You not to have learned something today.

It began as a memory jogger for myself. As a faculty member in a large anesthesiology department in a large urban medical center, each month I was faced with writing up evaluations for the 20 residents who had passed through my ORs, and I could never remember who I had worked with or what we had said. The only things that stood out were the crises, and those were very few and far between. Having been given an old-fashioned pocket calendar over the Christmas holiday, I decided to keep notes on my encounters with my residents. I also decided to start specifically asking my residents about their learning each day. It was entirely possible that what I thought I had taught was not at all what they had learned. Thus, each day would end with me asking, “Tell me one thing you learned today.”

At first, they were intimidated. It was as if I was confronting them and accusing them of some fault. This was particularly true of new residents for whom the OR anesthesia learning experience was still quite overwhelming. “But I learned so much today! How can I pick just one thing?” was a common response. Another response was “I didn’t learn anything today,” which led to its own teaching and learning moment. “It is impossible for you not to have learned something today.

I learn something every day, and I’ve been at this a lot longer than you!” was my response.

Gradually my residents came to realize that answering my simple question at the end of the day was not a one-shot deal. They learned to expect it. Some said, “I knew you were going to ask me so I’ve been thinking about my answer.” Others’ answers had nothing to do with the OR but instead with reading they were doing for something else. Some residents would run up to me at the end of the day and accuse me, “You didn’t ask me what I learned today!” One resident sent me an e-mail during the evening, outlining what he had learned. Even the OR staff would get involved, with the cleaning crew listening carefully to our discussions about handling a difficult patient or the new proper method of needle disposal. Once I came into a room as the team was preparing a patient for transport to recovery. The anesthesia resident had been relieved by the call team. I was upset because she had told me what she had learned the day before, and I had forgotten to write it down. When I lamented about this the surgical resident turned and said, “She learned about using lidocaine at the end of a case to help calm a patient down.”

Now, I have at least six years of pocket calendars with daily notes. When it comes time to evaluate a resident, I refer to the booklet and write down specifics, such as “discussed appropriate management of the hypotensive patient” or “learned how to troubleshoot when the ventilator is alarming.” The residents appreciate the specific feedback. Most importantly, they are learning to reflect on their day, which reinforces their learning. It also forces me to reflect on these encounters. I am able to develop insights into how my residents are learning and adjust my own style of teaching based on the answers they give me. As a colleague recently mentioned, in three years of OR training, a resident has about 1,000 days of learning opportunities. That makes each day 0.1% of their learning chances, and one that is wasted can never be regained. Reflection can enhance that 0.1% of learning and make sure it sticks with them, and with others.

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An Academic Medicine Podcast episode featuring this article is available through iTunes.

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