**STFM Faculty for Tomorrow Resident as Educators Curriculum:
Social and Emotional Learning (SEL)—Facilitator’s Guide**

**Learning Objectives:**

1. Describe the 5 domains of SEL
2. Apply these domains to the everyday work of being a resident-teacher
3. Assess the value of integrating SEL into teaching in residency

**Session Time:** 30-45 minutes

**Key Learning Points**

Purpose: Evidence about the impact of learning environments on the quality learning continues to mount. The ACGME’s Clinical Learning Environment Review is one of many outcomes responding to this evidence base. A large part of any learning environment is the people who inhabit it. Social and Emotional Learning (SEL) is a theory and associated methods aimed at improving the social and emotional components of learning environments. This curriculum exposes residents to SEL and introduces best practices for incorporating SEL into teaching in residency.

Instructional Goal: The goal of this module is to introduce SEL to participants and work with them to discover best practices for incorporating SEL into teaching in residency.

Session Outline:

1. Introduce SEL and enactment for teachers
	1. Brief sample self-assessment
2. Discussion on relation to teaching in residency
3. Workshop examples
4. Critical assessment of SEL for teaching in residency

**Session Details**

*Part 1: SEL and enactment for teachers—What is SEL and why should I care?*

**Slide 1:** Introduce the session

**Slide 2:** Enumerate the learning objectives

**Slide 3:** Briefly describe the genesis of the social and emotional learning (SEL) movement.

**Slide 4:** Briefly describe the 5 competencies of SEL. *DISCUSSION: What would we change in the graphic to make this explicitly referent to medical education?*

**Slide 5-6:** Briefly discuss emotional intelligence and its function as the basis of SEL

**Slide 7:** Administer the [Emotional Intelligence (EI) self-assessment](https://s3.amazonaws.com/eiassets/ei_responsive.htm). Read the prompts aloud (or print off copies of the assessment without the scoring section) and have participants record responses. Debrief scoring according to the scoring section and have the participants average their overall score for their EI score.

**Slide 8:** Facilitate a discussion using the suggested prompts

Suggested Discussion Prompts

1. What are some of the most important and/ or challenging tasks you face as a resident? How might SEL be helpful?
2. How might a focus on SEL change your residency experience?
3. How would teaching with SEL change the experiences of the learner and the teacher?
4. How would SEL in residency impact the culture of the clinical learning environments in your program?
5. What changes could be made today to meaningfully integrate SEL into your program?

**Slide 9:** Conduct workshop

Workshop instructions: Facilitators, remind everyone what the 5 domains are and elicit examples of challenging or rewarding teaching and learning experiences from participants, possibly beginning by supplying one of their own (leading by example to create a safe sharing space) or using the scenarios below. For each example/scenario, the group should address how each of the SEL competencies was or was not present. If a competency is identified as not being present, discuss how the presence of that competency would have altered the experience. All instructions herein are suggestions – feel encouraged to try different things!

1. Self-awareness
2. Self-management
3. Social Awareness
4. Relationship Skills
5. Responsible decision-making

**TEACHING SCENARIOS**

These scenarios are featured in the “Teaching” Residents as Educators curriculum, as well. Please feel encouraged to come up with your own and/or ask your participants for example scenarios.

ORIENTATION SCENARIO

Ask for volunteers or assign someone from the audience to play the role of the resident and intern. Instruct the audience to pay close attention and take note of what was being communicated other than the words and how they knew.

* Senior Resident with Intern

(Senior) This is day one on the inpatient Family Medicine service. You need to orient a brand-new Intern and give an overview of the day. Make sure to exchange contact information so your intern knows how to reach you. Briefly discuss patient load, presentations, notes, and orders. You have 5 minutes to orient the intern to the inpatient service as you need to go and check on a new admission that was just signed out to you.

(Intern) You are really interested becoming more comfortable with the inpatient management of diabetes and diabetic ketoacidosis. During sign outs, you heard that the new admission overnight has this, but being that this is only your first day, you are not sure that you should ask to follow this patient. You’re wondering how many patients you will follow, though, and how much time you will have to check on patients before formal rounds. You would like to know expectations are far as presenting on rounds, too. The floor just called you about a patient with constipation. You feel comfortable ordering a medication but did not know in what situations you can just go ahead and give verbal orders since this is your first rotation.

Facilitator: have two sets of actors and instruct as follows:

1. First set does this as an excited, eager intern and a tired, frustrated 3rd yr.
2. Second set does this as a fearful, irritable intern and a 3rd year with high E-IQ.

After the show, debrief the actors and the audience. Ask which interaction they would prefer and how each example affected teaching and learning.

For the following scenarios:

Facilitator: Ask each actor to play the roles emphasizing the presence or absence of one of the 5 Domains. After the performance, poll the audience to see if they could guess which domains were being emphasized and how they knew.

**MODELING SCENARIOS**

Facilitator: Ask for volunteers to model the following for another resident or medical student. You will need a volunteer to serve as a patient, as well.

* A Code Status discussion with an unresponsive patient’s family member. The family is deeply religious. EEG performed by neurology shows essentially no brain activity. The patient is intubated & sedated and is on multiple vasopressors to maintain blood pressure in the setting of multisystem organ failure, including cardiogenic shock.
* A discussion with a patient needing narcotics refilled but has a drug screen positive for illegal substances. The patient has broken the pain contract by visiting another clinic in order to receive narcotics and by having them filled at various pharmacies. This patient has a history of hip osteonecrosis and has had a joint replacement in the past, so there is no doubt that the pain is legitimate.

ONE MINUTE PRECEPTOR SCENARIOS

* Resident

You are the upper level on the inpatient service. The ER just paged your intern with a new admission. The patient is a 63 yo Mexican female who has come to visit her daughter for an extended stay. She does not speak English fluently but does understand a little English. Her daughter is here with her today. She is complaining of fever, chills, and abdominal pain. She has not seen a doctor in several years and takes no medication.

* Intern

You have gone to see the patient in the emergency room. Your upper level really likes to teach. You feel pretty comfortable that you have accurately assessed the patient. Her urinalysis showed some bacteria, white cells, and blood. You think this is definitely at urinary tract infection and want to discharge her from the ER with something for pain and an antibiotic.

* Resident

You are working in the ambulatory clinic. A third year medical student has been assigned to work with you today. The student has shadowed you for multiple days, and you feel it is time for him/her to try to see a patient alone. Patient Ms. F is a 41 yo Caucasian female complaining of cough for the last month. Your patient is new to the clinic and is a smoker with a 15 pack year history. She takes no medications. As you knew her chief complaint when she arrived and saw that her temperature was slightly elevated at 100 degrees F, you asked the nurse to go ahead and send her to x-ray. Her image revealed a lingular infiltrate.

* Medical Student

This is your first week working in the ambulatory clinic. You are feeling more comfortable and are pretty sure that you can handle seeing the next patient alone. Your patient is a 41 yo F who has been complaining of a cough for the last month. Per the nurse, her current temperature is 100 degrees F. She also has a 15 pack year history of smoking. She takes no medications. She has never been seen at this clinic before.

**FEEDBACK SCENARIOS**

These scenarios are featured in the “Feedback” Residents as Educators curriculum, as well. Please feel encouraged to come up with your own and/ or ask your participants for example scenarios.

Facilitator: Read the scenarios to your participants then use Kahoot, Polleverywhere, or some other gamification system to ask everyone which of the 5 domains would be most useful in each situation, then discuss the responses. The truth is that each of the 5 is helpful and discussion should help this truth to emerge in your group.

1. Resident—Intern Scenario

You are on service with an intern with whom you have never worked before. You were concerned that there were some knowledge deficits. However, after getting to know your intern, you realize that it is just shyness coming into play. You have actually been thoroughly impressed by the intern’s patient care skills and medical knowledge and want to give some helpful, reinforcing feedback. Though these things are up to par, you would like your intern to work on interpersonal skills and work on effectively interacting with all members of the team including nurses and social work.

1. Resident—Learner Scenario

You are working in the ambulatory clinic with a 4th year medical student who has matched into a different specialty. Your student shows up to clinic late, on one occasion took a two-hour lunch break, and is taking very minimal histories. The student is also too informal with patients, even going so far as to call them by their first names. The student introduces himself as “doctor” rather than “student doctor” and gives the patient a plan before consulting you or the attending. The student also frequently uses a cell phone at inappropriate times, such as when you are signing out patients to the attending.

1. Resident—Attending Scenario

Your attending on service is fond of feedback Friday. All residents are given feedback at that time, but the attending solicits feedback as well. The attending likes to do mini-lectures every day, but you think the students on your team would benefit from actually doing some of the teaching. One of your interns has an ankle sprain, and the attending loves to take the stairs, but the intern is afraid to bring it up to the attending that the ankle is painful. You are very appreciative of the autonomy you have been given to act as a junior attending, and your attending has the reputation for being very reasonable and receptive to feedback.

**Slide 10:** Facilitate critical assessment by instructing the participant group to address the potential benefits and barriers to integrating SEL into their own teaching and learning as well as into their programs as a whole using SMART or [CLEAR](http://www.inc.com/peter-economy/forget-smart-goals-try-clear-goals-instead.html) goal setting.

**Slide 11:** Facilitate goal setting

**STFM Faculty for Tomorrow Resident as Educators Curriculum:
Social and Emotional Learning (SEL)—Quiz With Answers**

1. Social and emotional learning theory asserts that
	1. There are ways to intentionally teach social and emotional learning.
	2. There are social and emotional KSABs.
	3. Intentionally engaging in SEL impacts the hidden or implicit curriculum.
	4. **All of these**
2. The 5 competencies of SEL include:
	1. Self-management
	2. Social awareness
	3. Empathy
	4. **A and B but not C**
	5. A and C but not B
3. SEL has nothing to do with ethical or professional behaviors.
	1. **False**
	2. True
4. A senior resident is approached by a second-month intern. The intern has a question but is hesitant to ask. The senior resident is busy, tired and angrily lashes out at the intern, “Do you have a question or what?!? Ask it or get out! I’m exhausted and don’t have time for this!” This reaction to the intern is primarily a lack of competency in:
	1. Self-awareness
	2. **Self-Management** *because while the domains are integrated, the focus of this question is on the senior’s reaction and the reaction it a demonstration of a lack of self-management.*
	3. Social Awareness
	4. Relationship Skills
	5. Responsible decision-making
5. An attending is well-known for passing off tasks onto his residents, and tends to treat female residents like administrative assistants. You notice this behavior as the attending deliberately instructs a resident to sign-off on his charts using his EHR credentials, saying that he is too busy with patients for the administrative burden. This specific behavior of not signing off on his own charts is demonstrative of a lack of:
	1. Self-awareness
	2. Social awareness
	3. Self-management
	4. **Responsible decision-making** *a lot of physicians find the burden of charting to be cumbersome and keeps them from providing the best possible care. However, instructing someone else to sign-off is an ethical lapse and could impact patient safety and for this reason is primarily a RDM failure.*
	5. Relationship skills

**References**

ACGME CLER Guidelines

Belfield et al. The economic value of social and emotional learning. 2015

Economy P. Forget SMART goals - try CLEAR goals instead. <http://www.inc.com/peter-economy/forget-smart-goals-try-clear-goals-instead.html>

Free Management Ebooks: Understanding Emotional Intelligence
<http://www.free-management-ebooks.com/dldebk-pdf/fme-understanding-emotional-intelligence.pdf>

Goleman D. How to be emotionally intelligent. The New York Times, April 7, 2015. [http://www.nytimes.com/2015/04/12/education/edlife/how-to-be-emotionally-intelligent.html?action=clickandpgtype=Homepageandregion=CColumnandmodule=MostEmailedandversion=Fullandsrc=meandWT.nav=MostEmailedand\_r=1](http://www.nytimes.com/2015/04/12/education/edlife/how-to-be-emotionally-intelligent.html?action=click&pgtype=Homepage&region=CColumn&module=MostEmailed&version=Full&src=me&WT.nav=MostEmailed&_r=1)

Reflections The SoL Journal Vol 14 (1)

Social-Emotional Learning Assessment Measures for Middle School Youth <http://www.search-institute.org/sites/default/files/a/DAP-Raikes-Foundation-Review.pdf>

Webb A R, Young R A, Baumer J G. Emotional intelligence and the ACGME competencies. JGME 2010 doi: 10.4300/JGME-D-10-00080.1

Weisberg R. P., Durlak J. A., Domitrovich C E., Gullotta T. P. Social and emotional learning: Past, present, and future. *Handbook of Social and Emotional Learning: Research and Practice*, 2015.

**Resource**

Emotional Intelligence (EI) self-assessment online app <https://s3.amazonaws.com/eiassets/ei_responsive.htm>