

ANESTHESIOLOGY™ 2014

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Session: L073
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Do You Want to Present a PBLD at the 2015 ASA Meeting? This PBLD Session Could Help You

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Disclosures: This presenter has no financial relationships with commercial interests

Stem Case and Key Questions Content

You have recently joined as a junior faculty at an academic institution. You have no prior experience of teaching. The chairman of your department has suggested that you should write and present a PBLD at the annual ASA Meeting. How would you go about it? In our discussion, we will talk about the following questions (and any other questions related to this topic that the participants may have)

1. Why should one present a PBLD at the ASA?
2. What topic should I choose to write?
3. What are the elements/ components of a well written PBLD?
4. How do I write a PBLD?
5. Is there help available?
6. How do I submit it?
7. What happens to my submission?
8. What are some of the common reasons for rejection of a PBLD?
9. When do I hear back from the ASA and what do I do next?
10. If my PBLD is accepted, how should I prepare for the presentation?
11. How do I moderate my session? What are the qualities of a good PBLD moderator?
12. What do I do with the feedback received from the session?
13. What should I do if my PBLD was not accepted?

Model Discussion Content

The handout for this session will include:

1. A PBLD on postoperative ulnar neuropathy that I have presented in the past (as an example of well written PBLD)
2. An example of badly written PBLD, with many spelling and grammar mistakes, a case that has no twists, a discussion that is short and not relevant etc. Participants will be encouraged to review the badly written PBLD and point out the errors.
3. A printout of SMART criteria for objectives (described below) and Bloom's taxonomy of levels of learning.

Why should one present a PBLD at the ASA?

Some of the benefits of presenting a PBLD at the ASA meeting include:

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1. Presenting/ moderating a PBLD at the biggest meeting of anesthesiologists in North America is an excellent **networking opportunity** for young academicians. It carves a way for making, developing and maturing the contacts needed for successful collaborations. Despite the advances in technology and means of communication, in person meetings seem to be the most favorable option for exchanging academic ideas and projects (my personal opinion)

2. **An entry into educator's portfolio** that could count towards promotion. Most academic institutions require that faculty maintain an educator's portfolio. PBLDs at national meetings and the feedback/evaluations from these can be a very valuable entry into the teaching portfolio.

3. You could **convert it into a MedEdPortal publication**. MedEdPORTAL (www.aamc.org/mededportal) is a free peer-reviewed publication service and repository for medical and oral health teaching materials, assessment tools, and faculty development resources. Users around the globe can download and utilize any and all of the published resources for educational purposes. A well written PBLD, following the peer review could be potentially published by MedEdPortal and this could also be counted towards promotion, especially for those faculty in the educator track. Please check your institutional guidelines for promotion.

4. **Opportunity to learn FOR YOU** - from other participants and while reviewing the topic. The author of this PBLD has presented PBLDs at many past meetings. From my interactions with the participants, I have learned many useful clinical tips which I have integrated into my clinical practice. [1]

5. **Opportunity to learn FOR PARTICIPANTS** - The advantages of PBLD for learning are beyond the scope of this discussion. But, the participants will be directed towards evidence supporting learning from PBLDs. [2, 3]

6. Almost certain of being approved meeting time to attend the ASA meeting in October if your PBLD is accepted (check with your institutional guidelines for granting meeting time). Faculty at academic institutions often do not get a chance to attend the annual meeting unless they are presenting a poster or other session such as PBLD. Presenting a PBLD ensures the prospects of approval of meeting time.

7. **Each PBLD can be presented for up to 5 years**, thus enhancing your likelihood of attending the annual meetings in future. The ASA may change this 5 year maximum on presenting PBLDs (increase, decrease or eliminate it) in future to allow more presentations of interesting topics.

8. You could use this educational piece for presentation to residents, fellows, subspecialty meetings or as a visiting professor to other institutions.

9. Discount towards registration fees for the annual meeting if you are presenting a PBLD. Though you do not get any reimbursement for all the hard work in writing and moderating a PBLD, the ASA does give you a 50% -100% discount the meeting registration fees. A note of caution: Past performance is not necessarily predictive of future and ASA may not give this discount in future.

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What topic should I choose to write?

Young academic faculty are encouraged to find their niche for clinical practice. Often a topic from your clinical niche is chosen. You could also choose an interesting case that you may have come across and construct a PBLD around the topic. I must caution the reader that one of the common causes for rejecting a PBLD is “more suitable for a medically challenging case than a PBLD”. An example of such case is extremely rare syndrome with, complex congenital anomalies involving multiple systems presenting for surgical correction. Cases in PBLDs should be similar to the ABA board cases. If your PBLD is based on a real case, please make sure to remove any identifiable information from the submission.

Most common topics are well represented - eg difficult airway, pre-eclampsia, obesity, spine surgery. If you have a topic in mind that falls under “acute or chronic pain” or “critical care” learning tracts, it is more likely to be accepted (high demand, low supply).

What are the elements/ components of a well written PBLD?

1. Each PBLD should have at least three learning objectives. The objectives should be SMART* (Specific, Measurable, Attainable/Actionable, Relevant and Time-bound). For example, the objectives 1,3 and 4 in THIS PBLD do not satisfy these criteria (difficult to quantify and measure these) while objectives 2 and 5 do. Use of non-measurable attributes like discuss, describe, understand is not appropriate. Participants will be given a handout of the classification of levels of intellectual behavior important in learning per Bloom’s taxonomy and educated on the appropriate verbs to be used**.

2. This should be followed by stem case and key questions. Stem case should evolve in steps and there should be flexibility to change the case scenario should the participants wish for the case to progress in a different direction. Good cases should not be so specific as to be identifiable, should have competing priorities, multiple possible correct answers/strategies, and have several branch points for discussion and decision making. Key questions should be inserted along the way. It is preferable not to have a long case followed by many questions and it would be ideal to have the case progress with 3-8 sets of key questions (1 to 4 questions in each set) interspersed

3. Avoid questions where answers could be given without reading the case

4. A sample PBLD handout will be distributed to the participants.

5. A model discussion is a succinct review of the topic and should answer all the key questions posed in the previous section.

6. References - Not too many, just a few selected relevant articles.

7. It is OK to have tables, figures if thought necessary.

How do I write a PBLD? Is there help available?

My personal preference is to write a simple case and then make changes to the case to make it interesting. I then show it to a couple colleagues and get their input and make appropriate changes. Model discussion should include recent, relevant literature review. If you have access to EndNote, Reference Manager or similar software, please use these. Changes to the model discussion are much easier if your references are organized using these software.

REMEMBER TO SPELL CHECK and GRAMMAR CHECK. As many of the medical words may

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not be part of the dictionary in your word processing software, I suggest that you READ A PRINTOUT of your work and request 1-2 of your colleagues to go through it PRIOR to submission.

Your department may have faculty members who have previously presented PBLDs and they can be very useful resources for reviewing your PBLD prior to submission. Members of the PBLD committee (that peer reviews the submissions and selects the ones that are well written) could also be approached for an initial review and suggestions.

How do I submit my PBLD ?

1. The annual ASA meeting is held in mid-October. The deadline for submitting a PBLD is generally the second week of February. I would recommend that you start writing one as soon as you go home from this meeting.

2. Log in to ASA using this link and submit

<http://www.asahq.org/Annual-Meeting/Education/PBLDs-2014-Submissions.aspx>. This is the link for submitting for the 2014 meeting and may not be applicable for future meetings. But, logging in to ASA, creating a user ID and password are necessary for submission.

What happens to my submission?

Each submission is reviewed by at least three members of the PBLD committee. Most of these are academic faculty who have considerable experience in writing and moderating PBLDs. These peer reviews will grade your submission and make recommendations to the chairperson of the PBLD as to “select”, “select after revisions”, “likely reject” and “surely reject” . The chairperson compiles these reviews and makes the final decision.

Your PBLD may be selected without any revisions (if it is really well written), you may be asked to incorporate the reviewer’s suggestions and resubmit, or you may get a rejection letter. There is about a 40% acceptance rate for submissions. About 150 PBLDs are chosen out of roughly 350 submissions last year. This could change in future.

When do I hear back from the ASA and what do I do next?

You will receive an email from the ASA to indicate whether the PBLD is selected or not approximately in mid-May. Please read through the email carefully. The peer reviewers may have suggestions to improve the layout and/or content of your submission. You will have a few weeks to incorporate these suggestions and resubmit the PBLD. The ASA will also ask you to send a disclosure statement. Please do these within the timeline indicated in the email.

What are some of the common reasons for rejection of a PBLD?

Some of the common reasons why the PBLD submission may be rejected include - multiple typos and grammatical errors, factual errors due to inadequate attention to details, not checking the latest literature on the topic. HIPAA violation such as patient initials or other identifiable materials can also account for a rejection. Some submissions are put together as a last minute thought_ they are poorly conceived, edited and may have all of the above reasons for rejection

If my PBLD is accepted, how should I prepare for the presentation?

When presenting/moderating a PBLD, it is essential that you have a mastery of the topic you are discussing. One should go through all the references mentioned in your PBLD in depth. I prefer to have a printout of the references with me, should any questions arise during the

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discussion. AUDIOVISUAL AIDS, SUCH AS POWERPOINT PRESENTATIONS ARE NOT ALLOWED for PBLD sessions, unless these are clips of TEE or X rays or other material that may be needed to discuss the case.

In preparation to moderate a PBLD session, one MUST ATTEND a PBLD session as a participant. That experience helps you to understand the layout, process and role of a moderator. It is worthwhile moderating a PBLD session at your institute, along with residents, fellows and a faculty member or two .

How do I moderate my session? What are the qualities of a good PBLD moderator?
If your PBLD is selected, you will be asked to present it twice during the meeting. The sessions are either breakfast sessions (7.30 AM start), beverage session (9.30 AM start), lunch session (12 noon start), or afternoon session (3.30 PM start). It is important to be punctual and ready for the session a few minutes prior to the scheduled start. Showing up early also allows you to get breakfast/beverage/lunch before the session starts! Each PBLD session runs for 75 minutes. The ASA sells about 12 tickets for each session. You may have between 1 and 12 people at your session.

It is often a good idea to start the session by introducing yourself, stating any disclosures you may have and getting to briefly know the participants. For eg. For a session on pediatric burns management, I ask the participants to tell their name, where they come from, if they routinely handle burns, commonly deal with pediatric patients. This process should not take more than a couple minutes.

The participants who buy ticket for your session well in advance are mailed (emailed) your PBLD handout. They are expected to have read it AND gone through the references mentioned in your handout. However, in practice, many participants buy the tickets at the last minute and many may not have done their homework. Copies of the PBLD handout are kept at the table by the ASA meeting organizers. Autonomy in problem-based learning (PBL) results in cognitive engagement with the topic at hand.[4]

It is a good idea to begin the discussing the case by briefly summarizing the clinical scenario (rather than reading the whole case from the handout) and then checking if the participants have any questions about the case in hand. A good moderator balances how much he/she talks with how much the participants talk. THIS IS AN INTERACTIVE SESSION and the moderator should encourage everyone at the table to contribute, give their opinions, ask questions etc. [5] It may be surprising to learn of variations in practice between the attendees. What one may think of as a standard of care may not be the same for others. For eg. Some members may use cricoid pressure for RSI, others may not. Some may use gentle bag mask ventilation during RSI, others may use normal ventilation or no ventilation. It is important that such differences in practice are not condemned or criticized. I prefer to point them in the direction of evidence (if any exists) and the strength of the evidence (such as standards, guidelines, consensus statements, practice parameters etc).

A good moderator allows EVERY participant to contribute. [6] It is possible that some participants may have language barriers, shyness, lack of familiarity with the subject which may make them reluctant to speak. They should be invited to answer simple questions to begin with or even a direct question with a yes/no answer to get them talking. Often, you may find them

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being more bold and they may open up later in the session. Other participants may “dominate and run the session” if they have vast experience or knowledge of the subject at hand. As a moderator, you must gently control them. [7]

Always keep track of time and try to discuss as many of the key questions from your PBLD. Sometimes, the discussion may go off at a tangent and it is the duty of the moderator to bring it back on track, unless the whole group wants to discuss the “other unrelated issue”.

At the end of your session, please ask the participants to fill in the evaluation/ feedback forms that are kept at the table.

What do I do with the feedback received from the session?

The ASA compiles the feedback received from the PBLD participants and sends it to you via email. Please go through the suggestions for future. It is a good idea to print these evaluations and put them into your teaching portfolio.

What should I do if my PBLD was not accepted?

My recommendation is to examine why it was not selected. Did the reviewers indicate what was wrong? Was it because there were several PBLDs on this topic and your submission was not one of the best? Please bear in mind that common topics like pre-eclampsia, difficult airway, spine surgery have several submissions. The reviewers will pick a few (2 or 3) of the best PBLDs on each topic and the chairperson will decide how many of these need to be presented. Please do not be disheartened. Rather, learn from your experience and either modify your submission or write up a new one (or two). It is a rewarding experience to present these sessions.

You can also submit more than one PBLD and improve the chances of at least one of them being chosen for presentation.

Good luck.

References

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