update on attention deficit hyperactivity disorder (ADHD); what constipation is and how it can be managed.
Review/Repetition	Reinforces concepts learned.	Takes time.	How are tooth-brushing, flossing being carried out? No guns in the home.
Role-Playing	Good in helping learner apply material.	Learners may feel threatened; it may be difficult to relate to the character or situation.	Giving feedback to a junior learner, supporting patient/family members in making plans or decisions.
Slides	Similar to lectures.	Information is very brief, cannot easily repeat the information.	Reinforce specific verbal points such as immunization schedule.
Videotapes	Good in support of content in a lecture.	Need audiovisual equipment, may be difficult to relate to the character or situation.	Wide range of child health topics, particularly effective for demonstrating group approaches.

Education: Session 1

SESSION EVALUATION FORM

Session 1: Teachable Moments

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Teachable Moments" session to be:

Not Useful				Very Useful
1	2	3	4	5

2. The objectives of the session were:

Not Clear				Clear
1	2	3	4	5

3. The organization of the session was:

Poor				Excellent
1	2	3	4	5

4. The communication skills of the facilitator(s) were:

Poor				Excellent
1	2	3	4	5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All				Very Much
1	2	3	4	5

6. The facilitator(s) encouraged group participation:

Not at All				Very Much
1	2	3	4	5

7. Handouts or visual aids (if used) were:

Not Helpful				Very Helpful
1	2	3	4	5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

Education: Session 1

PRECEPTOR STRUCTURED OBSERVATION FORM

Effective Behaviors Using the Teachable Moments Model			
Behavior	<i>Observed</i>	<i>Not Observed</i>	<i>Not Applicable</i>
Recognizes "teachable moments" in the health visit			
Clarifies the learning needs of the child and family			
Sets a limited agenda and prioritizes learning needs with the child and family			
Selects appropriate teaching strategy			
Uses teaching materials appropriately (e.g., handouts)			
Seeks feedback from and provides feedback to the child and family			
Evaluates effectiveness of teaching			
Uses teaching time appropriately during the health visit			

Comments

Education: Session 1

FACILITATOR SELF-ASSESSMENT FORM

Directions: Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).



SESSION 2:

Making the Most of Teachable Moments

At the beginning of the session, the facilitator and learners should introduce themselves briefly. (If the same group has recently completed Session 1, the facilitator may decide that introductions are not needed.) Ideas for creative introductions can be found in the Facilitator's Guide.

Setting the Context: The Bright Futures Concept

(May be omitted if recently presented or when sessions are combined.)

The facilitator (F) introduces the learners to the Bright Futures concept of health by reading or paraphrasing the following:

F *The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity and mortality, but also the achievement of a child’s full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.*

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The

curriculum also includes a companion module (Health) and videotape that present an overview of Pediatrics in Practice and the Bright Futures approach.

Introducing the Session

Before introducing the session, the facilitator distributes the handout **Education: Educating Families Through Teachable Moments** to the learners. (The facilitator may choose not to distribute the handout if it was recently given to the same learners.)

F *Today’s session is the second of two that comprise the Pediatrics in Practice Education module.*

In our last session, we discussed just how important it is for the child health professional to recognize the teachable moments that occur any time children and families are ready to learn. Using the Teachable Moments model and effective teaching strategies, we can make the most of the teachable moment.

In today’s session, our objectives will be to:

- ▶ *Review the Teachable Moments model*
- ▶ *Discuss the teachable moments you’ve observed in your visits with children and families this week*
- ▶ *Use another case vignette to explore the “questioning” teaching strategy, including the use of open-ended questions and wait time*
- ▶ *Give you an opportunity to practice responding to a teachable moment*

When we have completed the session, you should be able to answer the following questions:

- ▶ How do I partner with the child and family to begin teaching?
- ▶ How do I decide which teaching strategy (strategies) to use?

Discussion and Exercises

The facilitator refers to the **Education: Educating Families Through Teachable Moments** handout or might display the model on a board or overhead projector and begin a very brief review of the definition of a teachable moment and the model. The review reprises the case vignette from Session 1 and offers sample questions to elicit participation.

F *A teachable moment is simply any time during the course of a health visit when the child health professional identifies an opportunity to teach the child and family. In teachable moments, the child and family are ready to learn.*

The Six-Step Teachable Moments Model

F *There are six important steps in the model. Let's go through them and review the elements of the case we discussed in Session 1.*

1. Recognize teachable moments in the health visit

F *What was the teachable moment in the last session?*

Parents Mei and Li needed to know how to use a thermometer (or Amanda needed to learn how to use a metered-dose inhaler).

2. Clarify the learning needs of the child and family

F *Were the needs of the parents and pediatric provider clear?*

The needs were very clear in the vignette about the thermometer, but sometimes the needs have to be clarified.

3. Set a limited agenda and prioritize needs together

F *How were the learning needs prioritized?*

Again, it was clear that the parents needed to learn how to take a temperature (or use a metered-dose inhaler). However, in those teachable moments that arise during health visits when there are many needs to be addressed and there is limited time, it is important that the family and child health professional actively participate in setting the learning priorities.

4. Select a teaching strategy

F *What are the most common teaching strategies used during a health visit?*

In the last session, we discussed telling (mini-presentation), showing (demonstration), and providing resources (handouts) as appropriate teaching strategies for the teachable moment with Mei and Li. Questioning and practicing are two other appropriate strategies.

5. Seek and provide feedback

F *What feedback did the pediatric provider receive?*

In the case involving the thermometer, the parents indicated both verbally and nonverbally that they understood (nodding their heads, showing recognition in their eyes).

6. Evaluate the effectiveness of the teaching

F *How did the pediatric provider assess the learning that took place?*

In the last session, the pediatric provider assessed the parents' understanding by having them verbalize the instructions and demonstrate how to use the thermometer.

Optional Follow-up Exercises

[If the facilitator assigned one of the follow-up exercises suggested in Session 1, continue with the discussion that appears here under the assigned exercise. If the exercises were not assigned, disregard these discussions and go on to The Importance of Wait Time on this page.]

The facilitator continues:

F *Let's keep the Teachable Moments model in mind as we consider the exercises you were assigned at the end of the last session.*

Observation of Teachable Moments

F *You were asked to take notes on teachable moments during your encounters with children and families this week. You might have experienced the moment yourself, or you might have observed someone else responding to a teachable moment.*

[The facilitator might want to share some of his or her own observations, before asking the learners to share their experiences.]

The facilitator prompts the discussion with the following questions. [Not all of the questions have to be asked or answered. The objective is to get the learners to realize that once families are in the teachable moment, they are ready and often very eager to learn.]

F *Who would like to tell us about the teachable moments they experienced or observed?*

- ▶ *Who was in the encounter you observed? What was being discussed?*
- ▶ *What teachable moments did you observe?*
- ▶ *What teachable moments were missed? Why do you think so?*
- ▶ *Did the child health professional clarify the family's needs? How?*
- ▶ *Was a limited agenda set? How?*
- ▶ *What teaching strategies did the child health professional use?*

- ▶ *What would you have done differently if you were doing the teaching? Why?*
- ▶ *What was the most important thing you learned while completing this assignment?*

Use of Teaching Strategies

The preceding questions refer to the Observation of Teachable Moments assignment. The facilitator should ask the learners similar questions if their assignment was to practice using at least one new teaching strategy in their health visits during the week.

Review and Critique of Patient Education Materials

If the learners were assigned a review and critique of patient education materials on taking temperatures or using inhalers, the facilitator should lead a discussion of the learners' findings.

The Importance of Wait Time

The facilitator continues the session by distributing copies of the case vignette **The Polio Shot**. The learners can be invited to role-play the case, one participant can read the case aloud, or all learners can read the case silently, whichever the facilitator deems appropriate.

F *Dr. Angelo began by asking a question about what the family knew about polio vaccines. He then paused or "waited" for the family's answer.*

Why do you think he waited?

The facilitator invites learners' responses, which might include the following:

- ▶ *The child health professional was actively listening to the family and thinking about the question. He was formulating his own question or answer in his mind.*
- ▶ *He was using the pauses to emphasize his question or response.*

- ▶ The family was given time to reflect and consider what they were going to say, resulting in more substantive responses.

[Refer to Session 1 of the Communication module for more information on active listening.]

The facilitator continues:

F *Active listening and “wait” time are both effective strategies to use in recognizing or responding to the teachable moment.*

We are often hurried and impatient and sometimes answer or rephrase a question before a child or family has had a chance to begin to hear or process our original question. If we listen actively, we see the nonverbal cues that might tell us that the family is not ready to respond or might still be thinking about what was asked or said. Eyes averted, for example, may be a clue that the listener is still listening.

Waiting 3–5 seconds, if at all possible, before answering or rephrasing a question is always helpful, both to the listener and to the questioner. Actually counting out the time unobtrusively (one-one thousand, two-one thousand, three-one thousand, etc.) is very good practice. The pause might feel like an eternity at first, but practice is the key to becoming comfortable with the 3–5 second wait time.

Those moments of wait time might also help you to prepare a question that is clear and will ask exactly what you intend it to ask. At times child health professionals might not use any wait time and will rephrase a question immediately. Sometimes this is because they realize that their original question wasn't clear or didn't ask what they intended. Wait time is an effective way of helping others to think carefully of an answer to your question.

Practicing Wait Time

The facilitator asks the learners to break into groups of three and introduces the practice exercise:

F *In this exercise, we're going to learn about and practice wait time.*

*During the exercise, one of you will be the **teacher**, another will be the **father**, and the third will be the **observer**. The “teacher” is seeing a 3-year-old boy who has had several ear infections. The child is in day care. The examination room smells of smoke, and the father states that he and his wife smoke outside and never around their children.*

*The teacher, aware of the teachable moment, asks a series of questions but **must wait** 3–5 seconds after an answer before asking the next question. The “father” will answer the questions, and the observer will count the wait time. After 1 minute, everyone changes roles, and after another minute roles change again so that everyone has a turn in each role.*

After all learners have had a turn in each role, the facilitator asks:

F *As a **teacher**, how did it go?*

- ▶ *How did having to wait make you feel?*

[The facilitator should also wait 3 seconds before asking the second of the two questions.]

- ▶ *As the **father**, how did having the teacher wait make you feel? Did you notice?*
- ▶ *As an **observer**, how much time did the teacher wait after asking or answering a question?*

Although it is often difficult to wait 3–5 seconds, try to practice the wait time so that it begins to feel more comfortable to you. There may also be some times when the conversation drags because of the waiting. The

increased waiting time may make the child, family, or you uncomfortable. We are all used to having a person respond relatively quickly after they have finished speaking. Use the wait time only when you think it improves your interaction with the family.

Asking Questions

The facilitator transitions to the next discussion on asking questions:

F As we have seen, wait time can help the child or family to think about their response. It also gives the pediatric provider time to prepare a well-thought-out question when interviewing children and families.

Here are three steps to remember when using questions:

1. Prepare the question

- ▶ Ask yourself, “What is the question for?” and “Which question should I ask?”

F Different types of questions evoke different responses, as we will see in a moment.

2. Before you ask the question, consider how to ask it

- ▶ What is the exact wording?
- ▶ Is it open ended or closed?

F Generally, “open-ended” questions promote family-centered discussions; “closed” questions promote provider-centered discussions.

- ▶ What will you do with the possible answers?

3. Evaluate the question

- ▶ How effective was your question?
- ▶ Did your question do what you intended?

Questioning Exercise

F Effective questioning is both an essential communication skill and an important teaching strategy. Open-ended questions invite discussions, stimulate thinking, and are extremely helpful in identifying and responding to teachable moments.

[Refer to Session 1 of the Health Promotion module if more information on open-ended questions is needed.]

The facilitator displays the overhead for the questioning exercise.

F Let’s look at this list of questions on the overhead. I would like you to identify whether the questions are open ended or closed and explain why.

1. Where should we begin? (**open ended**—wide range of possible answers)
2. Are Jolene’s immunizations up to date? (**closed**—factual)
3. Who does Juanita see as being in her family? (**closed**—factual, small range of possible answers)
4. What makes you think that Ray is having a hard time adjusting to his new school? (**open ended**—interpretive, more qualitative)
5. What aspects of Ethan’s behavior concern you the most? (**open ended**—interpretive)
6. Do you like your new neighborhood? (**closed**—yes or no answers)
7. When did Gregory’s problems begin? (**closed**—factual)
8. Why do you believe that? (**open ended**—interpretive, wide range of answers)
9. What is your opinion of Morgan’s social situation? (**open ended**—interpretive, more qualitative)
10. If your opinions are correct, what do you expect to happen with Jason? (**open ended**—interpretive, more qualitative)
11. What are your reactions to the problems Katrina is experiencing in her reading class? (**open ended**—interpretive)

12. What information do you have about the risks of lead poisoning? (**open ended**—range of possible answers)
13. What would happen if Tito decided not to play football this year? (**open ended**—interpretive)
14. How many teeth does Jennifer have now? (**closed**—factual)
15. What do you do when Rob refuses to do his homework? (**open ended**—range of possible answers)

The facilitator continues the discussion by asking the following questions:

F *What did you notice about the open-ended questions as a whole?*

What did you notice about the closed questions as a whole?

Open-ended questions:

- ▶ Tend to open up a discussion and allow changes in the direction of the discussion.
- ▶ Allow a broad range of acceptable responses and shared information.

Closed questions:

- ▶ Evoke concrete statements, facts, or yes/no answers
- ▶ Limit conversation and shared information
- ▶ Are helpful in focusing a discussion that needs direction
- ▶ Can help break a complicated process into manageable steps

F *Any discussion needs both open-ended and closed questions for everyone to understand the overall concept, to comprehend the details and facts, and to explore the potential possibilities.*

In this session, we have discussed many of the skills and strategies the child health professional can use during teachable moments.

You should also be aware of some communication faults that should be avoided:

- ▶ Posing questions rapidly when asking factual information
- ▶ Waiting less than 3 seconds after posing a question
- ▶ Judging responses and limiting what might be said (e.g., “Good, John!”)

Take-Home Message

The facilitator concludes the session:

F *Mastering any skill requires a lot of practice. It takes time before we begin to feel confident and effective.*

Every time you find yourself in an encounter with a child and/or family, try to practice at least one of the new skills we’ve presented in this module. In each encounter, try to recognize the teachable moment, use an appropriate teaching strategy, ask open-ended questions, and use the 3-second wait time. Before we conclude, what questions remain about what we addressed today?

Answers to the Guiding Questions

F *Now that we have completed this session on Education, you should be able to answer the following questions:*

- ▶ How do I partner with the child and family to begin teaching?
 - Speak directly to everyone and maintain eye contact
 - Ask open-ended questions that invite conversation
 - Pause and listen to the child and family
- ▶ How do I decide which teaching strategy to use?
 - Clarify the learning needs of the child and family

- Set a limited agenda
- Select the strategy that best meets the needs of the child and family

F As you leave today, please take a copy of the **Questioning and Nonquestioning Techniques** handout. This handout presents a more comprehensive examination of communication skills and can serve as a helpful reference for you as you practice using the skills we've covered in this module.

Evaluation

The facilitator now distributes the **Session Evaluation Form**, the **Preceptor Structured Observation Form**, and the **Patient and Family Survey Form**. The facilitator also completes the **Facilitator Self-Assessment Form**.

Modifications to Session 2 (if presented without Session 1)

If Session 2 is presented without Session 1, Session 2 is adjusted to incorporate more information about the Teachable Moments model. The remainder of the session focuses on questioning as a communication skill and a teaching strategy and includes a practice exercise on wait time.

Introduction

The facilitator might consider using or paraphrasing the following:

F Today, I am going to show you a model that you can use any time in health encounters with children and families. It is called "Teachable Moments." When I say teachable moments, what do you think that is?

The facilitator invites responses from the learners. The facilitator then distributes the **Education: Educating Families Through Teachable Moments** handout and may display the model on an overhead projector. The facilitator continues with the session.

Definition

F A teachable moment is simply any time during the course of a health visit when the child health professional identifies an opportunity to teach the child and family. Teachable moments are those when the child and family are ready to learn.

The Six-Step Teachable Moments Model

1. **Recognize** "teachable moments."
2. **Assess.** Clarify the needs of the child and/or family.
3. **Plan.** Set a limited agenda and prioritize needs together.
4. **Implement.** Select a teaching strategy to meet the needs (telling, showing, providing resources, practicing, questioning, and giving feedback).
5. **Feedback.** Seek and provide feedback.
6. **Evaluation.** Assess the effectiveness of the teaching.

After that brief review of the model, the facilitator continues:

F Let me give you a nonmedical example:

Raminda is at the checkout stand at the grocery store, and the young clerk points to an avocado and says, "Is this an artichoke or an avocado?" Raminda replies, "It's an avocado. Avocados are pear shaped with very wrinkly dark green skin. An artichoke is about the size of an orange or grapefruit and looks like a big flower before its petals are open."

In this scenario, Raminda:

- ▶ *Recognized the teachable moment. The clerk had a need to know the difference between the avocado and the artichoke.*
- ▶ *Didn't clarify the clerk's learning needs more, but assumed he didn't recognize the physical differences between the two vegetables.*

- ▶ *Limited the agenda to answering his question directly.*
- ▶ *Used the teaching strategy of “telling” him what the physical differences were.*
- ▶ *Realized he had understood by his nodding to her, smiling, and ringing up the right price.*
- ▶ *Did all of this in about 10 seconds.*

The teachable moment has certain characteristics. A teachable moment:

- ▶ *Provides “information bites” or small amounts of information (the physical differences in the vegetables).*
- ▶ *Is directed to an individual or a small group (the clerk).*
- ▶ *Is brief (lasts just a few seconds).*
- ▶ *Requires no preparation time (Raminda already knew the answer).*

The facilitator can then proceed with Session 2 as presented earlier.

Education: Session 2

EDUCATION: EDUCATING FAMILIES THROUGH TEACHABLE MOMENTS

A teachable moment is simply any time during the course of a health visit when the child health professional identifies an opportunity to teach the child and family. Teachable moments are the moments when the child and family are ready to learn.

1. Recognize “teachable moments” in health visit
2. Clarify learning needs of child and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Four characteristics of the teachable moment

- Provides “information bites” (small amounts of information)
- Is directed to the child’s or family’s specific need
- Is brief (e.g., a few seconds)
- Requires no preparation time

Teaching strategies	Advantages
■ Telling (explain, provide information, give directions)	Works well when giving initial explanations or clarifying concepts
■ Showing (demonstrate, model, draw)	Illustrates concepts for visual learners
■ Providing resources (handouts, videos, Web sites)	Serves as reference after family leaves the office/clinic
■ Questioning (ask open-ended questions, allow time for response)	Promotes problem-solving, critical thinking; elicits better information; stimulates recall
■ Practicing (apply new information)	Reinforces new concepts
■ Giving constructive feedback (seek family’s perspective, correct misunderstandings, restate, clarify)	Affirms family’s knowledge; corrects misunderstandings

Source: Adapted with permission from Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—Pocket Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

Education: Session 2

CASE VIGNETTE: THE POLIO SHOT

Dr. Angelo, a third-year resident in continuity clinic, is concluding a well-baby visit with 2-month-old Beth and her parents. He has just finished discussing the immunizations Beth will receive today.

Dr. Angelo: What questions do you have about the shots Beth will get today?

Paul (father, appearing slightly confused): Why is she getting a polio shot?

Sue (mother, also appearing slightly confused): Yes. Our older daughter just had a drink.

Dr. Angelo pauses, leans slightly forward in his chair.

Dr. Angelo: What do you know about the polio vaccines?

Paul: Well, when I was growing up, we all got a drink. I know that there's not much polio around any more.

Dr. Angelo again pauses before continuing.

Dr. Angelo: That's right. There is less polio now because of the vaccines' success. There are two kinds of polio vaccines: a drink and a shot. All vaccines carry some risk, and children who receive the drink have a slight risk of developing polio. The polio shot eliminates that risk. That's why it's the only kind of vaccine we use in this country now to prevent polio.

Sue (still concerned): Can't Beth still have the drink? She's already getting so many shots today.

Dr. Angelo again pauses.

Dr. Angelo: Is Beth around anyone who has problems fighting infections, uses steroid medicines, or has cancer or AIDS?

Sue: Oh, yes. My mother is using steroids and she helps us out a lot with babysitting.

Dr. Angelo: That's another reason to use the polio shot. The drink vaccine could increase the risk to your mother and possibly make her sick.

Paul: So if the shot has fewer risks and won't make Grandma sick, then it's an easy choice. Beth has to have the shot.

Education: Session 2

QUESTIONING AND NONQUESTIONING TECHNIQUES

Asking Questions, Not Giving Answers

The questions you ask as a health professional help to direct the discussion among you, your patients, and their families. They also help move the focus away from you. Your questions not only facilitate the discussion or health interview, but they also convey your interest in the child and family.

Open a discussion with a “starter” question such as: “How are you?” or “Where would you like to begin?” These questions are valuable in eliciting the needs and concerns of the child or family.

Enrich the discussion with questions that allow a broad range of appropriate responses. Changing the types of questions you ask often helps to advance to a family-centered discussion.

Identify the most appropriate types of questions to facilitate a family-centered discussion. There are **seven general types of questions** listed below that a health professional might ask the family. They can help move the discussion from the general to the specific or vice versa.

1. **Diagnosis:** “What do you think is going on?” “What makes you think that way?”
2. **Action:** “Where should we begin?” “What aspects of your child’s problem(s) are of greatest interest to you?”
3. **Information Gathering:** “Who is in Armando’s family?” “When did you first become aware of the problem?”
4. **Challenge:** “Why do you believe that?” “What supports your thinking?”
5. **Extension:** “How is his behavior related to his grades?” “How is the symptom related to the diagnosis?”
6. **Prediction:** “What problems do you see with trying to follow this plan?” “How do you anticipate your child reacting to this course of treatment?”
7. **Generalization:** “Based upon your child’s diagnosis, do you recognize these symptoms/behaviors in your other children at home?” “How do you think Ethan is talking compared to other children his age?”

(continued on next page)

Education: Session 2

QUESTIONING AND NONQUESTIONING TECHNIQUES (continued)

The Use of Questions

When asking questions, it is important to keep the following points in mind:

- Prepare the question**
- Ask yourself “*What is the question for?*” and “*Which question should I ask?*”
 - Consider the different types of questions you might use.
- Consider how to ask the question**
- Before you ask the question, decide if it should be an open-ended or closed question. Consider what you will do with the answer.
Generally, open-ended questions promote family-centered discussion; closed questions promote provider-centered discussion.
Open-ended: What you do with your friends to have fun?
Closed: Do you have any friends?
- Evaluate the question**
- How effective were your questions?
 - Did your questions do what you intended?

Nonquestioning Techniques

There are many types of questions that can be asked, but questions combined with statements and silence (nonquestioning techniques) all contribute to and promote learning.

Other useful techniques include:

- Silence**
- An important aspect of **listening**.
- Five important areas of listening**
- Listen for:
 - **Content, logic, substantive facts, intellectual information.** This is what is most obvious.
 - **Continuity.** Listen over time to observe change. Remember what was said, and in what context, so that you can refer back later to what was said.
 - **Mechanics.** Which words are spoken loudly, and which are mumbled?

(continued on next page)

Education: Session 2

QUESTIONING AND NONQUESTIONING TECHNIQUES (continued)

Five important areas of listening *(continued)*

- A person's **capacity** to listen. Is the parent distracted?
- **Emotion**, especially:
 - a. *certitude*: absolutes or conditionals used
 - b. *depth of feeling*: voice tone, spoken words, and latent feelings

Statements

- **Declarative**. "I think the problem is X."
- **Reflective**. Repeating what has been said (stating again in the same form) and restating (stating again in a different or summary form).

Referral

- **"Linking"** or stating the relationship between what the child/family has just said and what the previous speaker said.

Polling

- **Posing the topic** to other members of the group. "Let's take a minute to hear what someone else is thinking" (most useful in teaching).

Improving Interviews with Children and Families

In interviews with children and families, discussion improves when:

- The pediatric provider speaks calmly and gives the child or family time to consider and answer questions.
- The pediatric provider waits for 3–5 seconds after asking a question.
- The pediatric provider responds in a nonjudgmental manner.
- The pediatric provider asks questions that encourage the child or family to demonstrate that they understand what has been said.

Education: Session 2

SESSION EVALUATION FORM

Session 2: Making the Most of Teachable Moments

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the "Making the Most of Teachable Moments" session to be: Not Useful Very Useful
1 2 3 4 5

2. The objectives of the session were: Not Clear Clear
1 2 3 4 5

3. The organization of the session was: Poor Excellent
1 2 3 4 5

4. The communication skills of the facilitator(s) were: Poor Excellent
1 2 3 4 5

5. The facilitator(s) stimulated interest in the subject matter: Not at All Very Much
1 2 3 4 5

6. The facilitator(s) encouraged group participation: Not at All Very Much
1 2 3 4 5

7. Handouts or visual aids (if used) were: Not Helpful Very Helpful
1 2 3 4 5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

Education: Session 2

PRECEPTOR STRUCTURED OBSERVATION FORM

Effective Behaviors Using the Teachable Moments Model			
Behavior	<i>Observed</i>	<i>Not Observed</i>	<i>Not Applicable</i>
Recognizes “teachable moments” in the health visit			
Clarifies the learning needs of the child and family			
Sets a limited agenda and prioritizes learning needs with the child and family			
Selects appropriate teaching strategy			
Uses teaching materials appropriately (e.g., handouts)			
Seeks feedback from and provides feedback to the child and family			
Evaluates effectiveness of teaching			
Uses teaching time appropriately during the health visit			

Comments

Education: Session 2

PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

PATIENT AND FAMILY SURVEY		I am a: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member				
My Child Health Professional:	Disagree <—> Uncertain <—> Agree					
Recognized that I wanted to learn more about an issue	1	2	3	4	5	
Helped me to make clear what I wanted to learn	1	2	3	4	5	
Helped me to talk about the most important issues first	1	2	3	4	5	
Gave me the information clearly so I could understand it	1	2	3	4	5	
Asked me what I did or did not understand	1	2	3	4	5	
Gave me enough time to talk about my concerns	1	2	3	4	5	

Comments

Education: Session 2

QUESTIONING EXERCISE

1. *Where should we begin?*
2. *Are Jolene's immunizations up to date?*
3. *Who does Juanita see as being in her family?*
4. *What makes you think that Ray is having a hard time adjusting to his new school?*
5. *What aspects of Ethan's behavior concern you the most?*
6. *Do you like your new neighborhood?*
7. *When did Gregory's problems begin?*
8. *Why do you believe that?*
9. *What is your opinion of Morgan's social situation?*
10. *If your opinions are correct, what do you expect to happen with Jason?*
11. *What are your reactions to the problems Katrina is experiencing in her reading class?*
12. *What information do you have about the risks of lead poisoning?*
13. *What would happen if Tito decided not to play football this year?*
14. *How many teeth does Jennifer have now?*
15. *What do you do when Rob refuses to do his homework?*

Education: Session 2

FACILITATOR SELF-ASSESSMENT FORM

Directions: Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).

References

- Benjamin JT, Cimino SA, Hafler JP, Bright Futures Health Promotion Work Group, Bernstein HH. 2002. The office visit: A time to promote health—but how? *Contemporary Pediatrics* 19(2):90–107.
- Christensen CR, Garvin DA, Sweet A. 1991. *Education for Judgment: The Artistry of Discussion Leadership*. Boston, MA: Harvard Business School Press.
- Green M, Palfrey JS, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.). Arlington, VA: National Center for Education in Maternal and Child Health.
- Green M, Palfrey JS, Clark EM, Anastasi JM, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.)—*Pocket Guide*. Arlington, VA: National Center for Education in Maternal and Child Health.
- Lesky LG, Borkan SC. 1990. Strategies to improve teaching in the ambulatory medicine setting. *Archives of Internal Medicine* 150:2133–2137.
- Napell SM. 1976. Six common non-facilitating teaching behaviors. *Contemporary Education* 47(2):79–82.
- Skeff K. 1998. Enhancing teaching effectiveness and vitality in the ambulatory setting. *Journal of General Internal Medicine* 123:S26–S33.
- Stritter FT, Baker RM, Shadady EJ. 1986. Clinical instruction. In McGaghie WC, Frey JJ, eds. *Handbook for the Academic Physician*. New York: Springer-Verlag.

Educational, Psychological, and Theory

- Arceneau R, Rodenburg D. 1998. The developmental perspective. In Pratt DD, Malabar FL, eds. *Five Perspectives on Teaching in Adult and Higher Education*. Melbourne, FL: Kreiger Publications.
- Brown JS, Collins A, Duguid P. 1989. Situated cognition and the culture of learning. *Educational Researcher* 18(1):32–42
- Dillon JT. 1990. *The Practice of Questioning*. London: Routledge.

Resources

Adult Learning Principles and Clinical Teaching

- Spencer PE, Alden E. 1996. Educational foundations for community-based programs. In DeWitt TG, Roberts KB, eds. *Pediatric Education in Community Settings: A Manual*, p. 14. Arlington, VA: National Center for Education in Maternal and Child Health.
- Weinholtz D, Edwards J. 1991. *Teaching During Rounds: A Handbook for Attending Physicians and Learners*. Baltimore, MD: Johns Hopkins Press.
- Whitman N, Schwenk T. 1997. *The Physician As Teacher* (2nd ed.), pp. 33–37. Salt Lake City, UT: Whitman Associates.

Other Clinical Teaching Models (similar to the “Teachable Moments” model)

- McGee SR, Irby DM. 1997. Teaching in the outpatient clinic: Practical tips. *Journal of General Internal Medicine* 12:S34–S40.
- Neher G, Meyer S. 1992. A five-step microskills model of clinical teaching. *Journal of the American Board of Family Practice* 5:419–424.