Teaching in the clinic: a toolbox for busy clinicians

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Goals

- To identify the barriers of teaching in the ambulatory setting

- To share strategies for time efficient and effective ambulatory teaching

- To consider and generate solutions for common teaching challenges

Teaching in the clinic

The challenges of successful clinical teaching:

- Time constraints

- Balancing teaching with patient care

- Knowing the level of the learner
  - what to teach
  - how much autonomy to give

- "Teaching on the run"

As a contrast to other forms of teaching…

Long discussions

Seminars

Formal lectures

As a contrast to other forms of teaching…

✓ unscripted

✓ individualized- based on level of the learner

✓ happens "on the run" in parallel with patient care

Objectives

- To identify the barriers of teaching in the ambulatory setting

- To share strategies for time efficient and effective ambulatory teaching
  - preparing to teach
  - teaching with the patient
  - reflecting on teaching

- To consider and generate solutions for common teaching challenges

Preparing to teach

1. Initial orientation
   - educational contract

2. Orienting the learner to the patient
   - choosing appropriate patients
   - priming and framing
   - "Let me fill you in…"

Educational contract

- Establish relationship with the learner

> What is the learner's background?

> What are their learning goals for the rotation?

> What are your expectations?

    * details of the practice site
    * share your supervision/teaching style
    * your vision of the learner's role,
        professionalism, after hours learning
    * and that you will be giving feedback

Lesky et al. Arch Int Med 1995;155:897

Knowles' characteristics of adult learners

- self concept
- experience
- readiness to learn
- orientation
- motivation: internally motivated

Social learning theory

- social environment plays a role in the learning process

- reinforcements from the environment and the nature of feedback from significant others can stimulate or undermine greater effort

- attention to creating a positive safe learning environment and giving feedback are important

Educational contract

- Can be modified for different learner levels
- Consider "scripting" it

Orienting the learner to the patient

- Priming:
  - What is the background of this pt and what you should be looking for"

  - e.g. Mr X has severe eczema. He is on cyclosporine and topical steroids. Today's visit is a one-month follow-up. What points in the H and P and in your further work-up will you focus on?"

Orienting the learner to the patient

- Framing
  - " What you should be doing and in what amount of time"
  - e.g. "Ms Y has a history of atypical nevi and discoid lupus. She is on hydroxychloroquine. She had a total body skin check 3 months ago. Please focus on the status of her DLE. Please spend 10-15 minutes."
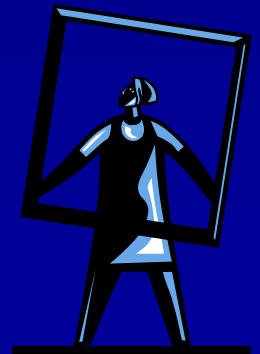
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The one-minute preceptor

1. Get a commitment

2. Probe for underlying reasoning

3. Reinforce what was done well

4. Teach a general rule

5. Correct errors

The one-minute preceptor

1. Get a commitment

- You may need to ask 1 or 2 questions for clarification

o Common pitfalls:
  o jumping in with the answer
  o taking over the case with too many questions

The one-minute preceptor

1. Get a commitment

2. Probe for underlying reasoning:

➢ "What led you to that conclusion?"

➢ "What else did you consider?"

o Allows you to identify knowledge gaps

The one-minute preceptor

1. Get a commitment

2. Probe for underlying reasoning

3. Reinforce what was done well: give positive feedback

The one-minute preceptor

1. Get a commitment

2. Probe for underlying reasoning

3. Reinforce what was done well

4. Teach a general rule

5. Correct errors: provide constructive feedback with recommendations for improvement

Teaching with the patient: strategies to maximize teaching

1. Organization tips for presentations
   – The one minute preceptor

2. Teaching in the room

3. Modeling

4. Initiating self-directed learning

5. Teaching learners of different levels

Teaching in the room

- <u>Direct observation</u>

✓ can observe a portion of learner's interaction with pt and skills not commonly observed

  ✓ interviewing, physical exam skills, communication skills

✓ reinforces trainee's role

✓ opportunity for meaningful feedback

Teaching in the room

- <u>Direct observation: caveats</u>

○ learner and pt need to be oriented to exercise

○ pt consent

○ observe without interrupting

○ give feedback after pt visit

Teaching in the room

- <u>Presenting in the room</u>

✓ increased "face time" with pt

✓ reinforces trainee's role

✓ can go directly to exam of pt

✓ pts prefer having students present their history in front of them than outside the door

Rogers et al. Acad Med 2003;78:945

Teaching in the room

- **<u>Presenting in the room: caveats</u>**

○ take care with what is said and how it is said

○ pt might be uncomfortable with certain discussions
  - ○ pick appropriate cases
  - ○ take cues from learner

○ valued less by more advanced learners

Schultz et al. BMC Med Educ 2004;4:12

Challenge: Incorrect advice given to pt

- Pt's needs come first, need to model high standards for precision
  * be gentle

"Hmmm....I can see how you might suggest that, but I think for this case, because of the erosions it's more effective if you..."

"Hmmm...I wonder if you're thinking of psoriasis. Acitretin would work well for that. Eczema would respond to steroids, ultraviolet light or immunosuppressants, like cyclosporin.

Incorrect advice given in the room

- Partially correct: "right is right"
  - affirm learner's advice
  - repeat it and add detail to make it fully correct
  - flesh out with learner privately

Lemov D. Teach like a champion: 49 techniques that put students on the path to college. Jossey-Bass, 2010.

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Modeling

- Clinical teachers are powerful role models
  - level of enthusiasm for teaching
  - display of compassion for patients
  - how you handle difficult patient encounters
  - how you provide informed consent

** can become a part of your teaching if you alert the learner as to what you will be doing

Modeling

- "It sounds like Ms Z is angry and frustrated that her response to her acne treatment has been slow . Observe as I talk with her and we will debrief after"

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Initiating self-directed learning

- At the end of the presentation, or at the end of the day, encourage the resident to reflect on the patient case/s and consider areas that he/she may need additional learning

Alguire et al. Teaching in your office. ACP teaching medicine series. 2nd Ed, 2008

Initiating self-directed learning

- Learner formulates question
- Ask learner to research answer
- Specify time to follow-up
- "Close the loop"

➢ This reflective exercise can also provide the setting for feedback

Initiating self-directed learning

- "Do you have any questions based on the patients you saw today?"

- "What was the most important thing that happened today?"

- "What is one thing that you would like to learn more about?"

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Learners of different levels: RIME

- "Reporters": reliably gather, organize and communicate clinical information

- "Interpreters": successfully take ownership of the creation & justification of diagnostic hypotheses

- "Managers": successfully take responsibility for negotiating all aspects of patient care

- "Educators"/"Experts": consistently educate others

Pangaro L. Acad Med 1999:74:1203

RIME

Reporters	Priming
	Framing
	Modeling
	One-minute preceptor
	Initiate self-directed learning

RIME

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Reporters	Priming
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RIME

Reporters	Priming
	Framing
Interpreters	**Modeling**
Managers	**One-minute preceptor**
	Initiate self-directed learning
Educators	**Discuss teaching methodology**

Teaching with the patient: strategies to maximize teaching

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   - SNAPPS

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Challenge : Busy day!

- You come in one day to find that there has been a scheduling glitch and you are horribly overbooked! You wonder how you will teach your 3rd year medical student, who has been with you for 2 weeks, and see all your patients in a timely fashion. Your mind goes to priming, framing, one-minute preceptor etc, but you still worry about the time commitment.

- What are some of the other practice resources that you can use?

You are not the only teacher!

- Textbooks in the clinic and online resources
  - case-based reading
- Follow-up of lab results and review at end of session
- Spend time with the office manager

Challenge : Multiple learners

- It is Monday morning. You are expecting your 3rd year medical student to join you today as usual and you have scheduled your patients accordingly. You suddenly remember that you agreed to precept a senior primary care resident on an elective. Then, your colleague drops by- he needs to go home as he is ill. He asks that you precept his junior resident as well.

- How will you manage their learning?

"The one-room schoolhouse"

- "What are my resources right now and how can I use them?"

✓ Practice resources outlined in previous challenge

✓ More rooms have opened up!
  – Senior resident sees pts; student joins him/her
  – Junior resident sees pts

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Reflecting on teaching

- "Mindful practice"

- Development of "teaching scripts"
  - "do not just happen"
  - actively developed and refined based on clinical experience, feedback on teaching, readings

Irby DM. Acad Med 1992;67:630

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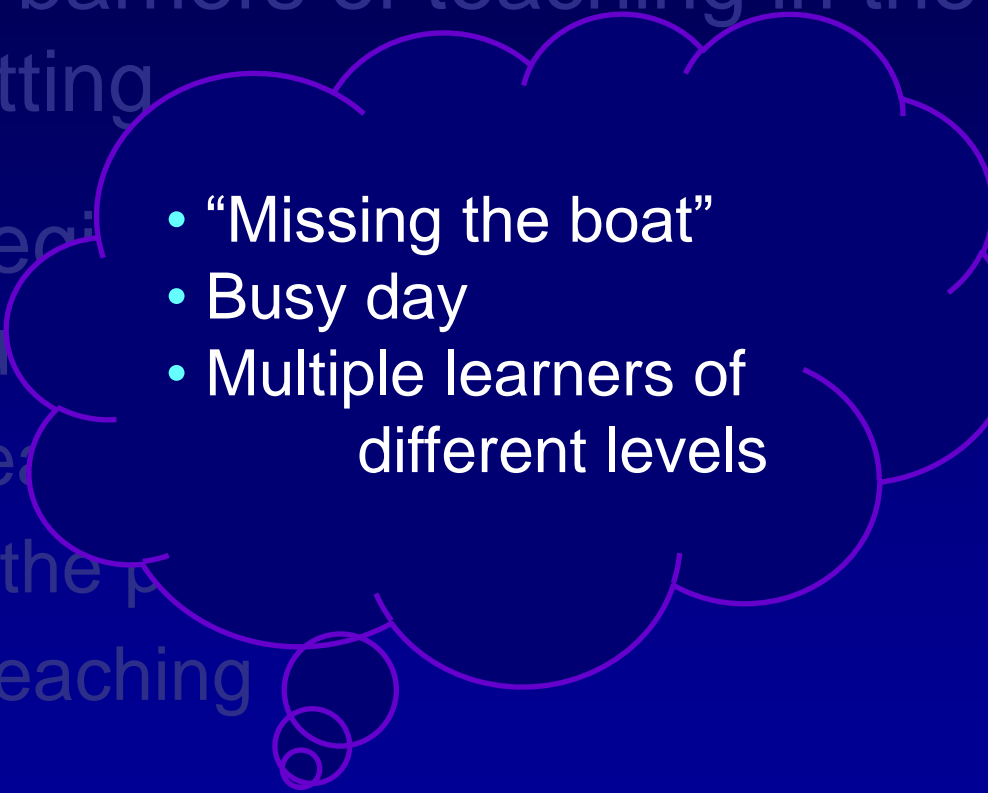 - teaching with the patient

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   - 1 minute preceptor
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- "Missing the boat"
- Busy day
- Multiple learners of different levels

- To consider and generate solutions for common teaching challenges