



62nd Annual Greenville Postgraduate Seminar
Spotlight: Primary Care

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Evidence Based Teaching: Practical Tips for the Busy Community Preceptor

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Disclosures



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➤ 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.

Why Should I Care??



[REDACTED]

really awesome, and making people want to go into it."

Factors That Influence Choice in Family Medicine: A National Survey

Mustafa Alavi, MD; Tiffany H. McCreary, MD; KrisEmily McCrory, MD; Kat...

BACKGROUND AND OBJECTIVES

Workforce and Education Team identifies factors influencing residents choosing family medicine. This aim can be...

Discussion

Three key issues were echoed across focus groups. The most consistently identified factor was the need for high-quality family medicine 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...

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But Precepting is Hard



Community on Recruitment The CoPPR

Suzanne Minor, MD; Miran
Jacob Prunuske, MD, MSP

BACKGROUND AND OBJECTIVE
to recruit and retain commu
ous incentives and deterren
patient care. Self-determinati
internal and external motiva
relatedness are basic psycho

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 (ie, long evaluations)

Decreased Motivation

Reflective Exercise



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- 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?



- 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.

One Minute Learner



BRIEF REPORTS

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

	2011-2012			2012-2013			P Value
	Disagree** n (%)	Neutral n (%)	Agree*** n (%)	Disagree** n (%)	Neutral n (%)	Agree*** n (%)	
I was oriented to my responsibilities and role.*	19 (21.1)	29 (32.2)	42 (46.7)	8 (4.3)	25 (13.4)	154 (82.4)	<.0001
Expectations of my role were communicated to me clearly.*	13 (15.7)	15 (18.1)	55 (66.3)	11 (6.7)	13 (7.9)	140 (85.4)	.0024

ease this transition have included third-year orientations, skills sessions, field-specific training, and peer-to-peer communication/support. We developed a

tate the transition of learners into the clinical setting by promoting

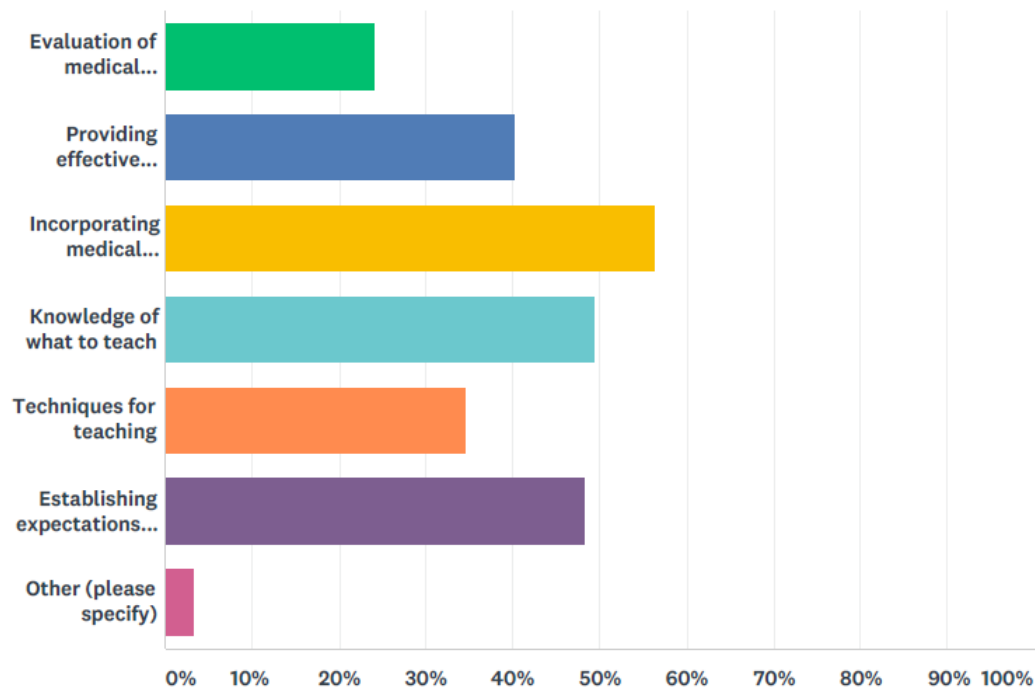
Moving Right Along



- 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



ANSWER CHOICES	RESPONSES	
Evaluation of medical students	24.14%	21
Providing effective feedback to medical students	40.23%	35
Incorporating medical students into clinic workflow	56.32%	49
Knowledge of what to teach	49.43%	43
Techniques for teaching	34.48%	30
Establishing expectations with medical students	48.28%	42
Other (please specify)	3.45%	3
Total Respondents: 87		



- 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

LESSONS LEARNED

Wave Scheduling Outpatient Services

Vanessa Lehner, MMS

Feature Editor's Note:

This article provides a novel perspective on the barriers faced by clinical preceptors in the outpatient setting.

Table 1: Example of Wave Schedule Set-Up

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

Moving Right Along



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- 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???



- One Minute Preceptor
 - 5 clinical micro-skills

- SNAPPS Model

➤ One Minute Preceptor (5 Microskills)

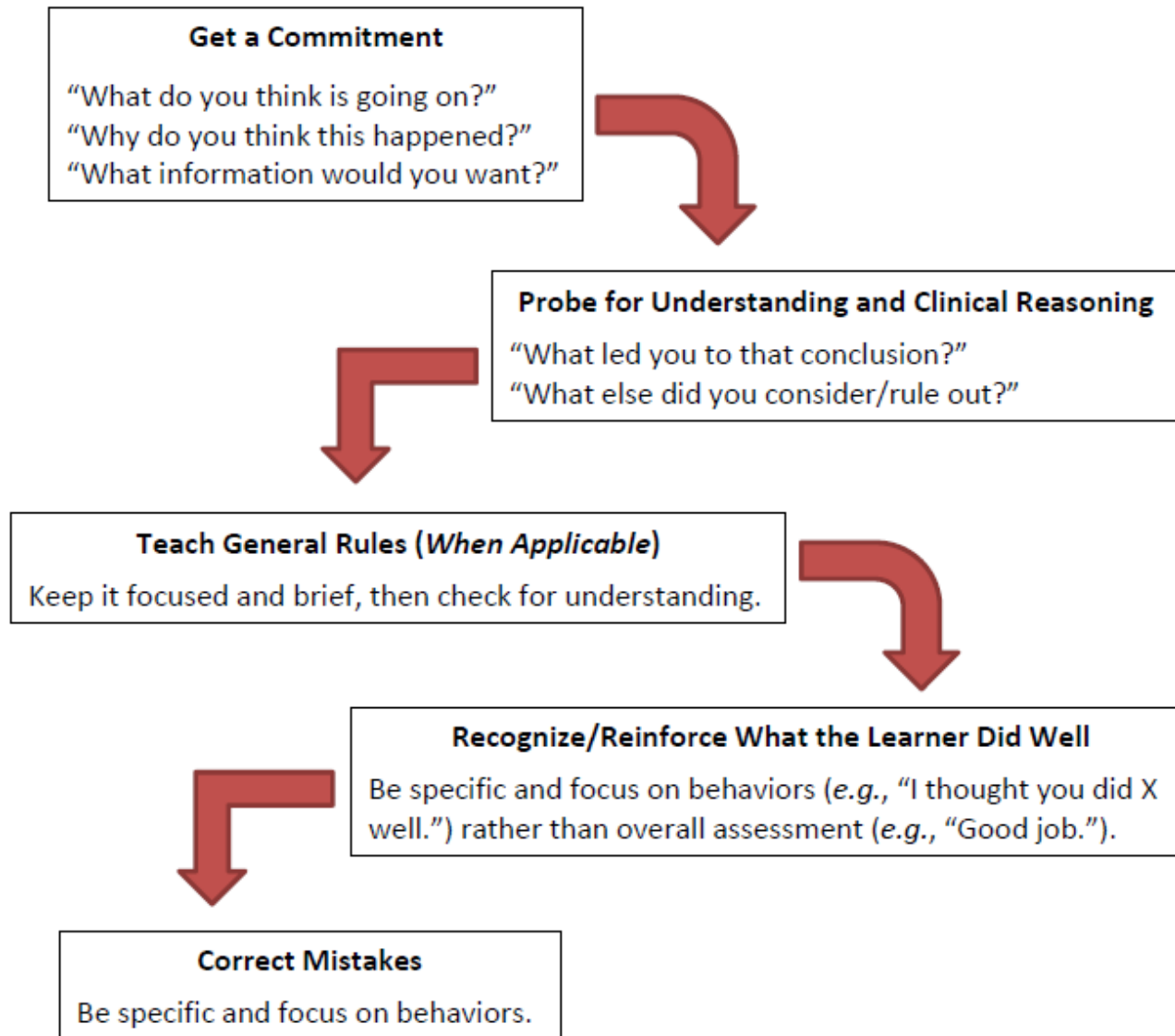
Special Communication

A Five-Step “Microskills” Model Of Clinical Teaching

*Jon O. Neher, 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; 5:419-24.)

One Minute Preceptor: 5 Micro-skills



➤ One Minute Preceptor (5 Microskills)

Table 1. Compilation of Selected One-Minute Preceptor Literature

Author	Journal (Year)	Context
Neher et al.	J Am Board Fam Pract (1992)	Description of the OMP
Furney et al.*	J Gen Intern Med (2001)	Resident teaching evaluations randomized to OMP vs. traditional questioning
Salerno et al.	J Gen Intern Med (2002)	Description of OMP in faculty development seminars
Aagaard et al.*	Acad Med (2004)	Randomized study of OMP vs. traditional questioning
Irby et al.*	Acad Med (2004)	Identification of teaching points using OMP vs. traditional questioning
Bowen et al.	Teach Learn Med (2006)	Description of OMP in faculty development workshop
Eckstrom et al.	J Gen Intern Med (2006)	Development of a pre/postevaluation of OMP faculty development program
Kertis	J Nurses Staff Dev (2007)	Description of OMP in nurse education
Teherani et al.*	Med Teach (2007)	Student perceptions of teaching using OMP vs. traditional questioning
Post et al.	Acad Med (2009)	Review of resident-teacher curricula: some using OMP
Dang et al.	Acad Psychiatry (2010)	Description of OMP in psychiatry education
Chan and Wiseman	Anat Sci Educ (2011)	Description of OMP in anatomy teaching
Gallagher et al.	Clin Teach (2012)	Description of OMP
Chan and Sharma	Anat Sci Educ (2014)	Evaluation of a OMP faculty development program for anatomy instructors
Chan et al.	Anat Sci Educ (2015)	Description of OMP in anatomy teaching
Pascoe et al.	J Hosp Med (2015)	Description of OMP on inpatient wards
Lockspeiser and Kaul	J Pediatr Adolesc Gynecol (2015)	Description of OMP in OB/GYN teaching



➤ SNAPPS Model

ARTICLE

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

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

➤ 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

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

* Mann-Whitney U test

	SD = 0.97 IQR (2-3)	SD = 0.62 IQR (0-1)	
Number of distinct comparisons made between two diseases (Median-IQR)	Median = 2.0 SD = 1.02 IQR (2-3)	Median = 0.00 SD = 0.89 IQR (0-2)	$p = < 0.01^*$



- 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



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- 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



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- 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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