

Thanks to:



- Chuck Henley D.O.
- The STFM Preceptor Education Project
 - Paul Paulman MD, William Mygdal PhD, Elizabeth Garrett MD, Kent Sheets PhD, Richard Usatine MD
- Linda Boyd D.O.
- Paul James, M.D. et al.
- Larry Bauer MSW and Patrick Jonas MD for "CLODIERS"

Introductions

- Teachers of Family Medicine
 - Physicians?
 - Professional Educators?
 - Physicians Assistants or Nurse Practitioners?
- Who do you teach?
 - Students?
 - Residents?
- What tools do you use?
 - Ready internet?
 - PDAs?

Advertised Objectives

- At the conclusion, attendees will be able to:
 - Identify the barriers to effective teaching and the solutions to overcome them;
 - Identify medical student expectations and provide ways to meet those expectations
 - Demonstrate teaching techniques to use with the adult learner;
 - Modify the office schedule to be compatible with teaching without interfering with productivity;
 - Incorporate "point of care" evidence-based teaching in your daily routine

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 - **Patient Witnessed Precepting**
 - Incorporate “point of care” evidence-based teaching in your daily routine ---**With a PDA**

Barriers to Effective Teaching

- Time
- Preparation
- Characteristics of the office
 - Pace of patient flow, variety of patients
 - Attitude of staff
 - Space and patient flow
- Practice Styles
- Teaching Styles



Teaching Styles

- Expert Consultant
- Socratic
- Collaborative
- Counseling

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The Med-Ed IQ

- A validated instrument that measures the quality of an ambulatory teaching site.
- Four factors contribute to instructional quality;
 - preceptor activities
 - learning environment
 - learner involvement
 - learning opportunities

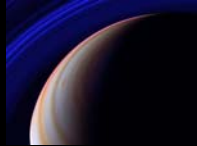
Med-Ed IQ INSTRUCTIONS:

The first section of the Med-Ed IQ evaluates your practice site where you worked most the time. Please enter the site name or street address on the top of the section when provided. Following the site evaluation is a preceptor evaluation section. Please rate the clinical instructor you worked with most. Do NOT evaluate distant teachers with whom you had minimal contact. Please use extra sheets for any other preceptors.

Students Last Name or ID number	Students First Name	Date of Rotation
Site Name	Site ID #	
1	I saw a wide variety of interesting cases	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
2	The opportunities were too diverse, preventing me from developing proficiency	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
3	My experiences were repetitive and offered few new learning experiences	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
4	I became more proficient in the skills of clinical medicine because of opportunities in this experience	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
5	I increased my independence in caring for patients	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
6	I improved my communication skills	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
7	Things moved too fast for me to really learn anything	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
8	I felt like my time in the office was wasted	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
9	The site functioned so that I could easily join in patient care	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
10	I did not feel like a useful member of the health care team	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
11	The health care team was not supportive of my learning	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree
12	I had adequate resources available to me, which facilitated my learning (e.g. reference materials)	Strongly disagree Disagree Mildly disagree Mildly agree Agree Strongly agree

Setting up the Rotation

- Preceptor activities
 - Where student presents
 - How much autonomy
 - Preceptor characteristics
- Learning environment
 - Chaotic or structured
- Learner involvement
 - Stepped approach, gradually increasing activity
- Learning opportunities
 - How are patients picked; patient logs, learning Rx



Setting up the Rotation

- Communication from the Department
 - Course Goals and Objectives
 - Central "Point Person" in your office
 - Evaluation schedule – midcourse, final
- Setting up space for the learner
- Setting up expectations
 - "Huddles"
 - "Learning Rx" – what would you like to work on
 - Graduated Levels of Participation

Levels of Student Participation

- MS1
 - Observership vs Preceptorship
 - History vs History and Physical Exam
 - CLODIERS vs PQRST
 - Systems approach to physical exam
 - Specifics on basic science and OMM
 - "Layman" based assessment and plan
 - Components of a plan; Rx, Dx, Ed
- MS2
- MS3
- MS4

Levels of Participation

- MS1
- MS2
 - Usually very similar to MS1
 - Begin "red flag" and "rule in/rule out" questions
 - Physical Exam Basics - choreography
 - 2 x 2 differential diagnosis grid
 - Classes of Medication and their use
 - Skills to find answers to "book level" knowledge
- MS3
- MS4

Levels of Participation


- MS1
- MS2
- MS3
 - Effective History Taking CC and HPI
 - Red Flag and Rule in-out questions
 - Physical Exam specifics and maneuvers
 - Assessment – broad differential
 - Specific Treatment plans and a rationale for use
 - Skills to answer evidence based questions
 - Demonstrate OMT
- MS4

Levels of Participation

- MS1
- MS2
- MS3
- MS4
 - Depends on length of rotation in third year
 - All the requirements of MS3
 - Skills to prioritize management options and give rationale that is evidence based
 - Options to explore specific skills eg. Sports medicine or group visits

Five Microskills of ambulatory teaching


THE ONE-MINUTE PRECEPTOR



The One Minute Preceptor - Five Microskills

1. Get a commitment
what do you think is going on?
2. Probe for underlying evidence/reasoning
what do you base that on?
3. Give appropriate feedback
"good work"...."or I think I follow you, but"
4. Teach general rules
if this happens, do this...
5. Correct mistakes
next time, try this...

From...Gordon K, Meyer B, Irby DM. The One Minute Preceptor. JFP 1992



The One Minute Preceptor - Five Microskills

1. Get a commitment	Commitment
2. Probe for underlying evidence	Underlying
3. Give appropriate feedback	Feedback
4. Teach general rules	Generally
5. Correct mistakes	Corrects

Get A Commitment



- Learner commits to a diagnosis or plan
- Forces learner to process information from patient encounter
 - Learning theory says this is important for retention
- Resist the urge to correct mistakes at this point

Probe for the Student's Underlying Reasoning and Evidence

- Ask for evidence that supports their opinion
 - Extra credit for discussing the "level of evidence"
- Ask for alternative conclusions ie., a differential diagnosis
- Reveal the learner's thought process, and knowledge gaps



Reinforce What Was Done Right

- Helps to firmly establish appropriate competencies
- Helps build self-esteem
- Focus on specific behaviors that can be consciously repeated
- Do not give general praise



Teach General Rules

- Learners remember general rules better
- Rules generalize to other situations
- * Avoid anecdotes or idiosyncratic preferences
- Can be fast! 2-3 minutes on one aspect of the case
 - You don't have to teach all of diabetes at one time



Correct Mistakes

- Appropriate time and place
- Allow learner to self - critique
- Discuss what was wrong, then how to avoid or correct mistake in the future
- Be specific!
- Judgmental statements = inappropriate

Practice this skill with a colleague

▪ Medical Student: I just finished seeing Mrs. Jones. She is a 53-year old woman with diabetes and hypertension who came in today for a three month check-up. She is taking metformin 1000 mg twice daily and an ace-inhibitor for her hypertension. According to her, her blood sugars routinely run about 150 in the morning before breakfast but she has not measured her blood sugar in one week. She ran out of her anti-hypertensive medicine a few days ago and was waiting until today to have it refilled. She wishes that she could lose some weight. Her blood pressure is controlled at 138/86 and her fingerstick blood sugar was 180 after eating breakfast this morning. She weighs 165 pounds and is changing into a gown.

Expert Preceptor Model

- Preceptor: I will need to go into her room and make sure that she knows to never let her blood pressure medicine run out again. Also, her diabetes is out of control and I suspect she is not following her diet. Let me show you how I deal with a patient that needs to take better care of herself.

Socratic Preceptor Model:

- P: What was her glycosylated hemoglobin?
 - S: It was 8.2 one month ago.
- P: What should her glycosylated hemoglobin be?
 - S: I am not sure, but that seems elevated to me.
- P: Give it your best guess.
 - S: I think it should be below 6.
- P: Well it would be great if it were below 6 but realistically we would be pleased if it were below 7. What about her blood pressure?
 - S: It seems that it is good that it is below 140/90.
- P: I don't know what they are teaching you at that school. Haven't you learned that diabetics need to maintain their blood pressure below 130/80?
 - S: Oh yeah, I think I just got a bit flustered and forgot that.

Microskills Model

- Preceptor: What do you think is going on?
- Student: Well, I am worried that her diabetes is not controlled and that she doesn't understand the importance of taking her blood pressure medicine.
- Preceptor: What led you to that conclusion?
- Student: Her fasting blood sugars are elevated and her glycosylated hemoglobin was 8.2 one month ago. Also, she ran out of her ace-inhibitor a few days ago and did not take her medicine since that time.

Microskills Model

Preceptor: What do you think we should do for her now?

- Student: I think we need to get a better diet history from her. She also told me that she stopped walking because her feet were aching too much. I would like to look at her feet and make sure that she does not have any sores. She may be having diabetic neuropathy. At least her blood pressure is controlled at 138/86.

Preceptor: I always look at the feet of my diabetic patients. If we make the effort to look at their feet in the office, it gives them the message that this is important. One of the quality indicators for diabetes care is to look at the feet. I have a monofilament here, I'll show you how to use it

Microskills Model

- Preceptor: Now I am going to give you some feedback. I liked the way you put this case together. You considered her level of control for 2 important chronic diseases. You didn't just think about her medications but you addressed her exercise and nutrition. I also like how you want to examine her feet. Patients with diabetes out of control often have neuropathy and need good foot care to prevent an amputation.
- You said that her blood pressure is controlled. I agree that we want her blood pressure less than 140/90 but the JNC-VII guidelines suggest we should get her blood pressure even to less than 130/80 and she is not quite there.

COMMITMENT UNDERLYING FEEDBACK GENERALLY CORRECTS



The Teachable Moment

- Can happen at any time
- Focuses the learner to the issues at hand
- Don't be afraid to model but be conscious of letting the learner try some things they have seen.



PATIENT WITNESSED PRECEPTING

Patient Witness Precepting

The Purpose of Patient Witness Precepting is:



- Efficient Use of Time
- Improved patient education
- Improved student education
- Effective and legal use of student notes on the EHR

Patient Witnessed Precepting

- Stay mindful of the patient
 - Patient can fill in details quickly
 - Can correct errors
- Perform pertinent repeats of physical exam while student presents

- Wrap-up and summary of the plan.

Patient Witnessed Precepting

- Set Expectations
 - "Time out signal" – student looks at their watch
- Student presents everything in front of the patient – in the exam room
 - Focus on the student presentation
 - Ask the student for details
 - Do the One-Minute Preceptor
 - Ask probing questions to challenge the learner about diagnosis and treatment
 - "Do you think antibiotics will help in this patient?"
 - What are our choices now, to get the blood pressure lower?"

Other Implications of PWP

- Better patient understanding of teaching
 - Gives something back

- Electronic medical record
 - Note reviewed in the room
 - Student really acts like "scribe"

STRING OF PEARLS

CLODIERS, FEEDBACK and
VINDICATE SLEEP

Taking a History of Present Illness - CLODIERS

- C – character
- L – Location
- O – Onset
- D – Duration (and frequency)
- I – Intensity
- E – Exacerbations
- R – Remissions
- S – Social/Psychological

Feedback

- Especially important
 - Negative feedback and evaluation is difficult
- Feedback Sandwich not as productive
 - Good news
 - Bad news
 - Good news



Levels of Feedback

1. Level One - Observation
What you saw the student do
2. Level Two - Response
Your personal reaction
3. Level Three - Prediction
The likely consequences of the behavior

Preceptor Education Project STFM

Practice Feedback

- "you got a very complete history on Ms Jones"
- "I really like the way you presented her case"
- "You didn't get too shaken when Mr Reidel corrected you three times"
- "If you keep reminding me to talk out loud while I do the physical exam, you will learn more quickly"

Difficult Feedback – putting it together

- "I notice that you have been late to the office a few times this week"
- "When you are late I feel that you are not as interested in this rotation as I would like you to be"
- "its only right that I mention this on your evaluation. Its not fair to other students who manage to make on time if I don't"

A Differential Diagnosis Generator - VINDICATE SLEEP

- V – vascular
- I – inflammatory or infectious
- N – Neoplastic
- D – Degenerative
- I – Intoxication
- C – Congenital
- A – Allergic or Autoimmune
- T – Traumatic
- E – Endocrine
- S – Social
- L – Legal
- E – Environmental
- E – Economic
- P - Psychological

Differential Diagnosis of Abdominal Pain - 2 x 2 grid

		System 1	System 2
		GI Diverticulitis Pancreatitis	GU PID Cystitis
Process 1	Infection Inflammatory	Carcinoid	Endometriosis ovulation
Process 2	Endocrine		