Fundamental Skills of Teaching and Supervising Medical Students and Residents & Teaching Learners from Multiple Disciplines

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Objectives

- Describe fundamental skills needed in medical education
- Discuss alternative models of teaching in practice
- Identify barriers to learning in the the resident clinic.
- Use POwER method to describe and integrate teaching into ambulatory practice or residency clinic.
- Review resources available for developing skills as medical educator.
- Use microskills: One-Minute Preceptor tool to assess learner knowledge and focus efforts.

Literature Review

- Teaching In Your Office; Alguin, et.al., ACP Teaching Medicine Series
  - Informed decision about precepting
    - Preceptors Role:
      - Learner orientation; setting expectations
      - Provide learning opportunities and demonstrating knowledge and skill.
      - Assessing knowledge and giving corrective feedback
      - Demonstrate professionalism and enthusiasm

Literature Review

- Theory and Practice of Teaching Medicine, Ende, ACP Teaching Medicine Series
  - 9 Lessons…
    - Be clinically Astute –and wise
    - Fit Teaching to Learning – Ask how student/learner best learns
      - "Stimulate learner to identify salient clinical questions and find their own answers"
    - Be attuned to learner and environment
      - Assess "where learner is at"
      - Program considerations, expectations
    - Engage learners and set goals
    - Observe and provide feedback
    - Demonstrate and role model
    - Be organized and prepare
    - Improvise
    - Aspire to be great

Literature Review

- What do learners want to learn?
  - Patient management
  - Data collection
  - Interpretation skills
  - Feedback on performance
  - Role model
  - Environment that promotes independence
    - "learning climate that makes learning fun, enjoyable, and exciting" Griffith CH; Acad Med 2000

Literature Review

- "Faculty Development for Ambulatory Teaching" Wilkerson et.al. J Gen Int Med 1990; 5; S44-s53
  - 6 essential teaching skills:
    - Establishing and monitoring mutual expectations
    - Setting limited goals
    - Asking Questions
    - Stimulating self-directed learning
    - Giving Feedback
    - Capitalize on role modeling

Literature Review

- Strategies for Developing and maintaining teaching skills Wilkerson et.al. J Gen Int Med 1990; 5; S44-s53
  - Assessment (self, peers, others)
  - Individual consultation with educational expert
  - Organized programs, workshops *(this one included)*
    - *Shared experiences are valuable*

Literature Review

- "The Search for Effective and Efficient Ambulatory Teaching Methods" Heidrich, C; Pediatrics Vol.105 No.1 Jan.2000
- Common Ambulatory teaching Methods Distilled from literature
  - Orienting Learner: Site, style, expectations
  - Prioritizing learner needs
  - Problem –Oriented Learning: Focus on theme for the day
  - Priming: 1-2 mins before each visit
  - Pattern recognition: emphasizing report of chief complaint and presumptive diagnosis, not detail case presentation
  - Teach in patient's presence
  - Limit teaching points (1-2)
  - Reflective Modeling: observe preceptor actions complimented by explanations
    - Demonstrating the "spiel"
  - Questioning: allows learner to guide subsequent teaching
  - Feedback:
  - Teacher / learner reflection

Teaching in Residency Clinic

- Current Model of FMC staffing:
  - 3-5, each resident seeing 4-7 patients per ½ day.
  - 2 Staffers.
  - R1s see 1 patient at a time, staff case, staffer goes in with each patient (1st 6 months)
  - R2-3s: see 2-6 patients, staff sometimes entire half day at end

Teaching in Residency Clinic

- Barriers with Current Model
  - Reactive: Take what comes, “on the fly “
  - Staffing process crippling to efficiency
  - Interrupts “team” management.
  - Process built on “finding the clinical pearl” on a case –by case basis.
    - *Looking for “what can I add to this case?”, rather than what learner needs or desires in interaction)*
  - Process limits opportunities for direct observation.
    - Not enough time examining the “black box” in the patient room

  - *Healthcare asking us to provide care differently…*

Teaching in Residency Clinic

POwER Model

Lillich; Fam Med 2005; 37 (3); 205-2010

Table 1

POwER: Active Precepting in the Family Medicine Center

POwER	*Goal*	*Method*
Prepare	Efficient patient care and learning through teamwork	Arrive before session, review schedules, touch base with staff, "huddle" with team to plan and assign.
Orchestrate	Maximize use of preceptor knowledge, experience	Anticipate needs, monitor flow, orchestrate team functioning, circulate throughout staffing session.
Educate	Enhance learning during session. Increase use of evidence-based resources.	Use microskills.[11] Help resident articulate clinical questions as they arise, use point-of-care information management skills to perform searches, continue discussion in journal club, translate information to QI projects where relevant.
Review	Give learners more and better feedback to assist learning and assure quality. Provide time for reflection and problem solving to reduce later problems.	Intercept problems early. Provide appropriate information. Guide residents in defining, focusing, and reinforcing own learning needs. Debrief with team at the end of each session.

QI—quality improvement

Microskills

- (One-Minute Preceptor) Neher, et. al. J Am Board Fam Prac.1992;5:419-24
  - Get A Commitment
    - “What do you think is going on with the patient?”
  - Probe For Supporting Evidence
    - “Why do you think that?”
  - Teach General Rules
    - “Do this in similar cases”
  - Reinforce what was done right
  - Correct Mistakes

Questions / Discussion

- Experiences with **preparing** prior to each session?
- Experiences with "**huddles**" with a team prior to clinic ½ day?
- Experiences with **reviewing, debriefing** for learning and feedback?

- Next :
  - **"Teaching learners from Multiple disciplines"**
    - **"Dr. O'Kevin"**