TEACHING IN THE REAL WORLD

Tips for Integrating Learners into Busy Clinical Settings

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By the end of this session, participants will be able to:

1. List five new ideas for efficient teaching in busy clinical settings;
2. Demonstrate that they can plan ahead for efficient clinical teaching; and
3. Actively participate in clinical teaching to a greater extent than previously.

Sincere thanks to several hundred experienced clinical preceptors, residents and students, who have contributed these "Teaching Tips" at faculty development workshops over more than a decade

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Introduction

I. CAUTION: This session focuses on **Methods**

A. By focusing on teaching Methods, we can provide answers to practical questions:

1. Don't educators know what it's like in the real world?
2. How can you expect overworked clinicians to implement detailed educational paradigms in busy clinical settings?

B. There are many things that experienced preceptors ask learners to do that save them time while adding quality to their practice and their teaching. **However**:

1. Methods are just one step in the Educational Planning Process

a) Goals
b) Needs
c) Objectives
d) Methods
e) Evaluation

C. One learner's teaching objective may be another learner's scut work.

1. Be clear about what you are trying to accomplish
2. Tell the learner that any time s/he helps to save will be made up in dedicated teaching time
3. At least one experienced preceptor tells us that he says thank you at the end of each session

II. How can you teach and practice at the same time? Start here: **It's similar to clinical practice: You don't need to do it all at once.**

A. Teaching in clinical settings is best accomplished in a longitudinal fashion

B. The needs of one's students cannot be fully satisfied at every moment throughout the day any more than the needs of one's patients, or practice

C. You don't need to apply all principles learned in faculty development at one time any more than you can do complete histories and physicals on all patients at all times

III. General Principles

A. Plan ahead – work the learner into your weekly schedule
B. Plan an Orientation: Make certain all parties know the ground rules
C. Have learners do things that save you time and benefit your practice
D. Learn things from the student or resident
E. Think about the use of space
F. Some methods make it possible to teach on the fly
G. Tailor the schedule to meet clinical **and** teaching objectives
H. Take advantage of unique educational opportunities
I. Establish clear guidelines for communication
J. Use the medical record, and know the rules for student supervision

Tips for Teaching in the Office

IV. **Planning**

A. Work the student into your weekly schedule – if you don't put it in the schedule, it won't happen

1. Protected times for orientation, formal teaching, evaluation sessions
2. Alternative activities when you are not available

V. **Orientation**

A. Orient the student

1. Pre-orientation: Invite the student to visit the practice

a) Is this right for you?
b) Are there certain criteria for the student (e.g. language skills in a Community Health Center)

2. First day: plan a formal student orientation session
3. Other times: Schedule protected times for teaching, feedback and evaluation
4. Provide prepared materials

a) Give the student a written description of the practice – have a student write a description of the practice to be used with future students
b) Give the student a copy of your mission statement (larger health centers)
c) Establish a web site for students, or mention them on your practice web site

5. Provide a written guideline of expectations

a) Logistics, including hours, parking, attire, use of your staff areas (including the refrigerator!), plans for lunch, etc.
b) Set progressive goals through the weeks – e.g. shadow, model, function independently, etc.
c) Expectations regarding patient confidentiality

6. Orient the student to your life style

a) Personal – Bring the student home for dinner; share your personal perspectives with them
b) Professional – hospital committees, call, etc.

B. Orient your patients

1. Boast to your patients that you are a part of the medical school
2. Put up a plaque, letter from the Dean, etc.
3. Put up a notice that you have a student with you
4. Provide a handout

a) "We have been selected as a teaching site by the medical school"
b) "You have the right to be seen without the student's involvement"

5. Invite your patients to serve as teachers, and even to participate in evaluation:

a) "Can you help me teach this student/resident?"
b) "This is the way I learned how to be a doctor"

6. Develop a questionnaire (or have a student develop a questionnaire): Has the student been added to the visit?
7. Provide a business card for the student

C. Orient your staff

1. Invite them to become active participants in the learning process

a) How can each staff member contribute to the learner's education?
b) Provide an opportunity for the staff to provide feedback

2. Have a social gathering with the staff to introduce the student
3. Set explicit guidelines for the staff

a) How will students be introduced to patients? Several opinions:

(1) Have the front desk tell patients about the student
(2) Have the front desk hand out a letter from you that explains about the student
(3) Have your office nurse handle the introduction
(4) Some feel that the physician should be actively involved in inviting the patient to work with the student

4. How will patient permission be obtained?

a) Include a permission slip with your introductory letter
b) Have the staff do it
c) Have the physician get permission

D. Orient yourself

1. Read the curriculum, readings
2. Participate in faculty development

VI. **Have learners do things that save you time and benefit your practice:**

A. Tell the student or resident that anything they can do to save time for both of you will be made up in active teaching time
B. Office activities that can save you time:

1. Take vitals
2. Chart notes
3. Talk to patients who are waiting when you are running behind – "it's better than a magazine"
4. Write prescription refills
5. Write out patient instructions
6. Go over written patient education materials
7. Do asthma education
8. Construct a genogram
9. Go through the chart to see if health maintenance guidelines are up to date

C. Working with younger patients -- perform Denver Developmental Testing

D. Working with older patients:

1. Perform Mini mental status exam
2. Interview other caregivers
3. Help elderly patients get dressed and undressed
4. Talk to elderly patients

E. Procedures – students need to be allowed to do things

1. Phlebotomy
2. Flushing ears

F. Have a student do a special project

1. Focusing on a patient or family that has been a puzzle for you
2. Working on a project for your office

a) Developing patient education materials
b) Developing an evidence-based clinical guideline

VII. **Learn things from the student**

A. Things the student will know better than you

1. Use of a smartphone and computer resources
2. Use of new drugs
3. Issues raised at yesterday's lecture

B. Personal issues - About their culture, about their own life experiences

C. Dealing with clinical problems about which you know little

1. "Take a day and get back to me with an answer"

D. Don't feel threatened by a student who knows something you don't know – neither party should confuse *information* with *knowledge*

VIII. **Think about the use of space**

A. If an extra exam room is available, you can have the student use it, while you move ahead as needed
B. Use your consult room for history taking
C. Clear off a corner of your desk for the student to use
D. Provide in and out boxes
E. Use your partners' desks; rotate desks on days off
F. Get a TV table in your office for the student to use
G. Move phlebotomy to the exam room

IX. **Some methods make it possible to teach on the fly**

A. Have the student see the patient ahead of you
B. Observe the student interviewing the patient

1. Try not to interrupt

2. Stand so the patient has to look at the student

C. Active teaching in front of the patient

1. Works best

a) Present the history
b) Demonstrate skills: Physical exam, procedures
c) Patient education – an audience of two
d) Modeling

2. Think about how you use questions (Questioning vs. "pimping")

From *The Art of Pimping* (JAMA 262(1), July 7, 1989): The earliest reference to pimping is attributed to Harvey in London in 1628. He laments his students' lack of enthusiasm for learning the circulation of the blood: "they know nothing of Natural Philosophy, the pin-heads. Drunkards, sloths, their bellies filled with mead and ale. O that I might see them pimped!

In 1889, Koch recorded a series of 'Pumpfrage', or 'pimp questions' he would later use on his rounds in Heidelberg. Unpublished notes made by Abraham Flexner on his visit to Johns Hopkins in 1916 yield the first American reference: "Rounded with Osler today. Riddles house officers with questions. Like a Gatling gun. Welch says students call it pimping. Delightful."

3. Riskier

a) Complex problem solving
b) Differential diagnosis
c) Bad news

X. **Tailor the schedule to meet clinical *and* teaching objectives**

A. Schedule events that will help the student

1. Review the schedule, charts ahead of time
2. Double book the first slot
3. Know the curriculum requirements

a) Required complete H&P – schedule at a special time; have the patient come in early

B. Have the student spend time with others (assuming that you have involved others in setting educational objectives):

1. Have the student spend time with your practice partners, Nurse Practitioners, Physician Assistants

a) Have one serve as coordinator

2. Have the student spend time with people in your office, such as:

a) Office nurse -- give immunizations, participate in phone or office triage

b) Health Educator
c) Phlebotomy
d) Health Assistant
e) Billing clerk
f) Referral coordinator
g) Receptionist/Appointment clerk

3. Have the student spend time with consultants in your building
4. Have the student work with community resources, such as:

a) Nutritionist
b) Social worker
c) Visiting nurse
d) Outreach worker
e) Adult day care center
f) Nursing home
g) Pharmacy
h) Hospice
i) Health Department
j) Local sheriff, local law enforcement officials

C. Finding respite time

1. Send the student to read up on something that will come up later in the day
2. Develop a 4-day precepting week, with alternative activities developed by the clerkship during the 5th day
3. Have 2 students instead of one! (having a second student may be like having a second child)

XI. **Take advantage of unique educational opportunities**

A. Share your own library or other reference resources – reprints, guidelines, etc.

B. Identify patients with identified problems (diabetes, etc.) who are willing to act as special resources for students to spend time with

C. Link the student with patients who will present frequently during the clerkship

1. Newly diagnosed patients with diabetes, acutely ill patients with asthma, etc.
2. Prenatal patients
3. Other patients facing a transition in their life status
4. Give the student a beeper to carry, to be available during a critical time

D. Involve the student as you respond to patients who are acutely ill:

1. Have the student phone patients who are calling in with acute illnesses
2. Have the student make follow-up calls to check on patients you saw earlier
3. Use a speakerphone
4. Manage fewer acutely ill patients over the phone; have them come in
5. When an acutely ill patient is coming in, have the student read up on the topic

E. Involve the student in after-hours call

1. Use a conference-calling feature

F. Involve the student as you respond to routine patient care issues:

1. Review phone messages with the student; include him/her in the response
2. Review lab work with the student
3. Have the student make phone calls to patients about lab results (first with normal results, then with abnormal results)
4. Have the student respond to letters from the HMO regarding health maintenance, need for follow-up (by performing chart audits, etc.)

G. Send the student off-site to accompany the patient

1. To see consultants
2. To view procedures: Endoscopy, surgery, etc.
3. To Radiology, OT/PT
4. To accompany the visiting nurse

H. Go together:

1. On rounds, to hospital conferences – Tumor conference, Grand Rounds, etc.
2. To a deposition
3. To the nursing home

a) Issue a challenge: Keep going until you find three medications to discontinue

I. Community activities

1. Have the student write a patient education column for the local paper
2. Have the student do a community project

XII. **Establish clear guidelines for communication**

A. Communicate by phone – Give the student your home number, or the inside line for the practice
B. Communicate via email – regarding logistics, to provide feedback
C. Make your expectations explicit in your orientation handout

XIII. **Using the medical record**

A. Have the student do chart reviews, or participate in QI projects
Provide an opportunity for the student to try dictation

1. Works best for special projects

B. Have the student type up notes, email them in
C. Regarding documentation: Know the rules for student supervision

From the Medicare Carrier's Manual, Section 15016:

"Students may document services in the medical record. However, the documentation of an E&M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems, past family, or social history.

"The teaching physician may not refer to a student's documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E&M services, the teaching physician must verify and re-document the history of present illness, as well as perform and re-document the physical exam and medical decision-making activities of the service."

D. Some use student notes as prompts

XIV. Provide an orientation handout (next page)

Guidelines for Residents/Students Working with Dr. Jones[1]

Ambulatory medicine differs from inpatient medicine in several important ways. These guidelines can help make your experience in my office more rewarding.

1. Please read the Curriculum Syllabus before coming to the office.

2. Office hours start at 8:40 am and finish at 5:00 pm. We usually take 45 minutes for lunch. Feel free to use the refrigerator to store a sandwich, etc.

3. Take time to browse through the printout of the schedule. Let us know if there were patients that you would particularly want to see

4. Seeing patients:

   a. Most patients enjoy spending time with students. The nurse will tell each patient that you are working with us and obtain permission for you to participate in their care.

   b. Pay particular attention to the patients' name, age, the diagnosis, medications, and the periodic examinations needed.

   c. Check the last progress notes in the chart, noting any items we need to check for follow-up; this will help you understand why the patient is here.

   d. Introduce yourself as A Student Doctor _____, working with Dr. Jones.

   e. Always examine the patient with me. We can listen to the heart, and to each side of the lungs, and compare notes. We can discuss your findings, which provides you with immediate feedback.

5. Saving time

   a. Scheduling impacts doctors as well as patients; we will often feel squeezed for time. Anything you can do to help move things along will allow us more time for discussion.

   b. Many of my patients are elderly; they may be moving slowly. Please assist them in getting on the exam table, undressing and dressing, and returning to the front desk.

[1] Modified from orientation sheet provided by Dr. Lynn Li, Primary Care/Geriatrics Division, University of Massachusetts Medical Center

c. Always ask if the patient needs prescription refills. If they do, write them out for me to sign.

d. When we are giving instructions to the patient, please write them down. Patients appreciate having written instructions to take home with them.

6. Keep an index card or notepad handy so if anything is mentioned you are not sure of, you will be able to research it later in the day.

7. Feel free to take vital signs and mark them in the chart. Many of my elderly patients need blood pressure monitoring, especially postural blood pressure measurements; orthostatic hypotension is common. The blood pressure and pulse should be measured while the patient is prone as well as sitting up.

8. A complete geriatric assessment includes a medication check, a functional assessment, a life review and social history, a life-values assessment, and mini-mental and geriatric depression screenings. Examples of the Mini-Mental State and Geriatric Depression Scale forms are attached.

9. You will learn to prioritize multiple needs in a time-limited clinical visit in order to keep to the schedule. You will learn how to deal with the patient's most important issue(s) today, bringing them back for anything else that needs to be dealt with. I set priority according to the following four areas of needs:

   a. The patient's list of complaints;

   b. My problem list and agenda;

   c. Medication adjustments and refills; and

   d. Health maintenance issues.

10. When this rotation is finished, you will know how to give patient instructions, update the Problem List, and write progress notes.

11. Please think about your personal goals and objectives for the rotation. Feel free to discuss issues as they arise. Keep yourself involved and active.

    If you ever have questions that we did not answer in the clinic, do not hesitate to contact me in my office at 856-0000. I can also show you relevant reading material.

    Have fun! Be active! We are here to work as a team!