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The following guide gives suggestions to assist you in creating interactive sessions that ensure you reach the physician learners.

Why interactive session?

Interactive sessions are designed to transfer the focus from teacher-based lectures to learner-centric participation. Interactive sessions engage and encourage the participant to be active in their learning. They allow the learner to process new knowledge by connecting what they have just learned to their existing knowledge base. The average adult attention span is approximately 20 minutes. However, allowing the brain to break from lecture by participating in experiential learning extends concentration through practical application of new knowledge.

Elements of an Interactive Session

Start with Backward Design

Backward design is the process of designing learning activities with the end in mind. Begin with your learning objectives (your goals for the session) and work backward to ensure your learner gets the knowledge you want them to have. This shifts the perspective from what the teacher wants to teach to what the learner needs to learn.

- Step 1: Identify what your learners need to know (the big idea)
- Step 2: Identify what evidence will show you they have learned (assessment)
- Step 3: Identify what needs to be taught and select learning activities (activities)

Anticipatory Set

An anticipatory set is the initial hook that gets learners interested in your session and prepares their brains to learn about your topic. It should be directly related to your learning objectives and will give an overall direction to your session. This can be done by:

- Posing a question where participants share their answer with the person next to them
- Telling a story or anecdote
- Using shock or humor
- Sharing a related news item
- Modeling through role-playing
- Visualization

Example: "Share one thing you know about the topic and one question you have about the topic with the person next to you."

Take-home Points/Nuggets/Pearls

Take-home points allow you as the presenter to reinforce the importance of the learner taking new knowledge and being able to apply that knowledge in their practice setting. This can be done by having the learner write down three to five take-home points/nuggets/pearls on a note card indicating behaviors they will change or incorporate once they leave the learning environment. Have them then discuss the decisions they have made with the person sitting next to them. This helps to reinforce their commitment to change. Then ask that they post the note cards in a visible area once they return to their office.

Pulling Large Groups Together

The biggest issue you most likely will run into when doing interactive sessions is how to pull a large group back together. The key is setting up your audience with a plan right from the start of your session by doing the following:

- After describing how your session is interactive, explain that it will be a challenge to pull everyone together in a room this size, so ask for their cooperation and agreement to a count-down plan.
- Explain that you will give them a one-minute warning and a 30-second warning to wrap up their conversation, and then you will use your hand to visually count down and verbally count down from, “five... four... three... two...one.”
- Ask for the help from those who have your attention to assist with tables that have not pulled together.
- There may be times where you have to announce, “Let’s try this again. We are going to wrap up in five... four... three...two...one”.

There are times when this may not work the first time. Announce that you will try it again and count back again. If this still does not work, walk over to the table and use your physical presence to pull them back.

Formulating Questions

The following are a few question stems for you to adapt that will help learner’s process new information:

- What is the nature of _____?
- Why is _____ happening?
- Explain why _____?
- Explain how _____?
- Why is _____ important?
- What would happen if _____?
- Compare and contrast _____ and _____.
- Compare _____ and _____ with regards to _____.
- How does _____ apply to everyday life?
- What are the strengths and weaknesses of _____?
- What is the counter-argument for _____?
- What is the best _____, and why?

Why is ___ happening?
What is the solution to the problem of ___?
What is a new example of ___?
How could ___ be used to ___?
What do you think causes ___, and why?
What are the implications of ___?
Do you agree or disagree with this statement: “___”, and why?
What evidence is there to support your answer?
What is ___ analogous to?
What is another way to look at ___?
How does ___ affect ___?
What does ___ mean?
How does ___ tie in with what we learned before?
Describe ___ in your own words.
Summarize ___ in your own words.

Turning Lectures into Interactive Sessions

The following are just a few ways to turn your lecture into an interactive session.

Audience Response System (ARS)

An Audience Response System allows session attendees to vote on a topic or answer a question using a wireless remote control keypad. A receiver connected to the presenter's computer picks up each remote's response. After a set time or when all participants have answered, the system ends the polling and tabulates the results. The results are displayed for everyone to see.

In preparation for the session, you will need to install TurningPoint™ software onto your computer. TurningPoint™ is a free software download from Turning Technologies™ available for Windows™ and Mac™ (the Mac version is only for users running Microsoft PowerPoint for Mac™; it will not work with Keynote™.) You enter your question and possible answers. The software can be downloaded from the following website:
www.turningtechnologies.com/groupresponsesystems/support/downloads.cfm

Small Group Session

A classroom setting where participants in groups of 5-8 sit at tables and process new learning together. The room may have 150 people in attendance, but to the learner, they are in a small group.

Small Group Blueprint:

Anticipatory Set	Mini-lecture	Learning Activity	Mini-lecture	Learning Activity	Closing Overview	Take-home Points	Q&A
5 min.	15 min.	5 min.	15 min.	5 min.	5 min.	5 min.	5 min

Anticipatory Set – The initial hook that gets learners thinking (see description above).

Mini-lecture #1– Presenting your information that is tied to the learning objectives.

Learning Activity #1 - Between each mini-lecture, the participants need a mental break to process the information they just learned. This can be done in pairs or triads by one of the following:

- Posing a question or problem and having them solve the issue
- Sharing a clinical case they have experienced
- Showing a slide and having them diagnose the issue

Mini-lecture #2 – Provide your next set of new knowledge tied to the learning objectives.

Learning Activity #2 – Activity to process new information from mini-lecture #2.

Closing Overview – Ties the presentation together by reviewing what they just learned using the learning objectives and shows what they did in order to reinforce learning.

Take-Home Points – Ask participants to translate 3-5 points they have learned into actions or behaviors they will incorporate into their practice by writing them on a note card and sharing their points with the person next to them.

Question and Answer Session – Allows the learner to further process questions. This can also be used as flexible time where you can adjust your session as needed, but please allow some time for questions.

Case-study Session

Case-study sessions allow the participants to use their problem-solving skills to diagnose challenging cases and create a care plan in a group setting. The group is given a description of a patient who is presenting a list of symptoms and given a patient history. They are then asked to diagnose and prescribe treatment as a group. On paper, they will provide their diagnosis, create a care plan, and provide a rationale for both. You may select two or three groups to share out before moving onto the next case. After which, you then share your own diagnosis and rationale with the group.

Case-study Blueprint:

Chief Complaint	History of Present Illness	Past Medical History	Medications and Allergies
Social History	Family History	Review of Symptoms	Physical Exam
Labs/Radiology	Assessment	Plan	Question and Answers

Chief Complaint- A statement in the words of the patient of the initial symptom, problem, or condition. The chief complaint should not contain any diagnosis.

History of Present Illness -

Past Medical History -

Medications and Allergies -

Social History -

Family History -

Review of Symptoms – Start at the beginning of the illness and proceed chronologically.

- Onset: When did it start
- Palliating/Provoking Factors: What makes it better or worse?
- Quality: What does it feel like?
- Region/Radiation: Where is it located? Does it move or radiate to another area?
- Symptoms (associated): Have you noticed other symptoms when it occurred?
- Temporal aspects: Are things better, worse, or about the same?

Physical Exam - Set the stage for the learners of the patient's overall appearance. Allow them to imagine this patient by letting them hear your first glance impression of the patient. Describe in detail only pertinent findings (limit to relevant positives and negatives). Emphasize those symptoms that are directly related to the chief complaint.

Labs/Radiology – Give relevant normal and abnormal lab results.

Assessment – Give the learners a brief assessment of the most critical details from the history and present illness.

Plan - State and discuss with the learners your case for the most likely diagnosis, treatment plan, future test and or treatment.

Question and Answers - Allow time for question and answers.

Question and Answer – Allows for questions of other groups or of your rationale.

Note: In doing this type of session, you run the risk of one table solving the problem right way, so you may want to be ready to add additional conditions to the case to continually challenge them (e.g. adding diabetes to their patient history). Note: using a clip art photo of your patient will make the simulation more realistic.

While there has been a lot of data collected up until this point try to avoid presenting it all by presenting the material in a bullet point format and expanding on any bullet point where additional data may be helpful.

Other Methods of Interaction

Think-Pair-Share

The facilitator poses an open-ended question on a slide and gives participants one minute to think about the question. It is important to let the learner think about the question because it gives them the opportunity to retrieve information from long-term memory in order to formulate the answer. In pairs or in triads, allow learners to discuss their ideas about the question for several minutes. This gives them the opportunity to discover prior knowledge of the topic and also those things they may not know. After several minutes you can then facilitate discussion by having a member from each group report on their group discussions.

Complete or Support a Statement

Show a slide of a statement. Working in pairs or triads, have participants complete or support a statement within one minute.

Example of “complete a statement”:

“People can apply their learning better when the presenter...”

Example of “support a statement”:

“All persons who are age-appropriate should receive a flu shot because...”

Compare and Contrast

Compare and Contrast can be taught effectively in a few steps and it allows the learners to improve their critical thinking skills.

Example: Show a slide with medical histories of two patients. Have the learners get into pairs or triads and have them to list the comparisons and contrasts of the two patients and come up with a diagnosis and treatment plan for each.

Re-order the Steps

Re-order the Steps allow the learners to think critically.

Example: Present a case scenario out of order and have the learners reiterate the case in the proper order.

Assigning Roles:

Discourages domination by one person and encourages various social, communication, and leadership skills.

Example: **Gatekeeper:** Ensures group stays on task

Timekeeper: Keeps an eye on the clock and ensures that the group is not spending too much time on one area.

Recorder: Keeps a written record of the groups work

Synthesizer: Finds ways to connect the groups ideas and bring the discussion together.

Skeptic: Points out possible counter-arguments or other point of views had not been addressed.

Blast Presentations:

Blast sessions are designed to give attendees quick updates on emerging topics.

AAFP Contact

We invite you to share other methods of interactive sessions by contacting Kim Carrington, MPA, Teaching & Learning Manager at kcarrington@aafp.org or 1-800-274-2237 x 6560.