

Time Efficient and Effective Teaching in the Ambulatory Setting: Is It Possible? *Outpatient Teaching Toolbox*

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Objectives

- Organize the ambulatory setting and learners to optimize the teaching environment
- Develop strategies to improve precepting and feedback skills
- Examine approaches to balancing the demands of clinical care with the needs of the learner

Outline of Activities

- Effective Teaching Principles
- Overview of the Toolbox
- Contingency Plans
- Making feedback part of your day-to-day
- Debrief how might you adapt these tools for your setting?



What Makes a Teaching Encounter Effective?

What Makes an Effective Teaching Encounter?

- Create an environment supportive of learning
 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

Characteristics of an Effective Teacher

- Is knowledgeable
- Demonstrates enthusiasm
- Creates a safe learning environment
- Establishes clear goals
- Engages the learner
- Adjusts teaching to learners

Preceptor responsibilities to learners

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

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

Toolbox

- Preparation and organization
- Priming the learner
- OMP
- SNAPPS
- Modeling out loud
- Bedside teaching
- Active shadowing
- Scheduling strategies
- Regular feedback

Tool #1: Preparation and Organization

- Activate the learner to come to a session prepared
- Set high expectations
 - Prepare for cases
 - Chart reviews
 - Review results
 - Read the material ahead of time

Preparation and Organization

- Make time to review schedule/patient list/clinical flow with learner before clinical work begins
- Develop your game plan!
 - Who to see
 - What to look up
 - Huddle/coordinate with team
 - Goals for targeted learning

Tool #2: Priming the learner

- Prime learner before the visit
 - Background and direction for the visit
 - Ask learners to read before the encounter
 - Learners return with the needed information
 - Learners build confidence
 - Discuss the hypothetical

Tool #3: The One Minute Preceptor (OMP)

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Reinforce what was done right
- Correct mistakes

Get a commitment

- "What do you think is going on?" "What do you want to do next?"
 - Encourages learner to process further
 - Sets an engaging learning environment
 - May be difficult for some learners initially due to fear of being wrong

Probe for supporting evidence

- "What else did you consider?" "How did you rule those things out?"
 - Assesses learner's knowledge and thinking process
 - Encourage learner to develop mental framework for thinking clinically

Teach a general principle

- "In a patient with cardiovascular risk factors and chest pain, it is always important to consider the diagnosis of cardiac ischemia"
 - Can be about symptoms, physical findings, treatment, resources, etc.
 - Allows learning to be generalizable to future cases
 - Organizes knowledge; provides a conceptual framework for learning

Neher, 1992

Provide Feedback

- Reinforce what was done well
 - "Your presentation was well organized and concise"
- Give guidance about errors or omissions
 - "It is important to include cardiac risk factors in your presentation when you are presenting a case of chest pain"

5 Steps But 3 Key Elements

Diagnose your learner

- Identify gaps in knowledge and clinical reasoning by PROBING underlying thought process
- NOT asking random facts
- Teach to the Gap
- Provide feedback

The One-Minute Preceptor: challenges

Five errors commonly made with this model:

- Taking over the case
- Asking questions that lead to a particular answer or that only assess facts- not reasoning
- Not allowing enough time for learner to respond
- Giving a lecture
- Pushing a learner too hard

The 5 Steps Revisited

- Get a commitment
- Probe for underlying reasoning
- Teach a general principal
- Reinforce what was done well
- Correct mistakes
- Diagnose your learner
- Teach to the Gap
- Provide feedback

Tool #4: SNAPPS

A Learner-Centered Model for Case Presentations

- Summarizes Hx and PE (fast!)
- Narrows DDx to 2-3 possibilities
- <u>Analyzes</u> DDX by comparing & contrasting possibilities
- <u>Probes</u> preceptor by asking questions about uncertainties, difficulties, etc
- Plans management for patient care
- Selects issue for self-directed learning

Wolpaw, 2003

Tool #5: 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

Tool #6: 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

Tool #7: Exam Room Teaching (aka bedside teaching for the clinic)

- 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!

Tool #8: Scheduling Strategies

Wave scheduling

- Two patients same time, one for you and one for learner
- Complex patients, longer visits in the middle of sessions
- Empower the MA (huddle)
 - EKGs, U/As, other POCT tests, records, forms

When Hell Breaks Loose...

- Chart review
- Documentation
- Look up clinical questions
- Use your team to teach
- Remember, just one key teaching point
- Continue teaching after the session





Why Should You Care?

- Trainees WANT feedback
 - In a study of over 1500 residents, 96% believed feedback was important for learning
- Trainees NEVER feel they get enough feedback
 - Gil, J Med Educ 1984

Schultz, BMC Central 2004

- Isaacson, J Gen Int Med 1995
- Constructive and specific feedback can improve learner knowledge and skills
 - Boehler, Med Ed 2006
 - Clay, Critical Care Med 2007



The Groundwork

- Set clear objectives and goals <u>upfront</u>
 - What does the trainee hope to get out of your time together?
 - What specific behaviors do you expect?
 - When and how will you give feedback?
 - Tell your learner feedback will be given with every patient, everyday (quick, informal)
 - SET AN APPOINTMENT for formal feedback



Label It Feedback!



Sostok, Acad Med 2002

Remember: your efficiency strategies include feedback!

- One minute preceptor
 - reinforcement and correction with every case presentations
- SNAPPS
- Exam room teaching
- Observation of learners related to tasks

Quick debriefs <1 minute

What The "Feedback Sandwich" Really Sounds Like to Your Team ÓÒ Öð So...what you're Good Job. saying is? Badjob. Good Job.

The Feedback Sandwich Revisited

- ASK
 - Elicit self-reflection
- TELL
 - Give both REINFORCING and CORRECTIVE feedback

ASK

- Elicit trainee understanding of feedback
 - "close the loop"
- Allow trainee to develop own suggestions for improvement plan



TELL- The Meat of the Matter

Be SPECIFIC and use non-judgmental language

- BEHAVIORS not personality
- Objective, observable and MODIFIABLE
- Based on DIRECT OBSERVATION
- Provide suggestions for how to improve



Key Points for effective teaching

- Set the learning climate
- Ask questions that probe
 - Understanding
 - Thought process
- Teach general principles that "fill in the blanks"
- Give feedback regularly
- Identify strategies that will help you manage teaching and patient care efficiently

How will you adapt these tools for your outpatient setting?

- Preparation and organization
- Priming the learner
- OMP
- SNAPPS
- Modeling out loud
- Active shadowing
- Bedside/exam room teaching
- Scheduling strategies
- Brief, real-time feedback



Next Steps

- Try at least ONE of the techniques in the toolbox
- Incorporate KEY principles of effective teaching into ALL methods



Questions

