Pearls for Efficient Clinical Teaching

Montana – WWAMI Faculty Development Conference
April 8th 2016

Somnath Mookherjee, MD
Assistant Professor of Medicine
University of Washington
Division of General Internal Medicine
Biggest challenges ... efficiency

- “Time to teach and see patients.”
- “Juggling teaching time and visit time.”
- “Finding time for teaching in a busy day.”
- “Balancing getting the work done with teaching.”
- “Finding enough time in the clinic setting to give thorough attention to students.”
Biggest challenges ... *efficiency*

- “Efficiency! I really struggle to stay on time with my clinic while providing adequate education.”
- “Balancing teaching time vs providing clinical care.”
- “Scheduling students at a time that works with my schedule.”
- “Balancing patient care with succinct teaching interactions.”
- “Finding the time to teach...”
Efficient?

- Students learn what they need to learn
- Patients taken care of
- Get home for dinner
Knowledge → Teaching

Content
- Illness scripts
- Communication skills

Learners
- General rules (level)
- Individual ability

Context
- Inpatient
- Clinic

Methods
- Questions / Socratic
- Frameworks

Irby, Med Ed 2014
Knowledge ➔ Teaching

Content
- Illness scripts
- Communication skills

Learners
- General rules (level)
- Individual ability

Context
- Inpatient
- Clinic

Methods
- Questions / Socratic
- Frameworks

Irby, Med Ed 2014
Questions?
Efficient clinical teaching

1. Pre-plan teaching interactions

- We tend to teach the way we *remember* being taught
- What we remember is not necessarily the best way to teach
It’s good to have a plan

• STOIC!
  • Structure your classroom
  • Teach expectations
  • Observe and supervise
  • Interact positively
  • Correct fluently

• CHAMPS!
  • Conversation
  • Help
  • Activity
  • Movement
  • Participation
  • Success
It’s good to have a plan

- Non-directive teaching
  1. **Defining the helping situation**
  2. **Exploring the problem**
  3. **Developing insights**
  4. **Planning and decision making**
  5. **Integration**
SNAPPS

- **Summary** history and physical findings
- **Narrow** the differential
- **Analyze** the differential
- **Probe** the preceptor by asking questions
- **Plan** management
- **Select** a case-related issue for self-directed learning

Wolpaw et al. Acad Med 2003
OMP

1. Get a commitment.
2. Probe for supporting evidence.
3. Teach general rules.
4. Reinforce what was right.
5. Correct mistakes.

Neher et al. J Am Board Fam Prac. 1992
MiPLAN

**Meeting**

All team members (teacher and learners) should meet to:
- Get to know each other
- Discuss mutual expectations for time together (how patient care, teaching, and learning will occur)
- Set agenda
- Consider establishing a learning contract

**M**

5 “i” behaviors for teacher
- **Introduction**: Introduce team/agenda/purpose to patient before learner’s presentation
- **In the moment**: Be a focused listener
- **Inspection**: Demonstrate patient observation through visual PE, visual psycho-social exam, engagement of entire team
- **Interruptions**: Minimize interruptions in the presentation
- **Independent thought**: Encourage independent thought to teach and assess clinical reasoning

**i**

**PLAN**

Teaching opportunities
Choose one of the following:
- **Patient care**: Role-modeling, clarification of the history, PE findings, correction of clinical reasoning, communication
- **Learners’ questions**: Questions asked explicitly by learners or implied by their comments
- **Attending’s agenda**: Medical topic teaching, relevant medical literature, other areas of learning
- **Next steps**: Feedback, debrief, identify areas for deliberate practice, identify learning points to revisit as a team, move on to next patient

Stickrath et al. Acad Med 2013
It’s good to have a plan

Pre-plan teaching interactions

• Make it explicit
• Troubleshoot
• Share / learn

---

**Content**
- Illness scripts
- Communication skills

**Context**
- Inpatient
- Clinic

**Teachers’ Knowledge**

**Learners**
- General rules (level)
- Individual ability
Small groups
Let’s make a plan – general rules

- Remember the longest, most inefficient day?
- What did YOU to make it worse?
- “Don’t do this!”
Let’s make a plan – general rules

- Adults learn best with ...
  - Goals
  - Relevance
  - Experience
  - Repetition
  - Feedback
You have volunteered to be a preceptor for a medical student in your clinic.
The student arrives 5 minutes before your first patient. You have 18 patients scheduled for the day.
She says, “I really want to learn physical examination!!!”
Let’s make a plan - specifics

• Four steps:
  ◦ Statements / behaviors
  ◦ Organize your teaching
  ◦ Minimize variance

• 1.
• 2.
• 3.
• 4.
SHORT Physical Exam Encounters

- **S**et the stage
- **H**ighlight specific goals
- **O**bservе and coach
- **R**equire a commitment
- **T**each based on findings
Efficient clinical teaching

2. Leverage role-modeling to maximize teaching

- Important!
  - Influences career choices
  - Normalizes good and bad behaviors

Passi et al, BEME Guide No. 27. 2013
Role-modeling

- How to improve
  - Aware of being a role model
  - Explicitly state what is modeled
  - Enthusiasm

Passi et al, BEME Guide No. 27. 2013
3 Explicitly label and reinforce teaching points

Commit to highlighting the “one most important thing to remember” at the end of every day.
Objectives (pearls)

1. Pre-plan teaching interactions in busy clinical environments
2. Leverage role-modeling to maximize teaching
3. Explicitly label and reinforce teaching points
Questions?
Efficiency

1 minute 1 minute 2 minutes 1 minute 1 minute

The first few times → approximately
6 minutes per patient
Set the stage

“This is a risk free opportunity to practice.”
“All patients have exam findings”
“To be efficient, we’ll have a plan before each patient”
Highlight specific goals

• Before going in the room
• Establish specific goals
• Narrow the scope of the encounter
• Focus the student on salient examination findings
Highlight specific goals

“What are two physical exam findings that might help us diagnose why someone has a cough?”

“Wheezing”  “Crackles”

“What are two causes of dyspnea?”

“Asthma”  “Pneumonia”

“When we get to the exam, you will first do a lung exam and describe her breathe sounds. I will coach you on the exam and give you feedback.”
Observe and coach

- **To the patient:**
  - “The student-doctor is going to do part of the exam now.”
  - “I’m going to observe and give her feedback – is that OK with you?”
Require a commitment

- Students to commit to describing their findings, even if they are uncertain
- Committing is a key step in learning.
- Positive learning climate helps.
Teach based on findings

- **Minimum**
  - Verify findings
  - Allow student to re-examine until calibrated

- **Extended**
  - In depth discussion of findings
  - Differential diagnosis for findings
The “SHORT” technique

S - Set the stage
H - Highlight specific goals
O - Observe and coach
R - Require a commitment
T - Teach based on findings