## **Learning Conversations**

## Advanced Paediatric Life Support

## Instructor's premise:

- Candidates have insight and knowledge (clinical experiences, reading, lectures, observing other members of the group) and want to perform well.
- Our observations lead to assumptions that may/may not be helpful.
- We can only know the 'gaps' in candidates' knowledge when we inquire
- Candidates learn over time; during and immediately after teaching, on reflection when watching others in the group, at the end of the day and later.

Open the conversation: - learn what is going on for them	Key to this is also non verbal communication; ie non judgemental tone of voice, minimal use of intense eye contact and body language that is open to the group and not only directed at the individual	Let's talk  How did that go for you? or Did that go as you wanted it to?may lead to one word rating - OK/Terrible/Not sure/Wellso prepare to continue exploration using their assessment. What aspects of your performance give you that impression?  You appeared (use adjective to describe behaviour) to me., I'd like to know what you were thinking/feeling.
Explore the issues:	Facilitate the candidate to appropriately explore and discuss their performance	When the child (state clinical condition - eg started fitting/stopped moaning/pushed the mask away, etc), what information were you looking for/thinking about to help you understand what might be going on?
	Use specific examples from candidate's performance, stating	I noticed you didn't follow the algorithm and I wondered what was influencing your decision making. You gave a smaller volume of fluid than in the protocols. What was your thinking there? What clinical responses where you looking for?
	<ul> <li>what you witnessed and your assumptions/thoughts</li> <li>Use group for effective exploration</li> </ul>	What strategies did you use when (eg heart rate dropped, you noticed that the cap refill time was 4 seconds, etc)? When candidate performs well, use the opportunity to learn and reaffirm positive strategies and/or learn from their previous clinical experience.
	of learning points	What ideas or suggestions has anyone else got for how to deal with that?
	Highlight the key treatment points where possible	You appeared thoughtful. Your voice is very quiet. (Other members of the team asked you to repeat your instructions). I am concerned that mistakes could occur. What strategies can you use in the clinical setting?
		Any thoughts from the group about managing that scenario? – if questions about management arise from group members, allow candidate to respond.
Summarise :	Reaffirm key learning points from scenario and discussion that will transfer into clinical practice	Abridged scenario and demonstration of a learning conversation can be viewed: <pre>http://youtu.be/EtqU9W7MLBA http://youtu.be/LJSMGWzFLnw</pre>