

Improving Our Teaching Habits: Techniques for Education in the Clinical Setting

Diane Stafford, M.D.

Lori Newman, M.Ed.

Boston Children's Hospital

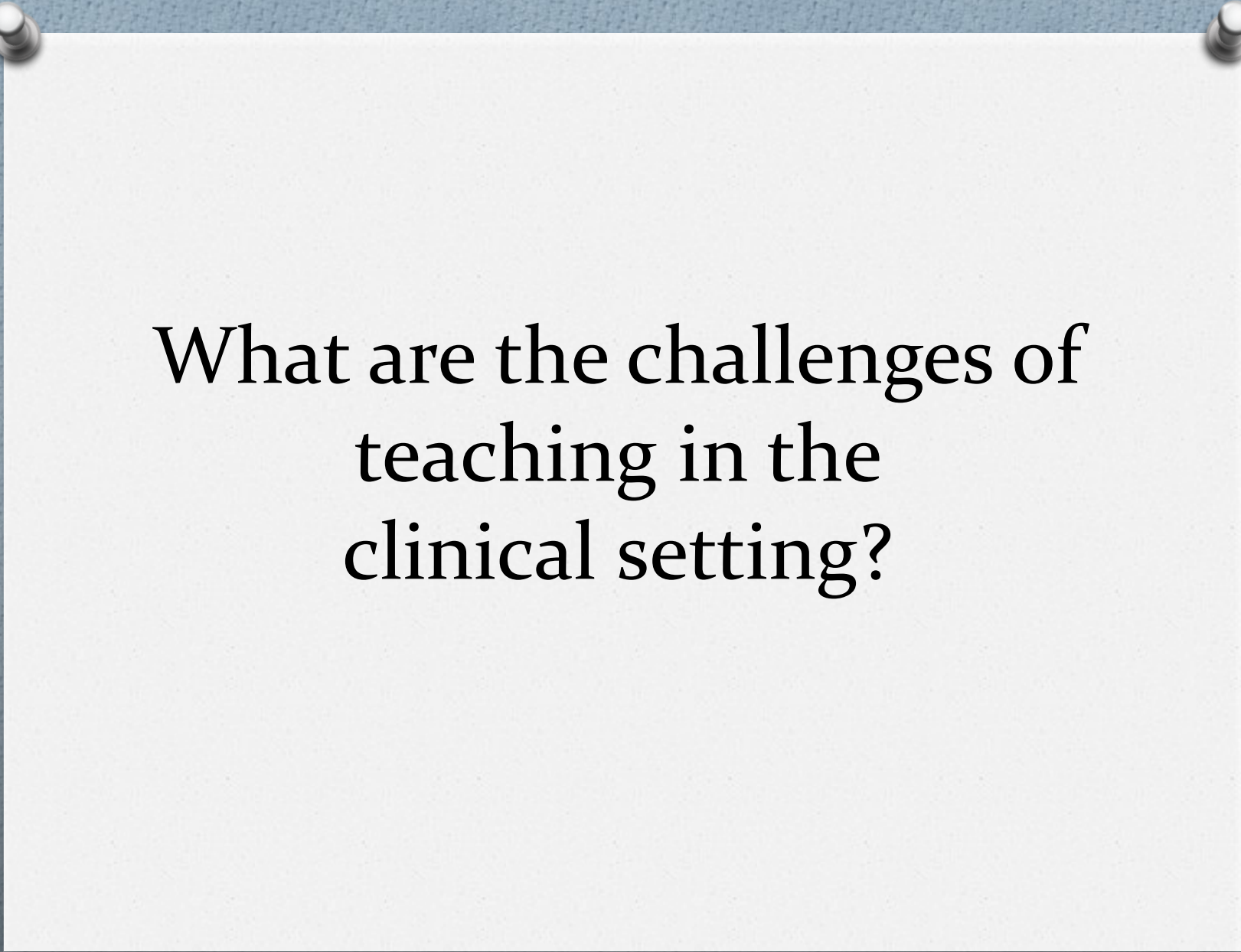
**APPD 2018 Annual Spring Meeting
Atlanta, GA**

Objectives

- Identify the challenges and opportunities of clinical teaching
- Define *microburst teaching*; discuss models of this technique and the role these models can play in clinical teaching
- Discuss ways to implement teaching models into clinical education

Where and Who Do We Teach?

- Where:
 - Inpatient rounds
 - Outpatient clinics
 - Bedside rounds
 - Combination
- Who:
 - Medical Students
 - Residents
 - Fellows
 - Combination



What are the challenges of
teaching in the
clinical setting?

Directions

- Work with people at your table to determine a team name. Be creative!
- Half the room will discuss with their team the challenges of teaching in clinical settings.
- The other half of the room will discuss the challenges learners face in clinical teaching encounters.
- Please: Don't name "Time" as a challenge – that's a given!

Challenges

Teacher

- Time

Learner

- Time

What are best clinical teaching practices?

- Establish safe learning environment and exhibit respect towards patients, learners, staff
- Model effective interpersonal & communication skills
- Answer specific patient-care related questions
- Explain clinical decisions (Think out loud)
- Incorporate evidence-based medicine in teaching
- Ask questions that promote critical thinking
- Use scaffolding techniques (Guided supervision toward progressive responsibility)
- Provide constructive feedback
- Willingly admit when wrong or don't know answer

Observation of Teaching

- What does the attending do well?
- What type of questions does he ask?
- Do you use similar techniques or is your approach different?
- What changes would you suggest?
- <https://www.youtube.com/watch?v=FLZ1RFXz7ck&feature=youtu.be>

What did you see?

- What does the attending do well?
- What types of questions does he ask?

What did you see?

- Do you use similar techniques or is your approach different?
- What changes would you suggest?

Balancing patient care and teaching is challenging

Diagnose the patients

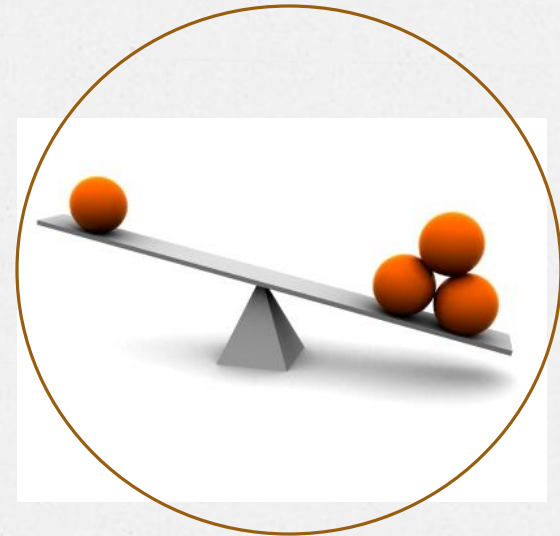
- Listen carefully
- Clarify information
- Determine concerns

Diagnose the learner

- Assess prior knowledge
 - Get commitment
 - Probe for evidence

Target the teaching

- Give feedback
- Identify/correct mistakes
 - Teach general rules
 - Prioritize teaching
 - Role model skills



Microburst Teaching

- “Intense, short-lived localized event”
- Uses different teaching methods and strategies that are interchanged and presented in brief “bursts” of time
- Allows teaching for a variety of learners with differing levels of training (i.e. the one room school house).



Techniques for Microburst Teaching

- One Minute + 10 Seconds Preceptor Model
- SNAPPS Model
- Activated Demonstration/Modeling

One Minute + 10 Seconds Preceptor

- Refers to the ability to quickly identify “teachable moments” and use microskills to teach in these moments
- Updated Micro-skills Model:
 - Get a commitment
 - Probe for supporting evidence
 - Teach general rules
 - Reinforce what was done well
 - Correct errors
 - Ask “How can I be of help?”

Adapted from: Neher JO, Gordon KC, Meyer B, Stevens N. A five-step “microskills” model of clinical teaching. J Am Board Fam Pract 1992; 5:419-24.

Get a Commitment

- Asks the learner to articulate his/her own diagnosis or plan
- What do you think is going on...?
- Engages the learner in the process
- “What do you think is the cause of...” (encourages higher order thinking)

Probe for Supporting Evidence

- Evaluates the learner's knowledge, critical thinking, or clinical reasoning
- “Why...?”
- “How does his physical exam support your differential diagnosis?”
- “When would you not include XYZ in your differential?”

Teach General Rules

- Provides learner with common “take-home points” or clinical pearls that can be used in future cases, preferably aimed at the learner’s area of weakness
- “When this happens...”
- “When evaluating premature pubarche, think about possible exposures.”
- Can also use this as an opportunity to share communication strategies

Reinforce What Was Done Well

- Provides positive feedback on specific H&P skills, patient rapport, team communication
- Label it as such to “anchor the behavior”
- “Gathering the family’s pubertal history was an important part of this discussion.”

Correct Errors

- Provide constructive feedback with recommendations for improvement about knowledge/skill/behavior, not the person
- “Be sure to look at the pattern of both growth and weight gain in these evaluations.”
- Try *advocacy-inquiry approach* – “I noticed you spoke only to the parents and not the patient. I’m concerned the patient may have felt excluded. I’m curious, what were your thoughts about the communication exchange?”

Ask “How Can I Be of Help?”

- Allows learners to ask questions, voice areas of uncertainty, or raise issues on their own
- “How can I be of further help to you with this patient?”
- “Is there further information I can provide so you feel comfortable developing the treatment plan?”
- “Is there anything we haven’t addressed that still concerns you?”

SNAPPS Model

- Summarize** • Briefly summarize the patient's history and examine findings
- Narrow** • Present a 2-3 item differential diagnosis
- Analyze** • Discuss evidence supporting and against each item on the differential
- Probe** • Based on the three prior steps, ask the preceptor questions to help shape consideration of the differential and management
- Plan** • Present a proposal for managing the patient
- Select** • Choose a question to pursue in self-directed learning after the encounter

Wolpaw TM, Wolpaw DR, Papp KK, SNAPPS: a learner-centered model for outpatient education. *Acad Med.* 2003 Sep;78(9):893-8.

“Activated” Demonstration

- "Purposeful Observation" of the clinical teacher
- Useful when a patient's problem is unfamiliar to learners
- Learners need a specific assignment to complete while observing (such as “Watch how I ask critical questions about eating disorders or abuse”) and an understanding of what is expected in terms of participation.
- After the demonstration, attending needs to “activate” learners by asking them to describe what was observed.

Observation of Teaching

- Think about Microburst Teaching and the One Minute Preceptor
 - Get commitment
 - Probe for supporting evidence
 - Teach general rules
 - Reinforce what was done well
 - Correct errors
- <https://www.youtube.com/watch?v=54rNxlJyt9I>

Let's Practice!

- Turn to your neighbor and try out the One Minute Preceptor + 10 sec technique in the outpatient clinic setting
- One person will serve as the preceptor and one person as the resident. Review your roles on the handout and practice working through the model
- Raise your hand when you are ready to go in and see the patient with your trainee

Let's Go See the Patient

- Your learner has determined that the patient's weight loss, diarrhea and tachycardia may be due to inflammatory bowel disease and dehydration.
- Based on the information you have obtained from the learner, you feel this is likely to be the case.

Taking the Techniques Home

- Academy of Medical Educators or Teaching Certificate Program
- Observing others teach provides opportunities to add to own teaching repertoire (both peer and master teacher)
- Use staff meetings to provide instruction in One Minute Preceptor and other techniques. Follow up to see how faculty used these methods – creates a teaching community of practice

“The teacher
who is indeed
wise does not
bid you to enter
the house of his
wisdom, but
rather leads you
to the threshold
of your mind”
Khalil Gibran

