

See One, Do One, Teach One...

Teaching Office based Procedures

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Rural Medical Educators Faculty
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Disclosure

- I have no known financial agreements or relationships with any industry sponsor.

Who am I

Who are you?



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON
FOX VALLEY FAMILY MEDICINE RESIDENCY

Objective

- Explain the **benefits, supervision requirements, and best practices** for teaching office based procedures common in rural primary care.

What procedures to teach?

- What procedures do you routinely do in your practice?
 - Skin
 - MSK
 - Women's Health
 - OB
 - Scopes
 - Circ
 - Vasectomy
 - Stress Tests
 - others

Table 2. Percentage of physicians doing various procedures (predictor variable is range of procedures):
Mean number of various procedures done by physicians was 6.85 (± 3.32).

PROCEDURE	% DOING PROCEDURE (N = 20 238)
Pap smear	94.7
Suturing	81.8
Other minor surgery	71.1
Musculoskeletal injections or aspirations	67.6
Skin biopsy	59.8
Intrauterine device insertion	49.3
Casting or splinting	42.5
Needle aspiration for diagnosis or biopsy	40.9
Electrocardiogram interpretation	40.2
Anoscopy	34.3
Other procedures	26.5
Pulmonary function testing	19.7
Lumbar puncture	15.1
Other biopsy	14.9
Other endoscopy	13.9
Dilatation and curettage aspiration	7.5
Audiometry	7.0
Refraction	1.9

Society of Teachers of Family Medicine

Recommendations

- See handout
- 3 categories:
 - A - All FM residency programs must provide training in each of these procedures.
 - B - These procedures are within the scope of FM and may require focused training for residents to be able to perform independently by graduation.
 - C - These procedures are within the scope of FM and may require additional training beyond the usual 3-year training for family physicians to perform independently.

ACGME Proposed Req's

- Anoscopy
- Chest x-ray interpretation
- Cryosurgery
- EKG Interpretation
- Endometrial biopsy
- Eye fluorescein exam
- Incision and drainage of abscess
- Immobilization and stabilization of severe sprains
- Immobilization and stabilization of non-displaced fractures
- Injection and aspiration of joints
- Injection and aspiration of tendons, ligaments and muscles
- Pap smear
- Simple laceration repair with sutures
- Skin biopsies: punch, excisional, incisional
- Splints
- Wart, fingernail, toenail, and foreign body removal
- Wet Mount

Benefits of Doing and Teaching Procedures

- Physician satisfaction
- Student career choice
- Future scope of practice
- Future partners

Physician Satisfaction

- 19,762 Family Physicians who responded to the question on job satisfaction
 - 15.8% were dissatisfied,
 - 54.3% were moderately satisfied
 - 29.8% were very satisfied overall

Physician Satisfaction

- Significant associations of variables with overall job satisfaction:
 - Young or old men
 - solo
 - rural
 - teachers
 - who reported fewer constraints
 - “balance was about right”
 - procedural practice

Student Career Choice

- Of the reasons for students to select a specialty, opportunities to perform procedures, value of cognitive medicine and mentor relationships are some of the strongest.
- Showing that rural primary care involves a wide spectrum of cognitive and procedural medicine is valuable

Future Scope of Practice

- Students and residents future scope of practice is defined by their training. If not trained in procedures during medical school and residency, chance of performing them in practice is dramatically lower.

Future Scope of Practice

A 2010 AAFP member survey:

- <20% of AAFP members have hospital privileges for routine obstetric delivery (25.7% in 2005)
- <60% have privileges for newborn care (64.7% in 2005)

American Board of Family Medicine (ABFM) 2012, <10% of family docs are providing maternity care, and <42% perform in-office procedures.

Future Partners

- Today's students and residents are our future colleagues and partners.

Supervision and Documentation Requirements

- Supervision –
 - Unless you are in a teaching health center (residency clinic) you must be present for the key or critical parts of the procedure for residents and all of it for students
 - For the non-procedural portion of the visit or non-procedural visits, students and residents may see the patient without you being present, but you must see all the patients at some point.

Supervision and Documentation Requirements

- Documentation –
 - Essentially, no part of a student note counts, you must write your own procedure note.
 - All of a residents note can be used, but your presence must be documented and that you agree with the resident documentation (you have to actually agree with it though...)

Supervision and Documentation Requirements

When a teaching physician bills for E/M services, he or she must personally document at least the following:

- That he or she performed the service or was physically present during the critical or key portions of the service furnished by the resident; AND
- His or her participation in the management of the patient.

Documentation Examples

Resident Procedure Only Visit

- “Pt interviewed and examined by me and I was involved in the medical decision making and was present for the entirety of the procedure. I agree with [Resident Name]’s note expect as below...”

Resident Office Visit

- “Pt interviewed and examined by me and I was involved in the medical decision making. . I agree with [Resident Name]’s note expect as below...”

Billing

Bill as usual but add GC modifier if resident involved

- From EPIC: SERV PERF IN PART BY RES UNDER DIR OF A TEACHING PHYSICIAN [GC]

Bill as usual without any modifiers if student involved.

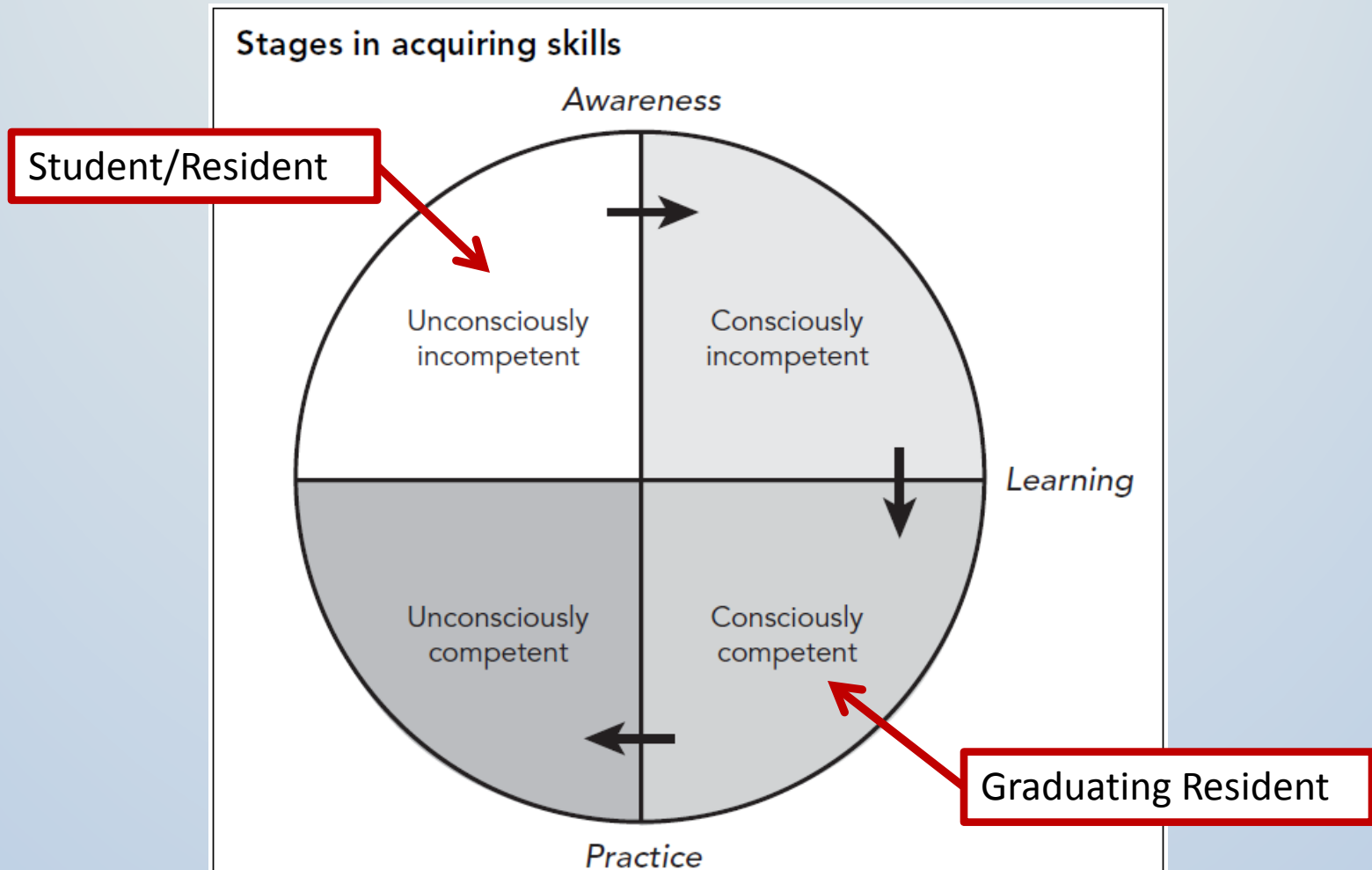
Teaching Procedures

- How were you taught procedures?
- Good experiences...?
- Less good experiences...?

Practice does not make perfect. Only *perfect*
practice makes perfect.

—Vince Lombardi

What are we trying to accomplish?



What do they need to learn?

Cognitive components?

- Indications
- Contraindications
- Alternatives
- Equipment Needed
- Steps of the procedure
- Complications and how to manage
- Documentation
- Aftercare

What do they need to learn?

Manual Skills?

See One... Do One... Teach One...?

Does this work?

What do they need to learn?

Manual Skills?

See One... Do One... Teach One...?

Perhaps...?

What do they need to learn?

See One...

- Teacher demonstrates while talking through the procedure
- Teacher breaks down complicated procedures into simple steps
- Assure the learner is in position to see what you are doing

What do they need to learn?

See One...

- Online videos
- Watching online teaching videos before learning the procedure improves:
 - Attending perception of the teaching
 - Learner perception of the teaching
 - Acquisition of skills

- http://www2.cfpc.ca/cfp/video/Surgical_Procedures/Shave_Biopsy.html
- <http://www.nejm.org/doi/full/10.1056/NEJMvcm1105849>
- Youtube
- NEJM
- First Consult (fee based expansion of MD Consult)
- Others?

What do they need to learn?

Do One...

- Learner performs verbal walkthrough prior to procedure
- Practice on models if available
- Learner talks through procedure while doing it
- Teacher corrects mistakes immediately

How do you do this and yet not worry the patient?

What do they need to learn?

Do One...

and another...

and another... etc...

Supervision and intervention gets less and less

Teach nuances and variations

Eventually the teacher doesn't put on gloves
and stands back

What do they need to learn?

Teach One...

Only after the learner has acquired complete cognitive and manual skillset

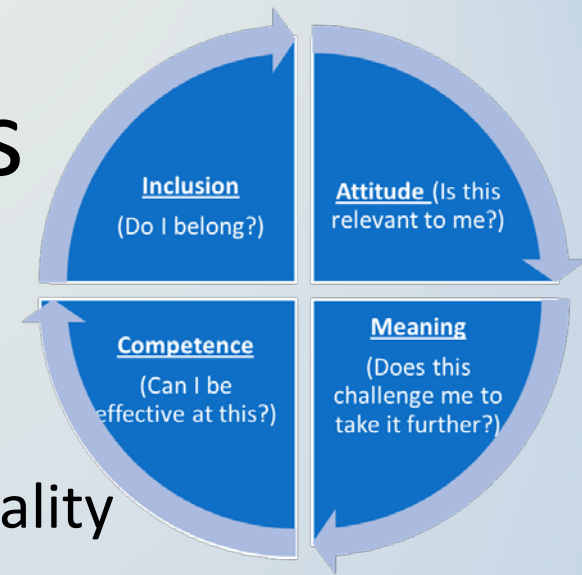
If not, could teach next generation poor or incorrect techniques

Teacher should observe the learner instructing another learner to assure correct information/skills/techniques

Adult Learning Principles

Adult Learners:

- Learn what they want to learn
- Learn what they need to learn
- Learn through problem solving based on reality
- Learn by doing
- Need prompt and appropriate feedback
- Learn best in an informal and non-threatening environment
- Need material that is related to existing knowledge
- Want to be treated as individuals
- Learn best when self-paced
- Value variety in teaching methods



How can we use these when teaching procedures?

Summary

- Your future colleagues and partners need your help teaching them to do procedures
- Make sure they know cognitive aspects of procedure
- See Some, Do Many, Teach Often

Questions?

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