62nd Annual Greenville Postgraduate Seminar
Spotlight: Primary Care
Evidence Based Teaching: Practical Tips for the Busy Community Preceptor

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Disclosures

- None
Learning Objectives

- Outline the importance of clinical teaching as it relates to recruitment to our specialty.
- Define challenges that face the community preceptor in working with learners.
- Review a framework for organizing and managing learner expectations.
- Discuss scheduling adaptations to allow focused time for teaching and learner evaluation.
- Review two evidence based practices to improve clinical teaching.
Factors That Influence Choice in Family Medicine: A National Survey

Mustafa Alavi, MD; Tiffany Höglund; KrisEmily McCrory, MD; Kate A. McDermott

BACKGROUND AND OBJECTIVE: Workforce and Education Team focused on understanding factors influencing medical students' choice of family medicine. This aim can be achieved by examining factors that are consistent across different settings.

Methods: A national survey was administered to 2,000 medical students. The survey included questions about their backgrounds, attitudes, and preferences regarding family medicine.

Discussion: Three key issues were echoed across the survey responses. The most consistently identified factor was the need for high-quality training in family medicine, emphasizing the importance of preceptors who express enthusiasm for the field and practice full-scope family medicine exhibiting the breadth of this specialty. The second highly praised factor was the value of having a family medicine role model who acts as a mentor throughout their education.

Conclusion: These findings highlight the importance of creating an environment that fosters enthusiasm and role modeling within family medicine training programs. This will likely increase student interest and ultimately improve the specialty's workforce.
But Precepting is Hard

- Autonomy
  * Time and technology challenges
  * Clinical productivity demands
  * Occupational burnout
  * Clinical environmental challenges
  * Negative consequences of teaching

- Competence
  * Teaching is stressful and difficult
  * Uncertainty over medical and teaching skills
  * Paying preceptors may lead to lower quality preceptors

- Relatedness
  * Lack of connection to institution
  * Institution does things that annoy preceptor (i.e., long evaluations)

Who can remember the first few days of their third year of medical school?

What were some of your thoughts as you headed to the wards/clinic for the first time?
Managing Expectations

➢ Start with the basics
  ➢ Food, Shelter, and Safety

➢ Move on to Logistics
  ➢ What do you want from your learner?
Managing Expectations

ONE MINUTE LEARNER
FOR THE STUDENT

Huddle: Have this brief discussion with your preceptor before the session starts
- Prepare by thinking about your learning goals in advance
- Preview the schedule and charts

Can I touch base with you about the plan for this clinical session?

1. GOALS: Remember to be specific!
   Goals for the rotation:
   Goals for today:

   Discuss preceptor’s and student’s goals. Think about your current level/stage.

   Are there specific patients/diagnoses/skills I should focus on?

   I have been in clinic for 3 weeks, so I am very comfortable with the patient population. I need to work on giving the full plan and patient education directly to the patient.

2. GETTING GOING: When, how and who should I see?
   Should I room patients myself? Should I see any patient that is available? Should I see (or not see) specific patients?

3. HOW MUCH and HOW LONG
   How much of the visit should I do on my own? How long should I spend?
   What should I do when I am done seeing the patient?

4. PRESENTING: Where and how?
   Where should I present? What format should I use? What details should I include?

5. CHARTING: When and how?
   What format and how detailed should the notes be? When should I write them? Should I write a note on every patient?

6. QUESTIONS: When and what?
   When is a good time to ask questions that come up? What is a good resource to use to look up information?

7. FEEDBACK: When?
   When is a good time to discuss feedback?
   Discuss what goals were met, and your next steps for learning.

BUSM Department of Family Medicine 2016

ONE MINUTE LEARNER
FOR THE PRECEPTOR

Huddle: Have this brief discussion with your student before the session starts
- Have the student prepare by thinking about goals and their own self-assessment
- You and the student can preview the schedule and charts

1. GOALS: Remember to be specific!
   - Student’s current level of training/experience
   - Student’s goals (encourage student to write them down)
   - Your goals for the student
     - Use your observation of their performance

2. GETTING GOING: When, how and who should the student see?
   - Should the student see any patient that is available? See (or not see) specific patients?
   - Should the student room patients themselves? Talk with your MA or nurse?

3. HOW MUCH and HOW LONG
   - How much of the visit should the student do on his/her own?
   - How long should the student spend with each patient?
   - What should they do when they are done seeing the patient?

4. PRESENTING: Where and how?
   - Where should the student present to you?
   - What format and how detailed a presentation should be used?

5. CHARTING: When and how?
   - What format and how detailed should the notes be?
   - When should the student write notes?

6. QUESTIONS: When and what?
   - When is a good time to discuss questions the student has?
   - What is a good resource to use to look up information?

7. FEEDBACK: When and how?
   - When and how will you give the student feedback?
     - Real-time feedback during patient care
     - Recap feedback at the end of the session/day
     - Summative feedback at the end of the rotation
   - Debrief the session
     - Were goals met? Discuss next steps in learning.
     - Elicit feedback from the learner.

Table 1: Student Evaluation Items for the Year Prior to Implementation of the One Minute Learner and the Implementation Year

<table>
<thead>
<tr>
<th></th>
<th>2011–2012</th>
<th></th>
<th>2012–2013</th>
<th></th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree** n (%)</td>
<td>Neutral n (%)</td>
<td>Agree*** n (%)</td>
<td>Disagree** n (%)</td>
<td>Neutral n (%)</td>
</tr>
<tr>
<td>I was oriented to my responsibilities and role.*</td>
<td>19 (21.1)</td>
<td>29 (32.2)</td>
<td>42 (46.7)</td>
<td>8 (4.3)</td>
<td>25 (13.4)</td>
</tr>
<tr>
<td>Expectations of my role were communicated to me clearly.*</td>
<td>13 (15.7)</td>
<td>15 (18.1)</td>
<td>55 (66.3)</td>
<td>11 (6.7)</td>
<td>13 (7.9)</td>
</tr>
</tbody>
</table>

Ease this transition have included third-year orientations, skills sessions, field-specific training, and peer-to-peer communication/support. We developed strategies to promote the transition of learners into the clinical setting.
Now you have the basics, what’s next?

Identifying priority areas for improvement

Q13 Of the following topics, please check those that you believe are highest priority for faculty development resources.

Answered: 87  Skipped: 2
## Clinical Workflow

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of medical students</td>
<td>24.14%</td>
</tr>
<tr>
<td>Providing effective feedback to medical students</td>
<td>40.23%</td>
</tr>
<tr>
<td>Incorporating medical students into clinic workflow</td>
<td><strong>56.32%</strong></td>
</tr>
<tr>
<td>Knowledge of what to teach</td>
<td>49.43%</td>
</tr>
<tr>
<td>Techniques for teaching</td>
<td>34.48%</td>
</tr>
<tr>
<td>Establishing expectations with medical students</td>
<td>48.28%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>3.45%</td>
</tr>
<tr>
<td>Total Respondents: 87</td>
<td></td>
</tr>
</tbody>
</table>
Adapting Clinical Workflow

The Classic Precepting Model

- Learner sees a patient → learner precepts patient → learner/teacher evaluate patient together

Some Alternatives to Consider

- Shared scribe model
- Encounter Unit breakdown
  - History/Exam/Plan/Phone Calls/Education
- Wave scheduling
### Table 1: Example of Wave Schedule Set-Up

<table>
<thead>
<tr>
<th>Appointment Time</th>
<th>PA Preceptor Schedule</th>
<th>PA Student Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Examination Room 1</td>
<td>Examination Room 2</td>
</tr>
<tr>
<td>8:30</td>
<td>Patient 1</td>
<td>Patient 2</td>
</tr>
<tr>
<td>8:55</td>
<td>No patient</td>
<td>No patient</td>
</tr>
<tr>
<td>9:20</td>
<td>Patient 3</td>
<td>No patient</td>
</tr>
<tr>
<td>9:45</td>
<td>Patient 4</td>
<td>Patient 5</td>
</tr>
<tr>
<td>10:10</td>
<td>No patient</td>
<td>No patient</td>
</tr>
<tr>
<td>10:35</td>
<td>Admin time</td>
<td>No patient</td>
</tr>
<tr>
<td>11:00</td>
<td>Patient 6</td>
<td>Patient 7</td>
</tr>
<tr>
<td>11:25</td>
<td>No patient</td>
<td>No patient</td>
</tr>
<tr>
<td>11:50</td>
<td>Patient 8</td>
<td>No patient</td>
</tr>
<tr>
<td>12:15</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

**Feature Editor’s Note:**
This article provides a novel approach to overcoming barriers faced by clinical preceptors. It introduces the wave scheduling method to optimize patient care and preceptor efficiency. The table above illustrates an example of how wave scheduling can be implemented in an outpatient setting.

Moving Right Along

- Your Learner as been oriented and knows your expectations
- You have adjusted your schedule to allow time to precept and teach your student
- Oh $#!@!!! Now you actually have to try and teach them....

How do you calculate a delta delta gap again???
Clinical Precepting

- One Minute Preceptor
- 5 clinical micro-skills
- SNAPPS Model
Clinical Precepting

- One Minute Preceptor (5 Microskills)

Special Communication

A Five-Step “Microskills” Model Of Clinical Teaching
Jon O. Neber, M.D., Katherine C. Gordon, M.A., Barbara Meyer, M.D., M.P.H., and Nancy Stevens, M.D.

Abstract: Teaching family practice residents in a clinical setting is a complex and challenging endeavor, especially for community family physicians teaching part-time and junior faculty members beginning their academic careers. We present a five-step model of clinical teaching that utilizes simple, discrete teaching behaviors or “microskills.” The five microskills that make up the model are (1) get a commitment, (2) probe for supporting evidence, (3) teach general rules, (4) reinforce what was done right, and (5) correct mistakes. The microskills are easy to learn and can be readily used as a framework for most clinical teaching encounters. The model has been well received by both community family physicians interested in teaching and newer residency faculty members. (J Am Board Fam Pract 1992; 5:419-424.)

One Minute Preceptor: 5 Micro-skills

1. **Get a Commitment**
   - “What do you think is going on?”
   - “Why do you think this happened?”
   - “What information would you want?”

2. **Probe for Understanding and Clinical Reasoning**
   - “What led you to that conclusion?”
   - “What else did you consider/rule out?”

3. **Teach General Rules (When Applicable)**
   - Keep it focused and brief, then check for understanding.

4. **Recognize/Reinforce What the Learner Did Well**
   - Be specific and focus on behaviors (e.g., “I thought you did X well.”) rather than overall assessment (e.g., “Good job.”).

5. **Correct Mistakes**
   - Be specific and focus on behaviors.

-Graphic courtesy of M. Wiederman
### Clinical Precepting

#### One Minute Preceptor (5 Microskills)

<table>
<thead>
<tr>
<th>Author</th>
<th>Journal (Year)</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furney et al.*</td>
<td>J Gen Intern Med (2001)</td>
<td>Resident teaching evaluations randomized to OMP vs. traditional questioning</td>
</tr>
<tr>
<td>Aagaard et al.*</td>
<td>Acad Med (2004)</td>
<td>Randomized study of OMP vs. traditional questioning</td>
</tr>
<tr>
<td>Kertis</td>
<td>J Nurses Staff Dev (2007)</td>
<td>Description of OMP in nurse education</td>
</tr>
<tr>
<td>Teherani et al.*</td>
<td>Med Teach (2007)</td>
<td>Student perceptions of teaching using OMP vs. traditional questioning</td>
</tr>
<tr>
<td>Dang et al.</td>
<td>Acad Psychiatry (2010)</td>
<td>Description of OMP in psychiatry education</td>
</tr>
</tbody>
</table>

SNAPPS: A Learner-centered Model for Outpatient Education

Terry M. Wolpaw, MD, Daniel R. Wolpaw, MD, and Klara K. Papp, PhD

Abstract

The unique character of medical education in the outpatient setting has created challenges in teaching and learning. (2) Narrow the differential to two or three relevant possibilities; (3) Analyze the differential by comparing -Wolpaw, T. et al.- Acad Med 2003;78:893-898.
Clinical Precepting

SNAPPS Model

SNAPPS, a Mnemonic for a Learner-centered Model for Case Presentations to Preceptors in the Outpatient Setting

The learner will:

1. Summarize briefly the history and findings
2. Narrow the differential to two or three relevant possibilities
3. Analyze the differential by comparing and contrasting the possibilities
4. Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches
5. Plan management for the patient’s medical issues
6. Select a case-related issue for self-directed learning

Clinical Precepting

SNAPPS Model

<table>
<thead>
<tr>
<th>Probe preceptor- Expressing uncertainties</th>
<th>Number of uncertainties expressed and obtained clarifications (Mean ± SD)</th>
<th>2.19 ± 0.68</th>
<th>1.07 ± 1.04</th>
<th>(t = 4.65)</th>
<th>(p = &lt; 0.01)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of students seeking clarification and information by asking questions by acknowledging their uncertainties</td>
<td>26 (96.29%)</td>
<td>16 (59.26%)</td>
<td>(\chi^2 = 8.72)</td>
<td>(p = 0.0031)</td>
</tr>
<tr>
<td>Discussed patient management plan</td>
<td>Percentage of presentations of students initiating patient management plan</td>
<td>27 (100%)</td>
<td>21 (77.8%)</td>
<td>(\chi^2 = 8.33)</td>
<td>(p = 0.004)</td>
</tr>
<tr>
<td>Discussed case related topics and resources</td>
<td>Percentage of presentation by students initiating discussion by identifying topics and issues related to case and patient care for self directed learning</td>
<td>27 (100%)</td>
<td>9 (33.3%)</td>
<td>(\chi^2 = 3.0)</td>
<td>(p = 0.083)</td>
</tr>
</tbody>
</table>

* Mann-Whitney U test

Number of distinct comparisons made between two diseases (Median-IQR)

Quick Hits

➢ Clarify your expectations and communicate them

➢ Adjust workflow to maximize opportunities for learners

➢ Utilize time tested and newer teaching frameworks to improve precepting

Learning Objectives

- Outline the importance of clinical teaching as it relates to recruitment to our specialty.
- Define challenges that face the community preceptor in working with learners.
- Review a framework for organizing and managing learner expectations.
- Discuss scheduling adaptations to allow focused time for teaching and learner evaluation.
- Review two practices to improve clinical teaching and the evidence that supports them.
Resources

- USC School of Medicine Greenville Teaching Resources

https://www.sc.edu/study/colleges_schools/medicine_greenville/internal/faculty/teaching.php
Questions??

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