RESEARCH ARTICLE

▲ Identifying Teachable Moments in the Clinical Setting and Possible Barriers

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The purpose of this study was to explore the role of teachable moments in the clinical setting and factors that may affect clinical instructors' use of teachable moments. In order to address this purpose, a survey exploring perceptions regarding the role of teachable moments, learning styles on teachable moments, and barriers associated with finding teachable moments was developed by the authors, the Teachable Moments Mentorship Survey. Seventy-four health care professionals who attended a conference on clinical education, held a license in their professional area, and had experience as a clinical instructor completed the survey. Upon examination of the data, two distinct types of barriers emerged, flexible and inflexible. The authors provide a framework for addressing these barriers associated with clinical supervision within the clinical environment. J Allied Health 2014; 43(1):32–37.

TODAY'S CULTURE of health care supports an effective and efficient "patient-centered care" model of service delivery. In order to prepare health care professionals to effectively enter into this culture and continue to strive in it, academicians are exploring the effectiveness of teaching and learning strategies in developing and supporting the patient-centered model. Vital to the academic preparation of all entry-level health care professionals is their clinical education experiences. Clinical education experiences support the mastery of psychomotor, cognitive, and affective behaviors needed for competent entry-level practice. As part of the professional curriculum, students are immersed within diverse practice environments under the mentorship of practicing clinicians who take on the mentorship role as clinical educators.[1] While clinical experiences may occur at different points within the student's academic curriculum depending upon the health science program's curricular map, academicians and clinical educators support the premise that clinical education experiences are vital in supporting students' transition from the didactic classroom environment to the hands-on clinical world.

Clinical education experiences support the mastery of one's clinical skills. Mastery has been referred to as a "high degree of competence within a particular area."[2] For professional students, mastery emerges from the development of key component skills which can be retained, transferred, and modified appropriately depending upon the needs of the situation. For example, entry-level physical therapists must be able to apply key principles of body mechanics when transferring a patient regardless of diagnosis, impairments, and environmental demands. Sprague and Stuart[3] described four stages associated with the development of mastery, ranging from unconscious incompetence, to conscious incompetence, to conscious competence, to finally unconscious competence. Taking the example of learning to transfer a patient, the novice student does not have the knowledge to know "what they do not know" regarding transfers, thus demonstrating an unconscious incompetence. In the classroom, however, they gain knowledge via various teaching and learning experiences which moves them to a state of conscious incompetence. In this stage, they gain awareness of "what they do not know" and "what they need to learn." As they continue to acquire knowledge via classroom experiences, the integration of clinical experiences enables them to advance further to a state of conscious competence where they are fairly competent in their ability. In this conscious competent state, they still must consciously attend to tasks and think through situations each time, thus limiting their skill performance. It is only when the skill becomes automatic in nature, without the need for ongoing attention, do Sprague and Stuart[3] suggest that skill mastery has occurred. It is this state of "automaticity" that enables the learner to perform their skill set consistently effectively and demonstrates skill mastery.

So how does this automaticity really emerge? DeGroot[4] and Blessing and Anderson[5] suggested that experts,

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unlike novices, quickly recognize patterns and associate meaning to tasks based upon experience, leading to what can be considered short cuts in the planning. Frequently, the structure of professional education programs within the academy is to provide foundational knowledge within the classroom environment, while clinical experiences foster the practical application of knowledge. Given that the practical application gained in the clinical environment supports the mastery of skills, understanding how one might foster practical teachable moments in the clinical environment is imperative.

But who supports this transition of knowledge from the academic environment to the clinical environment? In the health sciences professions, it is the role of the clinical instructor (CI) to mentor students through this transitional process. In order to ensure that this transition takes place CIs must be aware of and use various teaching and learning strategies to effectively meet the needs of the student and the environment.

For clinicians, using the best available evidence to practice our craft and mentor students emerges as a truly active learning experience. Additionally, for many clinicians, this mentorship extends beyond student mentorship to the mentorship of other staff members and colleagues in what is frequently called staff clinical supervision. The process involved in the mentorship of professional-level students and staff members is often a challenging one which can lead to limited active learning for both the mentee and mentor. Regardless, the role of the CI is to provide an environment that complements the students' academic environment and further enables them to develop the skill set needed to become autonomous practitioners. The role of the staff clinical supervisor is also to provide an environment which further develops the practicing clinicians' skill set and fosters their appreciation for the need for lifelong learning in an evidenced-based autonomous profession. However, today's CI and staff clinical supervisors are practicing in a financially volatile environment where patient productivity and defensive documentation for service reimbursement may compromise their ability to identify and individualize the learning environments for many students and the staff they supervise. For CI/supervisors, finding "teachable moments" in today's clinical environment is not easy or many times possible.

Today's health care professional students and staff personnel must take an active role in seeking teachable moments that can support their learning. Students and staff must communicate their expectations and needs to CI and supervisors. Through the creation of a collaborative learning environment, efficient and effective learning experiences that meet the learning needs of the student/staff and the demands of the clinical learning environment can emerge. When a mentee/supervisee lacks the ability to communicate with their mentor/supervisor, they are not developing as an autonomous health care professional. Clearly, the burden then falls onto the CI or supervisor to "figure out" what is needed for the individual to succeed, which may negatively impact teachable moments and lead to CI burn out, frustration, and or resistance to participate further in a mentor-mentee or supervisor-supervisee relationship.

How then, do we teach strategies to promote successful communication as an essential professional trait to those who mentor or supervise? One way may be to help the mentor/supervisor understand their pivotal role and aide them in creating and utilizing teachable moments as part of the clinical environment. The authors are unaware of any published evidence exploring the role of teachable moments in the clinical environment; therefore, this study hopes to explore this topic by first better understanding the perceptions of CIs with regard to the role of teachable moments in the clinical setting and factors that may affect their use of teachable moments.

Methodology

Research Design and Subjects

The study used an exploratory descriptive survey design. The study was approved by the Seton Hall University institutional review board.

Seventy-four health care professionals who held a license in their professional area and who attended the Evidence-Based Clinical Supervision in Rehabilitation & Other Health Care Settings conference sponsored by JFK Johnson Rehabilitation Institute on June 17 and 18, 2012, completed the survey.

Instrumentation

Based on the author's review of the literature and a focused group discussion with clinical mentors in the health professions, the *Teachable Moments Mentorship Survey (TMMS)* was created. The focus group consisted of nine clinicians and academicians representing the professions of physical therapy, occupational therapy, speech-language pathology, and nursing/ social work who all had experience as CIs. The focus group discussion emerged into the identification of key themes associated with teaching and learning, mentorship, and clinical environment barriers. Using these themes, the authors developed the TMMS.

After receiving institutional review board approval, the survey was validated for content using a Delphi consensus reaching approach with experts (n=9), reaching 80% consensus on question, appropriateness, clarity, content, and sequencing after two rounds of review.[6] The final survey consisted of 25 questions that collected data on the demographic characteristics of the participants, their perspectives on the role of teachable moments in the clinical setting, factors/barriers that

TABLE 1. Demographic Characteristics of Participants (*n*=74)

Characteristic	%
Gender	
Female	95.0
Male	5.0
Profession	
Speech-language pathologists	40.5
Physical therapists	25.7
Occupational therapists	8.1
Audiologists	10.8
Psychologists	1.35
Social workers	1.35
Nurses	12.2
Age Range	
25-35	35.1
36-45	28.4
46-55	23.0
> 55	13.5
Level of Current Position	
Supervisors	47.3
Staff	37.8
Other	14.9
Do you mentor students in your current position?	66.2
Have you mentored students in previous position(s)?	83.8
No. of professional students you have supervised in your current /previous position(s)?	
1–2	13.2
3–4	10.3
4–6	20.6
7–8	5.9
9–10	10.3
11 or more	39.7
Do you mentor professional staff in your current position?	68.9
Have you mentored professional staff in previous position(s)?	56.8
No. of professional staff you have supervised in your current/previous position(s)?	
1–2	10.7
3–4	12.5
4–6	10.7
7–8	12.5
9–10	5.4
11 or more	48.2

may affect a CI's or supervisor's use of teachable moments, and their preferred learning style. Two open-ended questions were asked to gain insight on how the participants would a) define a *teachable moment* and b) what they believed were *barriers* to finding teachable moments in the clinical environment.

PROCEDURES

All conference participants (*n*=76) received a letter of solicitation attached to the outside of an envelope containing the survey (Appendix A) and a pencil. The letter of solicitation invited them to voluntarily and anonymously participate in the study by completing the included TMMS. The conference personnel handed out the packet to all participants at the end of the conference when obtaining their certificate of complete form. The participants were instructed via the letter of solicitation to return the completed TMMS to the survey drop-off box at the back of the conference presentation room, or they could mail the survey directly to the principal investigator using an enclosed self-addressed mailing envelope within the packet.

The conference focused on "Developing Evidenced-Based Clinical Supervision Skills in Health Professionals," with one of the presentations specifically focusing on "The Practice of Scholarship in a Mentoring Model of Clinical Supervision." This presentation explored a framework for the development of the scholarship of teaching and learning in the clinical environment invoking active learning and reflective skepticism. Three active learning tenets associated with the framework were explored during this presentation: 1) the infusion of evidenced-based practice and practice-based evidence in the mentorship of students, 2) the merging of learning styles and mentorship strategies, and 3) the utilization of teaching and learning strategies in the clinical environment.

Results

SAMPLE

The study sample consisted of 74 participants out of the 76 conference participants. The response rate was 97.4% (2 responses were not received). Descriptive statistics were used to analyze the data. The descriptive statistics took the form of percentages and were primarily used to analyze findings derived from the TMMS.

As part of the TMMS, data on selected demographic characteristics of the participants were collected. These characteristics included gender, professional background, age, level of current position, population supervised, and number of years providing supervision and mentorship (Table 1). The participants were primarily female speech language pathologists or physical therapists. The noted were mentoring/supervising at least two students, but the greatest percentage mentored more than 11 individuals to date. Interestingly, the participants were primarily between the ages of 25 to 35 yrs.

MENTORSHIP PERCEPTIONS

When asked "Does your employer offer support for mentorship of professional students?," 77% (*n*=57) responded yes and 16.2% (*n*=12) responded no, with 6.8% (*n*=5) of participants not responding to this question. When asked "Does your employer offer support for mentorship of professional staff?," 62.2% (*n*=46) responded yes and 28.4% (*n*=21) responding no, with 9.4% (*n*=7) of participants not responding to this question.

*Appendix 1 appears in the online version of this paper, available at www.ingentaconnect.com/content/asahp/jah, see Volume 43, No. 1, Spring 2014 issue.

Table 2. Participants' Agreement with the Statement Regarding Defining Teachable Moments

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Teachable moments are any moments between a CI/supervisor and student/staff in which professional discourse/dialogue takes place.	43.2%	35.1%	12.2%	2.7%	6.8%
Teachable moments are any authentic experiences that provide the opportunity for hands-on experience between a within the clinical environment.	54.1%	33.8%	2.7%	5.4%	4.1%
Teachable moments are any moments between a CI/supervisor in which the focus is on student/staff skill development.	48.6%	35.1%	6.8%	5.4%	4.1%

Data were additionally collected with respect to participants' perspectives on the role of and barriers to using teachable moments by posing several statements for which the participants used a Likert scale response format. The 5-point Likert scale was used with 5 indicating that the respondent "strongly agreed" with a proposed statement and 1 indicating that the participant "strongly disagreed" with a proposed statement. Table 2 provides percentages of participants' agreement with the statement posed regarding defining teachable moments. Overall, the majority of participants "strongly agreed" or "agreed" that teachable moments were defined as any moments where the mentor and mentee engaged in professional dialogue (78.4%), authentic hands-on clinical experience (87.9%), or focused on skill development (83.7%), with the definition receiving the highest percentage of "strongly agreed/agreed" ratings being hands-on experience (87.9%).

Barriers

Table 3 shows participant's percentage agreement with the statements regarding barriers to engaging in teachable moments. Overall, the percentage of participants who "strongly agreed" or "agreed" that barriers associated with their abilities to use teachable moments included global time constraints (83.8%), patients care needs (63.5%), learning styles (46%), student lack of initiative to learn (66.2%), and their lack of awareness of their knowledge and skills limitations (62.1%), with general time constraints receiving the highest percentage of "strongly agreed/agreed" ratings (83.8%). Table 4 presents the number of participants who spent a specific number of hours per week on the noted professional tasks.

Learning Styles

Based upon the literature regarding learning styles and its influence on the learning environment, participants were asked to respond by identifying "the statement that best described how they preferred to learn" from a provided list (Table 5). Based upon the frequency of the statements, participants demonstrated a strong preference for learning using a systematic in-depth, self-reflective, and hands-on active learning approach.

Table 3. Participants' Agreement with the Statement Regarding Barriers to Engaging in Teachable Moments

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is work-related time constraints.	59.5%	24.3%	5.4%	5. 4%	5. 4%
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the time needed to care for patients.	35.1%	28.4%	14.9%	13.5%	8.1%
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the CI's/supervisor's preferred teaching and learning style.	6.8%	39.2%	28.4%	20.2%	5.4%
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the lack of a match between the CI's/supervisor's and student's/staff person's preferred teaching and learning style.	8.1%	37.9%	20.2%	27%	6.8%
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the student's/staff person's lack of initiative to learn.	18.9%	47.3%	16.2%	12.2%	5.4%
A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the student's/staff person's lack of awareness of their knowledge and or skill limitations.	20.2%	41.9%	17.6%	16.2%	4.1%

TABLE 4. Hours Spent per Week on the Noted Professional Tasks Based on Questions on the TMMS

	No. of Participants Spending:			
	0 hrs	1–4 hrs	5–10 hrs	>11 hrs
Mentoring professional level students/staff at work	11	32	17	13
Developing professional level students/staff professionalism	18	40	9	6
Seeking evidence to support your clinical practices (e.g., reading articles, attending continuing education programs)	10	56	4	2
Paperwork	1	25	29	17
Providing patient care	5	7	13	48
Managing patients plan of care	7	34	14	17
Focusing on your career advancement	33	30	6	4
Supporting activities sponsored by your professional association	34	36	1	2

OPEN-ENDED QUESTIONS EMERGENT THEMES

Upon review of the participants' responses to the open-ended questions which asked them to define 1) "what they thought were teachable moments" and 2) "what they believe are barriers to finding teachable moments in the clinical environment," several themes emerged. Table 6 and 7 list the primary and secondary themes that emerged. Overall, teachable moments were defined as moments developing knowledge and skilled experiences. Not surprisingly, time constraints which hampered one's ability to secure and engage in teachable moments was noted as the primary barrier in the clinical education arena.

Discussion and Conclusion

The data from this study support that clinicians are expected to provide mentorship to students and colleagues in the clinical environment in order to develop and support an effective and efficient "patient-centered care" model of service delivery for today's health care system. The data further support that clinicians perceive that their organizations are providing them with support that can assist them in their ability to mentor students and supervise staff. However, CI-identified barriers, including time constraints, patient care needs, and limited awareness of different learning styles, negatively influenced their abilities to find teachable movements within the clinical environment.

TABLE 5. Number of Participants Who Responded "This Statement Best Described How They Preferred to Learn" Based on the TMMS Questions Posed

Statement	No.
Working systematically, step by step	47
Paying close attention	50
Establishing routines and ways of doing things	54
Using exact, well researched information	19
Learning more by watching than doing	29
Working through an issue thoroughly	40
Personalizing learning	40
Having broad, general principles	19
Maintains friendly relationships with everyone whenever possible	46
Deciding with the heart, not the head	4
Using insight and instinct to solve problems	59
Working with general timeframes, not specific	30
Trying something myself, rather than taking someone else's word for it	46

Upon further examination of the barriers noted, the authors propose that there are two distinct types of barriers emerging from the data, flexible and inflexible. Inflexible barriers are characterized as being externally controlled and thus not modifiable by the CI, such as global time constraints, productivity expectations, and patient care needs. While the authors support the importance of addressing these externally controlled inflexible barriers, given the threat they pose to clinicians when engaging in student mentorship or supervision, it was not the intent of this work to develop strategies to address them but to aide clinicians in categorizing the different types of barriers so that they can begin to address those barriers which are within their control to modify. Alternately, flexible barriers are those that can be modified or managed by the CI, if acknowledged. These flexible barriers include a noneffective match based upon the learning styles or preferences between the mentor and mentee, mentees lack of self-motivation and or initiation to learn, and finally their lack of awareness of their knowledge base and skills limitations.

Based upon the themes that emerged in the data, the authors propose that in order to secure teachable moments in the clinical environment, barriers be categorized as either inflexible or flexible. Categorizing barriers provides a strategic framework that can be used by CIs, clinical facilities, and the academy to aid in creating and fostering teachable moments in the clinical environment. Figure 1 provides a schematic representation of what we have termed the "teachable moments framework for clinical mentorship." Using insight gained from the scholarship of teaching and learning literature, the framework suggests that for effective and efficient learning to occur, several key tenets must be

Table 6. Emergent Themes Defining "Teachable Moments" Generated from the TMMS Open-Ended Question "How Would You Define a Teachable Moment?"

Emergent Themes	No. of Respondents Whose Responses Were Characterized by this Theme
Primary themes	
Skill-based experiences	35
Knowledge-based experiences	43
Best practice-based experiences	46
Secondary themes	
Spontaneous moments	6
Self reflection moments	2
Spare time	1
Conflict resolution moments	1

present within the learning environment. Specifically, the learning environment must support active learning experiences, promote critical thinking, foster dialogue and interaction opportunities between the mentor and mentee, acknowledge learning style differences between the mentee and mentor, and engage in the development of self-reflective evidence-based practice, supported by reflective skepticism.

As health care educators and clinicians it is our role and responsibility to seek out resources that can help us

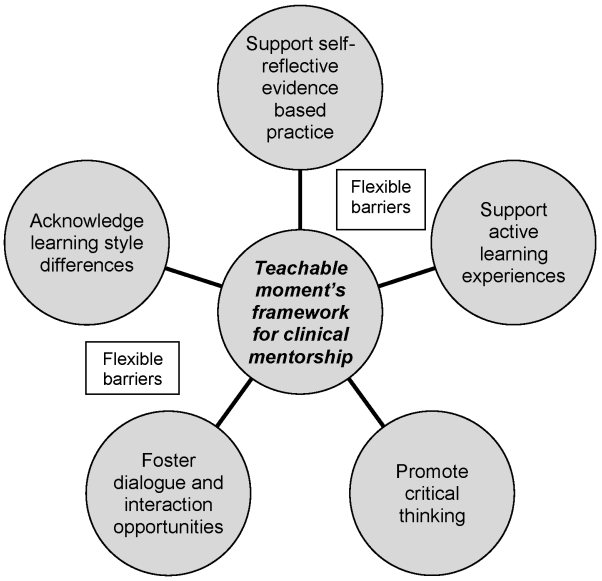

Figure 1. Teachable moment's framework for clinical mentorship suggests that for effective and efficient learning to occur, the learning environment must support active learning experiences, promote critical thinking, foster dialogue and interaction opportunities between the mentor and mentee, acknowledge learning style differences between the mentee and mentor, and engage in the development of self-reflective evidence-based practice supported by reflective skepticism.

Table 7. Emergent Themes Defining "Barriers" Associated with Findings "Teachable Moments" Generated from the TMMS Open-Ended Question "What Do You Believe Are Barriers to Finding Teachable Moments in the Clinical Environment?"

Emergent Themes	No. of Respondents Whose Responses Were Characterized by this Theme
Primary themes	
Time	59
Secondary themes	
Mentee/mentor reluctance	6
Learning styles	6
Lack of professionalism of the student	4
Mentors level of stress	3
Interruption on therapy session	3
Miscommunication	3
Insurance issues	1
Clients parents present in session	1

address the flexible barriers that inhibit one from creating and exploiting teachable moments in the clinical environment. We can use the teachable moments framework for clinical mentorship as a strategic tool to begin to categorize barriers which inhibit the effectiveness of our ability to create and support teachable moments for the development of patient-centered health care professionals. As CIs move forward to address the barriers noted, the scholarship of teaching and learning literature can provide further insight on how to begin to inform mentors and supervisors regarding the role of clinical mentorship and supervision and thus foster the development of teachable moments in the clinical environment.

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*Appendix 1 appears in the online version of this paper, available at www.ingentaconnect.com/content/asahp/jah, see Volume 43, No. 1, Spring 2014 issue.

Appendix A: Teachable Moments Mentorship Survey (TMMS)

INSTRUCTIONS: Completion of this survey signifies your consent to voluntarily participate in this survey recognizing that the data from this survey maybe presented or published in aggregate form without the use of any identifying characteristics.

We believe the information provided from this survey will enable us to better understand the role of teachable moments in the clinical setting and the factors/barriers that may affect mentor use of teachable moments.

Please place a check mark next to your response for the following questions:

1. Gender _____ Male _____ Female

2. Age (years) _____ 25–35
   _____ 36–45
   _____ 46–55
   _____ > 55

3. What is your professional background?
   _____ Physical Therapist
   _____ Occupational Therapist
   _____ Speech-Language Pathologist
   _____ Audiologist
   _____ Rehabilitation Counselor
   _____ Psychologist
   _____ Social Worker
   _____ Other Healthcare Professional

   If Other, please state: _____

4. Title of Current Position _____
   Level: _____ Staff _____ Supervisor
   _____ Other: Please Specify _____

5a. Do you mentor students in your current position? _____ Yes _____ No

5b. Have you mentored students in previous position(s)? _____ Yes _____ No

If you answered yes to either 5a. or 5b., how many professional students have you supervised in your current /previous position(s)?

_____ 1–2
_____ 3–4
_____ 4–6
_____ 7–8
_____ 9–10
_____ 11 or more

5c. Do you mentor professional staff in your current position?
_____ Yes _____ No

5d. Have you mentored professional staff in previous position(s)?
_____ Yes _____ No

If you answered yes to either 5c. or 5d. how many professional staff have you supervised in your current /previous position(s)?

_____ 1–2
_____ 3–4
_____ 4–6
_____ 7–8
_____ 9–10
_____ 11 or more

5. In what setting do you currently practice_____
6. How long have you been clinically practicing/professionally employed in years _____
6a. How many of these years have also included supervisory responsibilities? _____
7. What is your highest academic degree earned _____
8. Please indicate whether you primarily work:
   Full-time (35 or more hours per week) _____ or Part-time (20 hours or less per week) _____

9. Does your employer offer support for mentorship of professional students?
_____ Yes _____ No

If you answered yes, please describe what type of support they provide.

_____

_____

_____

9. Does your employer offer support for mentorship of professional staff?
_____ Yes _____ No

If you answered yes, please describe what type of support they provide.

_____

_____

_____

10. Please place an X in the box to the right of the **statements** which best describe how you prefer to learn.

• Working systematically, step by step	
• Paying close attention	
• Establishing routines and ways of doing things	
• Using exact, well researched information	
• Learning more by watching than doing	
• Working through an issue thoroughly	
• Personalizing learning	
• Having broad, general principles	
• Maintains friendly relationships with everyone whenever possible	
• Deciding with the heart, not the head	
• Using insight and instinct to solve problems	
• Working with general timeframes, not specific	
• Trying something myself, rather than taking someone else's word for it	

11. How many hours per week do you spend, on average, on the following tasks?

	0 hrs	1–4 hrs	5–10 hrs	>11 hrs
Mentoring professional level students/staff at work.				
Developing professional level students/staff professionalism				
Seeking evidence to support your clinical practices (e.g. reading articles, attending continuing education programming)				
Paperwork				
Providing patient care				
Managing patients plan of care				
Focusing on your career advancement				
Supporting activities sponsored by your professional association				

12. When you mentor professional level students/staff do you receive any assistance? If no, please indicate 0. If yes, please indicate the number of hours per week.

	0 hrs	1–4 hrs	5–10 hrs	>11 hrs
Direct patient management				
Patient paperwork				
Student paperwork				
Student management				

13. How would you define a ***teachable moment***?

_____

_____

_____

14. What do you believe are ***barriers*** to finding teachable moments in the clinical environment?

_____

_____

_____

For the Questions 15–23, please use the following scale:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	**2**	**3**	**4**	**5**

15. Teachable moments are any moments between a CI/supervisor and student/staff in which professional discourse/dialogue takes place.

1 2 3 4 5

16. Teachable moments are any authentic experiences that provide the opportunity for hands-on experience between a within the clinical environment.

1 2 3 4 5

17. Teachable moments are any moments between a CI/supervisor in which the focus is on student /staff skill development.

1 2 3 4 5

18. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is work related time constraints.

1 2 3 4 5

19. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the time needed to care for patients.

1 2 3 4 5

20. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the CI's/supervisor's preferred teaching and learning style.

1 2 3 4 5

21. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the lack of a match between the CI's/supervisor's and student's/staff person's preferred teaching and learning style.

1 2 3 4 5

22. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the student's/staff person's lack of initiative to learn.

1 2 3 4 5

23. A barrier to engaging in teachable moments between a CI/supervisor and a student/staff person is the student's/staff person's lack of awareness of their knowledge and or skill limitations.

1 2 3 4 5