

# Managing Students in a Busy Practice

Tips in a Longitudinal Integrated Clerkship (LIC)

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# Learning Objectives

- Organize the ambulatory setting to optimize the teaching environment
- Identify toolbox for successful precepting during busy sessions
- Create strategies to prepare students to be successful

# Background

- Cost/Benefit Discussion
- Overarching framework for effective teaching



# The Costs of Teaching

- Time
- Same number of patients
- No extra \$\$\$



# What are the rewards/benefits of teaching?

- Patient care can be enhanced
- The mentorship of a student
  - Long lasting
  - Connection to student beyond medical school
- Promotes ongoing learning
- Prevents burnout
- Limited and dedicated amount of time
- Promotions and teaching evaluations



# What Makes an Effective Teaching Encounter?

- Create supportive environment for learning
  - Students are comfortable asking questions and not afraid of mistakes
  - Growth mindset “risk takers, mistake makers”
- Explore pre-existing knowledge
- Provide a conceptual framework for facts/ ideas; organize knowledge
- Facilitate learning through active involvement

*How People Learn: Brain, Mind, Experience and School, 2000*

# Survey

- 42 faculty at the DH-LIC completed the survey in 2019
- ½ done by Internal Medicine, Pediatrics, and Family Medicine
- 25% faculty in first year of precepting
- 30% faculty in LIC for 5 years



# Comment from Survey

- “Since this is my first year doing this, I would really like to know how other providers in the outpatient setting work with their students, how they organize their time, and how they give feedback. And more efficiency tips!”



# Preceptor responsibilities to learners

- **Familiarity** with curriculum
- Establish meaningful **expectations** early on
- Develop educational **goals** with learner input
- **Observe** learner interactions with patients
- Engage in regular **feedback**
- Provide **assessments** of learner progress
- **Debrief** and encourage reflection

# What's the Norm?

- Early in year: 2 patients per session
- Later in year: 3-4 patients per session
- On average write 1-2 notes per session
- Lab follow-up is variable and difficult



# Learning Environment

- “I think it is creating **the right environment** and setting expectations for your students. Its not always perfect and requires flexibility too but having a plan can set you up for success.”
- “The right environment is welcoming to the student, open to interact with you and the care team and allow them to be proactive and part of the team. The sooner you make them part of the team rather than feeling isolated, the more everyone will gain from these incredible medical students.”

# Teaching Tip #1 Preparation

- **Introduce** to everyone in clinic on the first day
- **Huddle** before clinic starts for couple minutes
- **Select patients ahead of time** to see
- Ask for **specific learning goals** for the day
- Focus teaching based on specific goals

# Teaching Tip # 2 Outsource

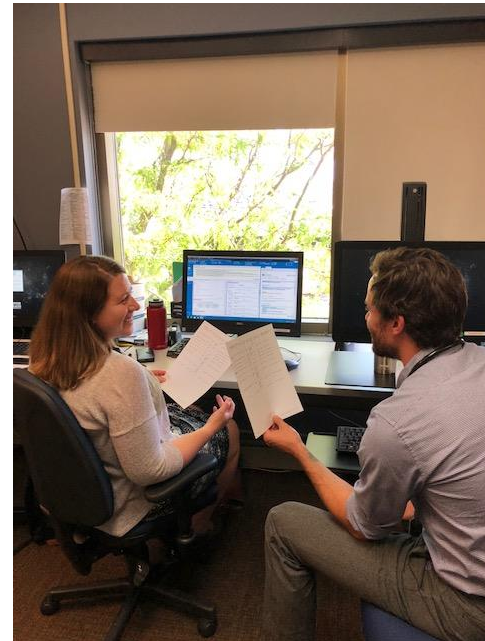
- Consider all the learning opportunities in your clinic
- When you introduce your student to colleagues and staff, ask for willingness to teach/have an observer
- Identify opportunities for your student to learn from others
  - Behavioral health
  - Pharmacy
  - MA (vaccines/testing)
  - Other providers (may grab your student for an interesting exam finding/case/procedure)
  - Health Educator

# Survey Comment

- “I wonder if I am watching them do enough physical examinations and would like to do this on a more regular basis.”

# Teaching Tip #2

- Observe students for **brief** periods and give **brief** feedback
  - History
  - Physical Exam
  - Explain AVS to patient
  - **Ask, Tell, Ask**



# Teaching Tip #3

- Brief **debrief** end of session
  - What went well? What can you student improve?  
What can preceptor improve?
  - This can be done over phone/email prn
- Students identify interest teaching question to present at next session



# Survey Comment

- “I would love to know about what students find to be the most helpful teaching techniques.”



# Out Loud Thinking

- Modeling: thinking out loud
  - Communicate framework for solving clinical problems
  - Demonstrate individualized decision making and application of EBM to specific cases
  - Expose learners to ambiguity and model life-long learning
  - Especially helpful for very first session with learner or when getting behind in clinic



# Active Shadowing

- Opportunity to role model
- Learner given tasks for visits with quick debrief afterwards
  - Demonstrate communication skills
  - Physical exam – identify components and demonstrate
  - Difficult conversations
  - Understandability of medical language
  - Include students in counseling
  - Effective use of interpreter

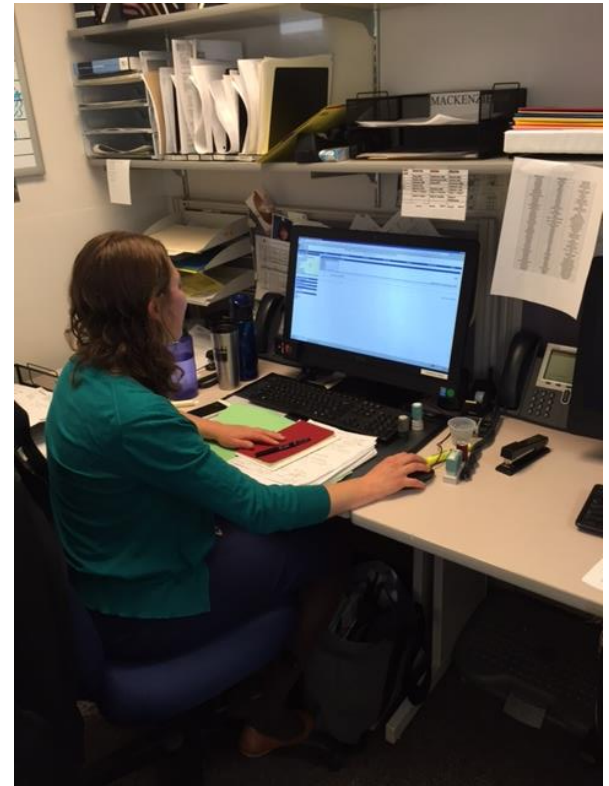


# Exam Room Teaching

- Teaching in the presence of the patient and/ or family: bedside teaching
- Can include:
  - Presentation of clinical case
  - Observation of history taking and doctor-patient communication
  - Observation/demonstration of physical examination
  - Discussion of key findings, differential diagnosis & treatment plan
  - Focused teaching on relevant topic – don't teach it twice to the learner then the patient!

# Survey Comment

- Insert something about too busy



# Teaching Tip # 4

- It's okay to acknowledge difficult sessions and “teach” less during those sessions



# Teaching Tip #5

## Move **Outside** of the Session

- Forward admitted patient messages in EPIC
- Forward interesting labs/imaging/pathology findings
- **Prepare** for next session



# What do Students Say?



# Teaching Tips from LIC Students

- **Directly observe** student delivering plan
  - Don't forget to continue to watch them do physical exams
- Ask student to verbalize plan if a test comes back in a certain way
- Allow student to deliver plan in EPIC to preceptor and then call patient
- Prefer to have time to write a note rather than seeing multiple patients

# But we are doing mostly telehealth!

- **Fundamentals** remain the same: Provide a safe and supportive learning environment by planning and setting expectations
- **Set the stage:** Discuss and acknowledge need for flexibility and adaptation to rapidly changing healthcare climate
- **Understand:** Students are likely stressed too! Their world was rocked just as ours was

# Telehealth Teaching Benefits

- Students are able to offer something that otherwise wouldn't have been offered and patients have time/availability
- Students are tech savvy and often of the demographic that interacts best with technology, so can provide useful tips
- Because some preceptors *may* have a lighter schedule during this time of the pandemic, there may be more for observation and feedback
- Many of the students are early in their clinical careers and they don't know anything different. If we do this well and collaborate with them, they WILL rise to the challenge

# Telehealth teaching: Practical tips

- Consider a huddle with your student right before clinic to strategize on which patients the student should see/call
- Consider huddles before individual visits to “prime” the learner – plan the visit
- Consider emailing/phone connecting with students 1-2 days before the clinic (or at the end of a session) as a "pre-huddle" to review patient assignments for the next session, plan what clinical topics the student may research or complete more thorough chart reviews
  - Anticipate questions that may be asked by the patient, think about what concerns may need to be addressed.
  - Discuss the patient’s overall condition and how that will inform risk/benefit of requesting follow up labs, testing, referrals, etc. in setting of pandemic.
  - Discuss how you might manage the patient differently if there weren’t a pandemic going on right now!
- Telehealth visits tend to run long -patients are on their couch and may not have competing demands on their time, these visits can lack the formality of a doctor’s appointment. Students need to be clear about timing/ boundaries/ wrapping up

# Telehealth: Structure

- **Student initiates the visit** – Faculty joins and finish together
  - Student calls patient either at time of visit or a little bit early
  - Student contacts the preceptor when ready to precept or preceptor joins at a predetermined time in the visit
  - Student either presents case with patient present (3-way discussion like you would bedside → webservice!) or patient is placed in a virtual waiting room
  - Preceptor and student wrap up the visit together
- **Considerations:**
  - Patients may be inpatient if “on hold” waiting for preceptor for too long
  - Important for student to have time on call to voice assessment and plan ideas
  - Allows preceptor to conduct other visits simultaneously while student interviews their patient
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# Telehealth: Structure

- **Preceptor and student co-conduct the visit together**
  - Preceptor and student start the visit together, preceptor leaves and student gathers information, preceptor rejoins as described in previous slide
  - Or preceptor and student start the visit together, preceptor remains on the call for its entirety allowing for direct observation of history and PE. Preceptor can interject with additional questions as needed
  - Preceptor and student wrap-up the visit together
- **Considerations:**
  - Important for student to not only have shadowing roles, should discuss ahead of time how and when preceptor will interject
  - Would work for short problem focused (ie covid eval in a young person) type visits

# Telehealth: Structure

- **Student conducts visit separate from a co-conducted visit with preceptor**
  - Most similar to a traditional precepting model in which the student independently evaluates a patient, precepts away from the patient, and student and preceptor return to patient together to review key components and discuss plan
  - Student may call patient on their own or preceptor and student start the visit together, preceptor leaves and student gathers information
  - May work best to do this model when student calls 30-60 minutes before appointment time so patient can see the preceptor at the scheduled appointment time.
  - After student completes H&P, student disconnects with patient with assurance that the preceptor will be calling back shortly
  - Student and preceptor discuss case and plan, with case directed teaching
  - Preceptor and student wrap-up the visit together on a separate call to the patient
- **Considerations:**
  - Must be confident that patient will be available for 2<sup>nd</sup> call back

- **THANK YOU!**



# Preceptor responsibilities to patients

- Provision of high quality care
  - Compassionate
  - Timely
  - Efficient
  - Thorough
  - Includes education and counseling
- Explanation of learners' role
- Adequate supervision of learners

# Discussion questions

- How do you utilize the clinical environment for other teaching opportunities?
- What are strategies for creating the right flow for working with students?

# Discussion questions

- What do you do when things are just too busy?
- How do you incorporate giving feedback and what strategies do you utilize?