Points to Remember to Guide Learning

Point #1: The value of questioning

Questioning is a valuable strategy for preceptors, students and members of the interprofessional health care team.

Questions lead to a better understanding of how others view patient care, an essential step for the interprofessional team to work together better. They can cause us to think deeper and consider other information. In this way, questions can help us see a situation more holistically. Finally, they promote critical thinking and problem solving as information is shared within the team (Arber, 2008; Velde, Wittman & Vos, 2006; Myrick & Yonge, 2002).

Point #2: Questions that curtail discussion

Asking certain types of questions can actually curtail discussion if they are closed ended. These questions do not invite communication or critical thinking as they are based on recalling specific information (Myrick & Yonge, 2002).

Type of Question	Explanation
Factual/Terminology/Knowledge (Myrick & Yonge, 2002)	Factual questions call for answers based on recall. The goal of these questions is often akin to a pop-quiz. Questions about facts can be answered by using memory skills alone. Factual questions do not challenge the student's thinking. These types of questions encourage rote memorization. Examples: Define the term shared-care. What is this class of medication used for?
Yes/No (Myrick & Yonge, 2002)	Questions that can be answered using "yes" or "no" do not engage the students. These types of questions do not offer the opportunity for students to explain the why or reasoning behind his/her "yes" or "no" answer.
Specific/Succinct (Myrick & Yonge, 2002)	Questions that can be answered using only a few words, similar to the yes/no, do not engage students. These questions do not get at the reasoning or the why behind the answers. They are often relating to facts, terms and knowledge

Point #3: Questions that get at application of knowledge and problem-solving

Questions that get at application of knowledge and problem-solving are analytical questions and require a high level of thinking.

These questions are usually open-ended and begin with “how” or “why”. For these questions, the asker needs to be open to the response and ready to build upon their answer (Brookfield & Preskill, 1999). One of the best things you can do as a preceptor is to be aware of the types of questions you are asking, as different types of question get at different aspects of knowing about an issue.

Types of Questions	Purpose of Question
Purpose (Brookfield & Preskill, 1999; Slaughter, Brown, Gardner, & Perrit, 1989)	Define the teamwork/ patient care task. What is the purpose of consulting with another team member in this case?
Information (Brookfield & Preskill, 1999; Slaughter et al., 1989)	Look at the sources of information (history, assessment, diagnostic tests, past knowledge and experience) as well as at the quality of information. What information did the patient give you about his diabetes management? How will that be useful to other members of the interprofessional team?
Interpretation/Comprehension (Brookfield & Preskill, 1999; Paul & Elder, 2004; Velde et al., 2006)	Examine how students are organizing or grouping information to form an interprofessional plan of care. What is your interpretation of the lab results given the symptoms? What do these lab values indicate for your care and that of the other team members?
Assumption (Brookfield & Preskill, 1999)	Examine what students are taking for granted, verify it and get more details. What are you assuming about the pharmacist’s role when you made this plan? What else do we need to take into account?
Implication (Brookfield & Preskill, 1999; Slaughter et al., 1989; Velde et al., 2006)	Follow where a student’s thinking is leading. Is it logical? What are some of the implications of interprofessional care planning and patient participation?
Point of view (Brookfield & Preskill, 1999; Velde et al., 2006)	Examine the student’s point of view as a professional and a member of the interprofessional team. Discuss other points of view, especially the patient’s. If you were in the patient’s shoes, how would you see the situation? Is there another point of view we can consider?
Relevance/Application (Brookfield & Preskill, 1999; Slaughter et al., 1989; Velde et al., 2006)	Discriminate what is and is not important to the issue. Assist students to apply the information already known to new situations. How does interprofessional care benefit this patient? Why are these interventions appropriate for this patient?
Accuracy (Brookfield & Preskill, 1999)	Evaluate and test for correctness. Some data from history can be verified with other records and/or people. How can we verify the treatment received by this patient in the past month?

Precision (Brookfield & Preskill, 1999)	Give details and be specific in providing information for actions. What precise information is supporting the current plan of the interprofessional team? Can you give me more details?
Consistency (Brookfield & Preskill, 1999)	Examine thinking and care delivery for contradictions. What are the main points that are consistently important to the interprofessional care of patients who have cardiovascular diseases?
Logic/Analysis (Brookfield & Preskill, 1999; Paul & Elder, 2004; Slaughter et al., 1989)	Consider how pieces of information are being connected together. Do all the details add up to support the plan? What is the next logical step now that we know our patient has asthma? Does this really make sense? How have you considered information from other team members?
Synthesis (Brookfield & Preskill, 1999; Velde et al., 2006)	Develop new ideas by putting together information in a new way. What is your plan to improve interprofessional care for families dealing with end-of-life care? How is this better than the existing services?
Clarification (Myrick & Yonge, 2002; Paul & Elder, 2004)	Provide students a chance to expand on their ideas and clarify what they mean, with the goal of furthering their knowledge. What is an example of that? What do you mean by that?