

# Giving Effective Feedback: Precepting Medical Students & Residents in Clinic

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# CASE 1

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
4<sup>th</sup> Year Medical Student

[Video 1 link](#)

# CASE 1 – Summary

## “Scattered Presentation”

- Instruct learner to present using the SOAP method:
  - Subjective
  - Objective
  - Assessment
  - Plan

# CASE 1 – Summary (cont.)

## “Scattered Presentation”

- One-Minute Preceptor
  - **Get a commitment** - What do you think is going on?
  - **Probe for supporting evidence** - Why do you think this?
  - **Teach general rules** – e.g. Presenting in a SOAP fashion is better
  - **Reinforce what was done right** – “You are thinking along the right lines searching for a source of infection in this child. “
  - **Correct mistakes** – “I will probably have to ask fewer questions of you in the future with your presentations if you present in an orderly SOAP fashion including all the pertinent positives and negatives in your history and exam.”

# CASE 2

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
3rd Year Resident

[Video 2 link](#)

# CASE 2 – Summary

## “Don’t Know – What Now?”

- There will be times when learners ask questions to which you do not have an immediate answer.
- This is an educational opportunity for the supervisor and the learner.
- Ideas for when you don’t know the answer:
  - Go see the patient together (if not already required to do so)
  - Admit you too have questions and look up the answer together (may be immediate or follow up together)
  - If you are both still challenged, send the patient for consultation
  - Own the challenge together with the learner (role model)

# CASE 3

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
1st Year Resident

[Video 3 link](#)

# CASE 3 – Summary

## “Put-Down in Front of Patient”

- Avoid subtle putdowns in front of the patient
- Affects their relationship with the patient and your relationship with the learner
- Can adversely affect patient confidence in the treatment plan regardless and in some situations increase medico-legal risk

# CASE 4

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
3<sup>rd</sup> Year Resident

[Video 4 link](#)

# CASE 4 – Summary

## “Distracted Educator”

- Avoid distractions which minimize your teaching opportunities; recognizing two-way communication with the learner
- Even when the learner presents the H&P, Dx, and treatment plan well, ask a “probing question” to increase the educational experience, for example in this case:
  - What is a healthy alcohol intake?
  - Do you think his blood sugar is normal?
  - What will you recommend as a weight loss program?
  - How will you counsel him on exercise?

# CASE 5

## Setting

Family Medicine Clinic  
Community Teaching center  
1st Year Resident

*Video 5 link*

# CASE 5 – Summary

## “Imperfect Procedure”

- Important to pre-staff procedures whenever resident’s competence is unknown or unclear
  - Assess resident’s level of familiarity with procedure, including consent
  - Rehearse procedure
- Offer to do first procedure yourself with promise to increase resident’s responsibility in the future
- Discuss before the procedure:
  - Indications
  - Contraindications
  - Patient preparation
  - Post-op patient education
  - Follow-up

# CASE 5 – Summary (cont.)

## “Imperfect Procedure”

- Post-staff the procedure
  - How does the resident feel they did?
    - Open-ended question evaluates learner insight
  - What could have gone better?
- Complete evaluation/procedure card

# CASE 6

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
3rd Year Resident

[Video 6 link](#)

# CASE 6 – Summary

## “CMS Primary Care Exception Rule”

- Even though this is a 3<sup>rd</sup> year resident, since there is only one resident seeing patients in the primary care teaching center and this is a Medicare patient, the patient also needs to be seen by the staffer. See Primary Care Exception Guidelines<sup>1</sup>.
- If the resident or medical student was visiting a community practice, all patients would need to be seen by the preceptor regardless of year in training. (waiting for comment from Byron)

# CASE 7

## Setting

Family Medicine Clinic  
Primary Care Teaching Center  
1st Year Resident

[Video 7 link](#)

# CASE 7 – Summary

## “Learner Makes You Uncomfortable”

- Categories of Learner Difficulties
  - Affective – Possible personal problems, low self-esteem, feelings of being overwhelmed, depression, anxiety
  - Interpersonal – Poor social skills, manipulative, aggressive, problems with ethical integrity, prejudices against certain types of people, personality problems
  - Structural – Poor time management, poor organizational skills, poor study discipline, avoidance learning
  - Cognitive – Poor fund of knowledge, poor interviewing skills, poor oral communication, poor written communication, learning disability

# CASE 7 – Summary (cont.)

## “Learner Makes You Uncomfortable”

- STP APPROACH

- **Specify the problem** – Perception vs. reality. Is there truly a problem or is it only a problem in the eyes of one preceptor? Does the resident believe or accept that there is a problem? Professional communication is key. Document.
- **Target/goals** – After discussing the problem, specify the target goals the learner is expected to achieve so they can make progress and know when the problem has been corrected. Give on-going feedback as they work towards the goal. The solution should be resident driven with your and the program’s guidance. Document the problem and the agreed plan of action.
- **Possible interventions if there indeed is a problem**
  - Further assessment
  - More time on a rotation
  - Schedule changes
  - Reading plan by learner with a mentor
  - Increased observation and feedback
  - Counseling
  - Leave of absence
  - Remediation
  - Probation

# References

- <sup>1</sup> CMS Primary Care Exception Guidelines  
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/gdelinesteachgresfctsht.pdf>

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