

## Teaching in the OR

### Assumption no. 1: Common features of teaching interactions in OR:

- Focus is on getting through the operation efficiently and effectively
- Information is offered in an opportunistic fashion, with events in the OR triggering familiar ‘Teaching Scripts’
- Thus, learners often have difficulty predicting or remembering specific learning points from this series of interactions. Information exceeds their capacity.

### Assumption no.2: Learning in OR is often a pure discovery model of learning

- Volume is the hallmark of surgical training
- More cases and repeated practice are good (*See one; do 15; teach one*)
- Premised on idea that repeated practice and self-discovery will result in learning appropriate rules, skilled performance, and clinical judgment.
- Often, this is done with little explicit guidance

### Assumption no. 3: Guided discovery is better than pure discovery

- Forty years of research (e.g., see: Mayer 2004)
- Guided discovery involves:
  - Cognitive activity rather than behavioral activity
  - Instructional guidance rather than pure discovery
  - Curricular focus rather than opportunistic scripts
- In practical terms this means providing:
  - Preparatory information before experience (pre-op briefing)
  - Verbal and manual guidance during experience (intraoperative teaching)
  - Focused feedback immediately post experience (post-op debriefing)
  - Review of YOUR teaching (Post-teaching reflection)

### Assumption no. 4: Guided discovery plus deliberate practice well-suited to OR

- Deliberate practice requires:
  - Focusing on particular aspect of performance
  - Receiving detailed, immediate feedback on performance
  - Having multiple opportunities to practice performance

### Cognitive Apprenticeship (A conceptual framework)

### Respecting a Plurality of the Good