

Teaching Office Procedures
with a
Focus on Women's Health
Sharilyn B Munneke MD
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Disclosure

- I am a Family Physician employed by Dean/SSM Healthcare in Baraboo, WI
- I am the Assistant Program Director for the Baraboo Rural Training Tract, a division of the UW Department of Family Medicine
- Sharilyn.munneke@Deancare.com

Objective

- Explain the benefits, supervision requirements, and best practices for teaching office based procedures common in rural primary care
- Special focus on Women's Health: colposcopy, contraception

Benefits of Doing and Teaching Procedures

- Patient satisfaction-admire and appreciate it
- Physician satisfaction/less likelihood of burnout over time
- Student career choice
- Future scope of practice
- Future partners

Student Career Choice

- Students select a specialty based on opportunities to perform procedures, the value of cognitive medicine, and mentor relationships
- Showing that primary care can involve a wide spectrum of cognitive and procedural medicine is valuable to students
- Students with a better understanding of teaching and learning principles have been shown to become better learners themselves
- Students who learn how to teach may become more effective communicators

Future Scope of Practice

- Student and Resident future scope of practice is defined by their training. If they are not trained in procedures during this time, their chance of performing them after graduation/in practice is dramatically lower

Future Partners

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

Supervision and Documentation Requirements

- You must be present for the key or critical parts of the procedure for residents and all parts of it for students to bill.
- For the non-procedural portion of the visit or non-procedural visits, students and residents may see the patient on their own, but you must see all the patients at some point.

Documentation

- No part of a student note counts. It can be included in the record, but you must write your own procedure note.
- All of a resident note can be used, but your presence must be documented. You must also document that you agree with the resident's note or point out what you disagree with.

Billing

- For a teaching physician to bill for an E/M service, the physician must personally document the following at a minimum:
- That the physician performed the service or was physically present for the critical/key portion of the service performed by the resident AND
- The physician's participation in the management of the patient

Documentation Examples

Resident Procedure Visit:
Patient interviewed and examined by me. I was present for the entirety of the following procedure _____. I agree with the resident (insert name) note except for _____.

Resident Office Visit:
Patient interviewed and examined by me. I was involved in the medical decision making. I agree with the resident (insert name) note except for _____.

Billing

- Bill as usual but add GC modifier if a resident is involved, Epic terminology, SERV PERF IN PART BY RES UNDER DIR OF A TEACHING PHYSICIAN.
- Bill as usual without any modifiers if a student is involved.

Learning Objectives

- Chooses appropriate procedure, indication for the procedure
- Explains risks, benefits, alternatives, and obtains consent
- Ensures patient comfort/anesthesia during procedure
- Uses appropriate medication and dose
- Identifies appropriate equipment
- Identifies appropriate landmarks
- Demonstrates manual dexterity performing procedure
- Uses sterile technique
- Places sutures appropriately
- Demonstrates professionalism throughout procedure
- Instructs patient on proper post-procedure care and follow up

How do we learn?

1. Teacher demonstrates while talking through the procedure.
2. Teacher breaks down complicated procedures into simple steps.
3. Teacher assures that the learner is in a position to see what is being done

How Do We Learn?

- Ideally the teacher has a hands on model that the learning can use to practice with before attempting the procedure on a real patient.
 - Learner can watch online videos or DVD's
- You Tube
Podcasts
iBooks

How Do We Learn?

- Learner performs verbal walkthrough prior to the procedure
- Learner talks through the procedure while doing it, first on a model, with teacher correcting mistakes immediately, then with real patient with the teacher intimately involved.
- As the learner gains experience, the teacher can stand back and observe, "leave the gloves off"

Teaching Strategies

- Apply adult learning principles:
 - Assign clear responsibilities
 - Ask about and use the learner's knowledge
 - Put learners to work
 - Involve learners in patient care
 - Provide opportunities for practice of new skills

Teaching Strategies

- Alter your teaching role based on the experience level of your learners
 - If learners have little clinical experience, direct their learning by providing structure, setting expectations, giving directions and selecting patients for them to see
 - With a moderate amount of experience, facilitate their learning by asking questions, listening to their ideas, and sharing your own thinking
 - With extensive experience, consult with them by setting goals, evaluating progress and exchanging ideas

Teaching Strategies

POwER Precepting

Prepare
Orchestrate
Educate
Review

- Maximizing preceptor knowledge and experience improves learning, patient care and satisfaction, teamwork and clinic flow
- Learning is enhanced by proactive, timely, and frequent precepting interactions

POwER Model

- Prepare-huddle with learners and staff to organize the visit for efficiency and to empower everyone to share the care of the patient and anticipate needs
- Orchestrate-provide timely assistance
- Educate-Use the One Minute Preceptor
- Review-come together as a team and discuss what was done well, what could be improved upon, were the patient's needs met, were clinical guidelines followed, what was learned and what knowledge gaps are identified

POwER Precepting

- One-Minute Preceptor
- Get a commitment-what do you think is going on? What information is needed?
 - Probe for supporting evidence-what findings led to your conclusion?
 - Teach general rules
 - Reinforce what was done right
 - Correct mistakes

One Minute Preceptor

Women's Health Procedures

- Wet mount/KOH
- Diaphragm fitting
- Pap smear
- Vulvar biopsy
- Bartholin's cyst management
- Cervical polyp removal
- Endometrial biopsy
- IUD insertion/removal
- FNA breast
- Pessary fitting
- Paracervical block
- Cervical dilation
- Colposcopy
- Cervical cryotherapy
- Uterine aspiration/D and C

TIPPs-Teaching in the Presence of Patients

- Be familiar with the level of the learner
- Take one learner at a time
- Prime the learner
 - Orient the learner to the patient history and tasks at hand just before entering the room
 - Define tasks the learner should complete with time frame
 - Explain when you, the preceptor, will join the learner and patient
 - Describe what the tangible results will be from the visit

TIPPs continued

- Recognize two roles as a teacher, you will diagnose a patient's condition and analyze a learners strengths and weaknesses
- Promote a comfortable environment for everyone
 - Give the patient advanced notice/get their consent
 - Avoid topics/procedures that you are not comfortable with
 - Be sure all discussions are understandable to the patient
 - Avoid sharp criticisms of the learner in the presence of the patient, use a code word to stop the procedure, change roles with the learner

TIPPs continued

- Include observation as a skill
- Limit corridor discussions
- Demonstrate the use of texts, journals and other information sources, including your staff. Show learners how to find out information/get help if you don't know

Building learner confidence

- Emphasize a partnership between you and the learner
- Promote paced change and growth
- Create a personal list of successful achievements and review
- Vary leadership opportunities
- Share how you have learned from your own mistakes
- Provide regular, constructive feedback
- Address weaknesses one at a time
- Remain involved, even with a confident learner
- Explore a learner's feelings about identified concerns

Building Learner Confidence





References

- See one, Do one, Teach one-a presentation by Dr. Allen Last on 10/11/13
- TeachingPhysician, Society of the Teachers of Family Medicine
