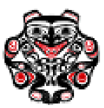

Teaching Medical Students in Family Practice

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UBC

Three Items

- Practice organization
- Clinical Basics – one minute preceptor
- Inner Consultation -advanced

The Setting

- Teachers in the ambulatory setting
- A struggle to find ways to integrate students
- Busy clinical practices
- Minimize disruption to patient care.

Set up your practice

- Inform patients that it is a teaching clinic
  - You are such a great doctor HKU is going to ask you help train the next generation of Docs
- Patient Consent
- Structured notes (SOAP or similar)
- Electronic Medical records (audit)
- Timetable to give space for teaching
- Video
  - I ask students to review the video and show me one 2 minute section where they did well, and one 2 minute section where they felt they could have done better
- Make one of your staff the educational liaison lead –
  - This is about organization

The problem

- Clinical preceptors
- Need time efficient teaching strategies
- For the ambulatory setting.

Traditional (patient-centered) Model

- Clinical educators,
- 75%of the interaction time with students is discussing patient care issues
- Little time for teaching.

Preceptors Challenges

- We focus on patient care issues rather than learner issues,
- We ask low-level questions mostly to clarify clinical data,
- We give minilectures to students rather than promote discussion,
- We provide little or no feedback.
- These may result in decreased student satisfaction
- and learning

Traditional Precepting Model

the case presentation and discussion has three components:

1. case presentation by the learner that takes half of the time,
2. inquiry by the preceptor regarding patient data that consumes one quarter of the time
3. discussion of the case and plan for patient care that uses the remaining time.

- The learning encounters range from three to six minutes in length and typically contain little teaching and virtually no feedback

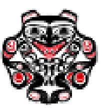
One-Minute Preceptor (OMP),

- five microskills desirable for effective clinical teaching:

1. Get a commitment from the learner about what he or she thinks is going on with the patient,
2. Probe for underlying reasoning,
3. Teach general rules,
4. Provide positive feedback,
5. Correct errors.

3 year old boy who complained of earache.

- **1. Get a commitment**
- *Teacher*: “What do you think is going on?”
- *Learner*: “I think he has an upper respiratory tract infection, probably an acute bacterial otitis media.”



2. Probe for supporting evidence

- *Teacher*: "What led you to that conclusion?"
- *Learner*: "He has a history of repeated acute otitis media and currently has a fever and a painful right ear. In addition, I believe his right ear is red and less mobile."
- *Teacher*: "What would you like to do for him?"
- *Learner*: "First, I would like you to confirm my findings. If you agree, then we should give him some antibiotics. As he doesn't have any allergies to medications and was successfully treated with amoxicillin in the past, I think amoxicillin is a reasonable choice."

3. Teach a general principle

- *Teacher*: “It does sound like otitis media. The key features of otitis media in the history are upper respiratory tract symptoms followed by ear pain and increasing fever and irritability.
- He is also at risk as he has had prior episodes of acute otitis media. In the physical examination, I look for the appearance of the ear drum—including any erythema, opacification, and distortion of landmarks with bulging or retraction.
- Sometimes there will be purulent discharge in the external canal if the tympanic membrane has perforated.
- This child would seem to fit these criteria.” The teacher concludes:
- “With the lack of allergies, amoxicillin is a logical choice for an antibiotic. I’ll be glad to confirm your ear examination findings. Let’s go and see the patient.”

4. Reinforce what was done well

- *Teacher*: “You did a good job of putting the history and physical examination findings together into a coherent whole.”

5. Correct errors and/or make recommendations for improvement

- *Teacher*: "You might check the Cochrane Collaboration for an evidence based review on otitis media."

- https://www.rhpap.ca/rhpap-news-plus/2015/october/15/video-the-one-minute-preceptor.aspx

The key components

- Don’t take over the case
- Ask early what the student thinks is going on
- Don’t take over the case
- Teach general rules
- Don’t take over the case
- Teach only a very few (one) things per consultation

The Consultation

1. Connecting
2. Summarising
3. Handing over
4. Safety netting
5. Housekeeping

Patient-centred

Promotes partnership

Follows GP consultation flow

Links organiser (analysis) with responder (intuition)

- Connecting
  - Have we got rapport? Establishing a rapport and getting on the same wavelength as the patient.
- Summarising
  - Do I really know why the patient has come? Not only the reason for attending but also the patient's ideas and concerns regarding his/ her problem and their expectations of what I can do about it.
- Handing over
  - Sharing information. Has the patient understood and accepted the management plan we have proposed? Having assessed the problem and formulated a diagnosis (or problem list), and negotiated and agreed a management plan.
- Safety netting
  - Have I anticipated all the likely outcomes? Manage uncertainty: anticipate likely outcomes and discuss them; look at probabilities and weigh up risks. Organise an appropriate time for follow-up.
- Housekeeping
  - Am I in good condition for the next patient? Am I stressed? I need to be receptive to the next patient and in a position to offer `a caring and compassionate state of mind uncontaminated with . . . personal preoccupations'.

Inner Consultation

- Consultation skills analysis and modelling can be challenging. Trying to do the medicine, but in parallel you are trying to discern what you should be doing `in theory'.
- Neighbour's "second head"
- One analysing - one doing the practice

Practical tips

- “Try it with the first patient of each clinic”
- “Don’t use it any more that clinic”
- “When you have done ten you can increase”
- Body language of the learner, and the patient, can reveal a lot of additional information

Summarizing

- Its hard for learners to do all this
- I tell them the skills but I ask them to try one
- For example on one day I might ask all my students and residents to do the summarizing part at 2 minutes – my one minute preceptorship may be on that part of the consultation
- Recap with students and praise them – T-Res

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Activity Setting

Date*: 19-Oct-2018

Preceptor*: DAWES, Martin

Evaluated Trainee*:

Activity Observed:

Domain of Care: 3. Care of Adults

Skill Dimensions: Procedural and Clinical Skills

CanMEDS-FM Roles:

Activity Detail

Procedures:

Continue (what was done well)

4000 characters remaining (4000 maximum)

Consider (what to improve)

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Follow-Up (Optional)

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☐ Follow-Up Reminder ☐ Direct Observation

Field Notes

- Give brief concise feedback
- What to continue
- What to improve
- What to review

Teaching

- Should be challenging
- Should be rewarding
- Organisation is key
- Practical aims: eg learn one thing per consultation
- Thank You