

## TTUHSC SOM Expert Skills Program – Block 3 Step 1 Prep Instructions and Information for Year 2 Students

### Materials and Setting

1. A whiteboard that is used to construct a side-to-side concept map is critical to an efficient discussion.
  - Our research showed that groups working only from written text become unfocused; sessions less efficient
  - Side-to-side map requires more demanding thinking.
2. Print out enough templates from SuccessTypes website to record questions discussed.
  - Fill in with pencil during session so you can erase.
  - Follow consensus map as it develops on the whiteboard.
3. Bring any resources you need; remember there is no preparation!
  - Much of the time spent is active in accessing information, not remembering it.
  - Divide up duties so that some are scanning course notes, some are searching internet, and some are scanning review books.
  - Even a medical dictionary can provide rapid lookup to move discussion along.

### Detailed Steps for Case Questions in Year 2

1. Session leader calls on first student to read the lead-in (the actual question at the end of the case) and this is added to the concept map.
  - Advice on procedure: use the lead-in to frame the rest of your thinking; session leader keeps the session organized (note: be sure that one step is finished before the next one begins)
  - Advantages: develops ability to read questions effectively; identifies “fake” Step 1 questions that don’t require the patient data in the stem to choose correct answer.
  - Potential problems: even a fake Step 1 can be useful review for block exams; the side-to-side map template can’t be used – discussion only.
2. Session leader calls on one or more students, as needed, to read stem from question and to propose patient data to add to concept map.
  - Advice on procedure: better to propose a term and have it rejected – the discussion creates learning (many feedback comments on “I remembered the arguments best of all!”); start looking up terms that you don’t remember well.
  - Advantages: develops ability to read questions effectively; identifies areas that can be singled out post-session
  - Potential problems (not likely in students with Year 1 Step 1 Prep experience): impatience, at first; waiting for someone else to start looking up specifics regarding trigger words; not offering a rationale for proposed actions on map
3. Session leader adds data to concept map by calling on additional students; other significant information is added to patient data
  - Advice on procedure: extra information is used to discuss significance of patient data; this is routine during clerkship rounds
    - Ask for important details concerning any of the data to be added, e.g. what type of drug? Has decreased cardiac output? Etc.)

- Ask about what other kinds of lead-ins might be used with the stem. Not recorded on board, but can be noted on individual sheets. New lead-ins would require a new set of answer choices. Develops ability to anticipate during study of course material.
  - Advantages: extra information can come from other courses, current or prior; increases integrative knowledge and long term memory through association
  - Potential problems: uncertainty about being correct
4. Session leader fills in answer choice information in concept map template
    - Advice on procedure: limited space in map requires paraphrasing (this is OK); identify correct answer ahead of time.
    - Advantages: fill-in time allows for mental focus on overall question.
    - Potential problems: impatience, at first
  5. Session leader calls on group members to identify relevant information for each answer that contributes to ruling it out.
    - Advice on procedure: most difficult step; try to relate rationale for inclusion to patient data from question stem
    - Advantages: requirement to justify inclusion develops critical thinking skills; powerful long-term memory step
    - Potential problems: nothing like this in curriculum; may need time to adjust to “ruling out thinking” (less of a problem for students with case analysis experience)
  6. Relevance is frequently debated for clarity
    - Advice on procedure: Make sure inclusion is based on need to rule out and not just that it is relevant to the answer choice itself.
    - Advantages: Debates are important in developing your ability to defend your knowledge
    - Potential problems: This is business, not personal. It isn’t about people believing you, rather it is about having a reason.
  7. Group proposes pathophysiology crosslinks between answer choices and patient data in question.
    - Advice on procedure: this is the fun part; based on prior discussion draw connections from all answer choices to the patient data. Don’t forget to classify question – need to access later during Step 1 review.
    - Advantages: More connections from correct answer illustrate integrative thinking required; occasional connections from wrong answers illustrate conditional probability.
    - Potential problems: problems at this step have not been observed.

#### Tips and Other Helpful Information (Useful for peer tutors/mentors)

- This will not feel natural for some at first, but this improves after a few sessions. It is still working even while you are adapting.
  - The MS1 experience is a lower intensity (time spent and question complexity); goal is mainly proficiency in the method (also better exam prep) by beginning of year 2.
  - The MS2 experience is higher intensity including year 1 topic integration to refresh relevant high yield topics.
- Emphasis is not on what you *remember* but on hearing your *thinking* along with the others.
  - What you remember will improve as a “carry-over” effect.
  - If you are uncertain, just let others speak; you will eventually feel comfortable.

- After you are comfortable with the process, it doesn't need to be followed rigidly step-by-step.
- The ambiance should be “on the edge of chaos.”
  - Too much chaos – disorder; nothing gets done.
  - Too much order – stilted; lecture boredom returns.
  - Edge of chaos – self organization; disorder in conversation leads to organization through consensus.
- Create an image of yourself in a rotation group. Each question is a patient. Same ethics and responsibilities but without being “pimped.”
- Not everybody needs to talk, but everybody needs to think.
- Competition is good when it leads to a rationale that everyone understands.
- You will remember arguments, what you say, what others say, your mistakes, things you couldn't recall, or in other words, pretty much everything.
- This can't be comprehensive, it just has to make sense for what is covered in the time available.
  - Involves deep analysis; deep analysis contributes to long-term memory.
- Anything obvious from year 1 should be emphasized with a side-note, even if it doesn't go in the map.
  - Some students elect to review some topics post-session.
- When reaching group consensus, one person speaks at a time; be polite (this rule contributed by Class of 2004).
  - Side conversations are a normal part of the process.
  - Periods of deliberation and reading alternate with reaching consensus.
  - Each group will develop its own sense of order.

Please contact Dr. Pelley any time there is a question or problem – or an interesting observation.

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