**“But I already know that! Teaching family medicine residents when they don’t know what they don’t know.” Final Group Exercise Results. 9/23/2015 Forum for Behavioral Science in Family Medicine**

These are collated from the flip chart pages we collected at the end of the session. Thank you to all participants!

Rationality is more important than experiential interventions:

Solutions: Ask residents to think of a time when they were given really good advice, but didn’t take it and why. Doing something experiential. Try it both ways: what was the result? Watch themselves. Skill diary.

Behavioral topics are not relevant in the time-crunch of precepting:

Dealing with emotions takes time 🡪 how to do it quickly? “I’m not the expert.” “Getting it elsewhere.” Learn the basics to apply: physio 🡪 psych. Give them (topics) priority. Agenda setting when precepting. Engagement.

But it doesn’t work!

Expectation management. Asking their opinion about what works: why might x not work? Did any part work? What are you doing (pros/cons). Walk through decision-making and review outcomes later. Modeling – med faculty buy in.

I don’t believe in that.

What have you found to be true? What has worked and not worked? Here is the evidence, what are your thoughts? Tell me how you decided that? Reframing what you do believe. Stay curious (B.H. professional). Would you be willing to try this 5x? (Forced risk taking)

Give me less information (I don’t need all that)

Overwhelmed/emotion

Time – ask what they need, how much time do they have, teach another time

Over confidence – ask about their plan, add a pearl, ask them to teach us.

I do x skill already

Experiment instead of instructing or commanding. Self observation of skills. Teach others. Normalize failure 🡪 give permission.