

# Teaching in a busy practice

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1

## Disclosures

- \* Associate Program Director at Colorado Plateau Family and Community Medicine Residency Program
- \* Otherwise, no financial disclosures related to material presented

2

## Learning Objectives

01

Attendees will be able to better understand the adult learner

02

Attendees will learn how to diagnose the learner

03

Attendees will learn tactics to engage learners of all levels

3

I don't have  
time to teach  
more  
students

4

docēre = 'to  
teach'

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## Adult Learners

- Learn relevant information
- Learn concepts and principles
- Learn at their own pace
- Motivated by objectives
- Want to know what is expected
- Desire feedback

6

## Different Learners

### Medical Student Learner

- Data gathering and assimilation > critical analysis
- Focused on right and wrong answers
- Memorizing
- Trying to find patterns
- Focused on the symptoms > disease

### Resident Learner

- Utilizing a weighted decision making process
- Focus on better or worse > 'right' and 'wrong'
- Identifying variations in the patterns

7

What are some of the characteristics of your best teachers?

8

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## Who do residents learn from?

- 40-50% of learning comes from other residents
- Only about 20% of learning comes from faculty

9

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## Teaching

- Teaching includes *anything* done by a teacher that intends to promote learning
  - Learning may not occur even in the presence of good instruction
  - Learning may occur even in spite of poor instruction

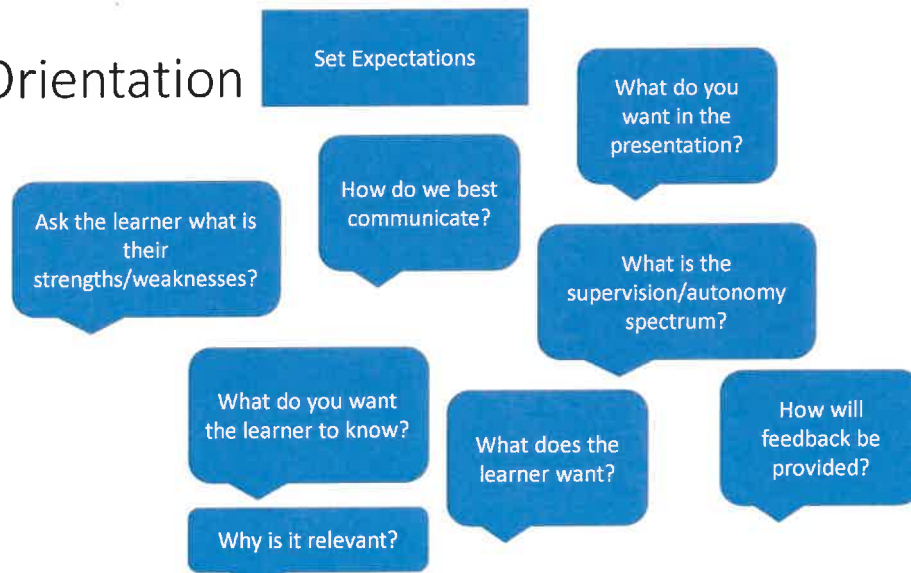
10

# Graduated independence with increased entrustability

- As a medical learner progresses, they achieve graduated independence through gradual entrustability
- 20 entrustable activities (EPAs) developed for family medicine
- Observer
- With direct supervision
- With indirect supervision
- Independence (no longer "autonomous")
- Instructor

11

## Orientation



12



## The Importance of Orientation

What are your expectations?

How long should I spend with the patients?

Should we utilize the SNAPPS model, 5 microskills or other?

Will we be presenting in the room or outside of the room?

How can I help with clinic efficiency?

How will you be providing feedback?  
On the fly? At the end of the day?

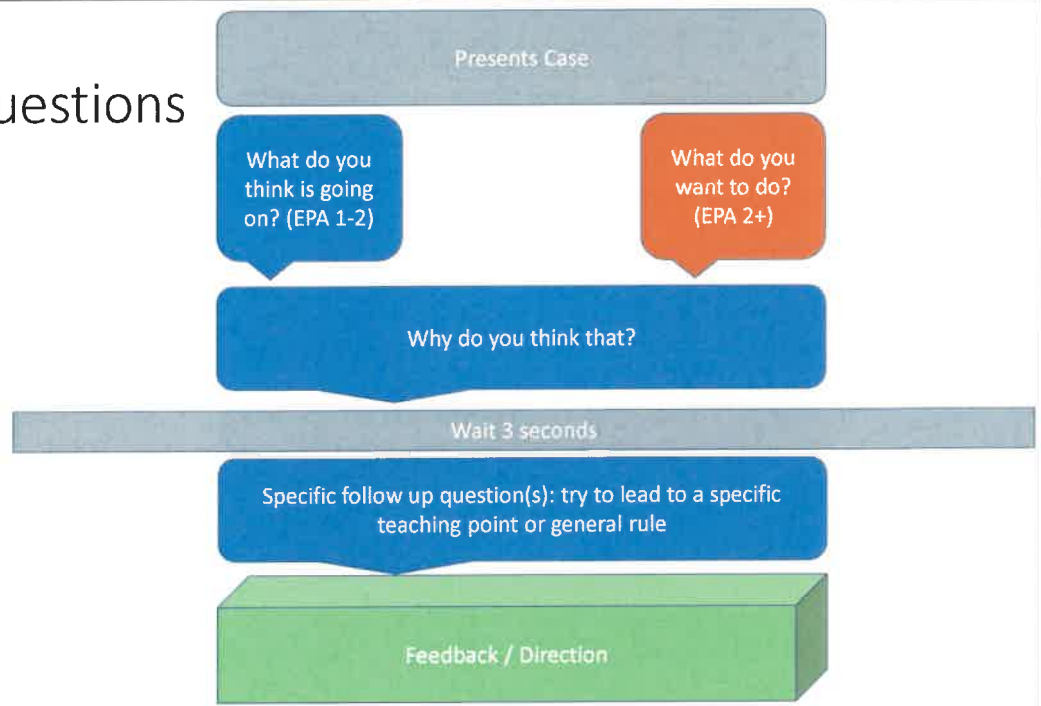
13

## Set Expectations

- ◆ When are you going to give feedback?
- ◆ Can be brief/point-of-care or summative/formal
- ◆ "It looks like we have a busy clinic today, I'm going to likely give you some brief feedback on-the-fly (or at the end of the day) "
- ◆ The key is...

14

## Ask questions



15

## Priming

- Great option for a patient well known to you already
- Prime the learner with the learning objective prior to the visit
- Prime the visit, then ask a probing question
  - Diagnose the learner
  - Sets the learning objective up front

X is a 2yo M here for well visit

What are the screening recommendations for this visit?

16



## Framing

- Give the learner a specific task to do in a specific time frame
  - Gives objectives
  - Sets clear expectation
  - Makes clear goal of efficiency

For patient J with dizziness, I want you gather a history and perform orthostatics and a focused exam and report back to me in 15 minutes

17

## Modeling

*Set the expectation to pay attention:* This is quite complex, but I want you to pay attention to how I think this complex case through.

*Task the learner:* can you see if you can find a link between the patient's previous ovarian cancer and thymoma?

- Passive and at risk of bored learner
- Helpful when either too pressed for time or clinical case complexity is far beyond expectation for learner
- Key is being explicit on the teaching method
  - Set the direction further or tasks the student onward

18

Informally . . .

Who is this learner and what does he/she know about viral gastroenteritis in a child / routine care in pregnancy / abdominal pain in an elderly person?

What am I comfortable with them doing with my patients?

19

5 microskills

Get

Get a commitment from the learner:  
• "What do you think is going on? Can you tell me more?"

Probe

Probe for Supporting Evidence:  
• "What led you to that conclusion? Please elaborate."

Teach

Teach General Rules:  
• "The guidelines recommend..."  
• "What are some critical factors to monitor in the next \_\_\_ hours/days?"

Reinforce

Reinforce what is right:  
• "Specifically, you did an excellent job of..."

Correct

Correct mistakes:  
• "Next time this happens, try this..."

20

## 5 microskills example

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1. Commitment
  - "What do you think is going on?"
  - "I think the patient has strep pharyngitis."
2. Probe
  - "What led you to that conclusion?"
  - "Patient is 12yo with sore throat, fever, and exudative tonsils."
3. Rules
  - "Likely, the Centor criteria would include those but also lack of cough and cervical lymphadenopathy."
4. Reinforce
  - "You did an excellent job at narrowing in on the most likely diagnosis."
5. Correct
  - "However, Augmentin is not the preferred treatment."

21

## The 6th microskill (flip the script)

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"What about if the patient didn't have pharyngeal exudate?"

"What if the patient had desquamative rash?"

22

## SNAPPS (Learner-centered)

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The learner will:

1. Summarize briefly the history and findings
2. Narrow the differential to two or three 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

23

## Learner example

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1. SUMMARIZE: "I just saw a 12yo with 2d of fever and exudative pharyngitis."
2. NARROW: "Differential is streptococcal pharyngitis, mononucleosis, or herpangina."
3. ANALYSE: "Given the presentation and absence of cough I suspect streptococcal pharyngitis."
4. PROBE: "Should we check a rapid strep test?"
5. PLAN: "We will treat with penicillin."
6. SELF-DIRECTED LEARNING: "I should look up post-strep GN v IgA nephropathy."

24

# How could I possibly?

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25

## Schedule Ideas

26

## Wave Schedule

**Table 3-1 Wave Schedule**

Time AM	Original Physician Schedule	Learner Wave Schedule	Physician Wave Schedule
8:00-8:20	Patient A	Patient A	Patient B
8:20-8:40	Patient B	Patient A	Patient A
8:40-9:00	Patient C	Writes note	Patient C
9:00-9:20	Patient D	Patient D	Patient E
9:20-9:40	Patient E	Patient D	Patient D
9:40-10:00	Patient F	Writes note	Patient F
10:00-10:20	Patient G	Patient G	Patient H
10:20-10:40	Patient H	Patient G	Patient G
10:40-11:00	Patient I	Writes note	Patient I
11:00-11:20	Patient J	Patient J	Patient K
11:20-11:40	Patient K	Patient J	Patient I
11:40-Noon	Patient L	Writes note	Patient L

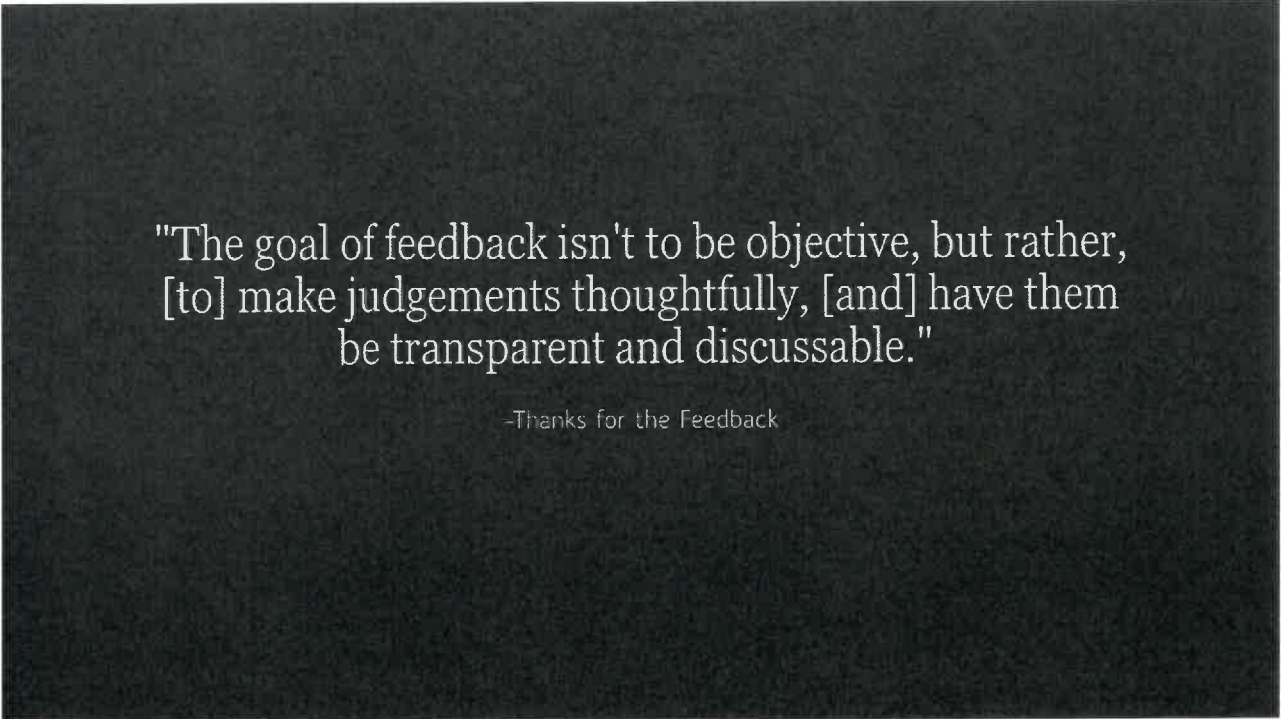
27

## Two Column Schedule

Saturday June 13, 2020		
Alias Tracking Want Status Dental		
Resource	Abbott D0, Brandon	
Appointment	1	2
8:00 am	Test Abbott, Test attd	Test SFS, Bullhead City pgv
8:30 am	Test SFS, Flag Peds attd	Test, Charnett pgv
9:00 am	Test SFS, Flag University attd	Test SFS, Engman pgv
9:30 am	Test SFS, Flag DB attd	Test SFS, Lake Havasu City pgv
10:00 am	Admin 30 <30>	
10:30 am	LUNCH <60> <60>	
11:00 am		
11:30 am	Test SFS, Flag East TGC, Shelter attd	Test SFS, Round Valley pgv
12:00 pm	Test SFS, Grand Canyon attd	Test SFS, Windsor pgv
12:30 pm	Test SFS, Holbrook attd	Test, Anabel pgv
1:00 pm	Test, Alyssa Test attd	TEST, ATHENA pgv
1:30 pm	Admin 30 <30>	

28



A dark, textured background, possibly a close-up of a dark surface or a dark sky, with a subtle graininess.

"The goal of feedback isn't to be objective, but rather,  
[to] make judgements thoughtfully, [and] have them  
be transparent and discussable."

-Thanks for the Feedback

29

A photograph of various food items on a dark wooden table. On the left is a pizza with toppings like mushrooms and green peppers. In the center are two round, golden-brown fried items, possibly eggs or small pizzas, topped with black pepper. To the right is a pile of yellow french fries. On the far right is another pizza with toppings like onions and green peppers. In the foreground, there are some red cherry tomatoes and a small pile of white, round objects, possibly dumplings or small bread rolls.

Throw away the sandwich!

30

# Beyond "Read More"

Assessing Medical Knowledge

31

Feedback  
(Praise,  
Coach,  
Feedback)

"I'm going to give you some praise..."

- "I really like how you were able to direct the patient to understand their medication dosing better."

"Here's some coaching..."

- "I've found it helpful to instruct the patient to bring in their medication bottles and have them tell me what they take each for."

"My feedback would be..."

- "that you take this learning moment to brush up on your medication interactions knowledge."

32

# Feedback

Bottom line across all of medical education is that we just don't do it (feedback) nearly enough

*"Just too busy" / "I forgot to do it" / "I'm not comfortable saying anything negative" / "I'm not sure that the resident is even interested in what I have to say" /*

Consider how impactful even **60 seconds** - of face-to-face (mask-to-mask at a distance) feedback can be between patients or at the end of a clinic session

33



"I'm going to give you feedback"

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34

## Make it timely and limited

- ❖ Try to give the feedback as timely and specific as possible
- ❖ Explain the consequence of the behavior to reinforce the message
- ❖ GOOD: "I liked how you repeated the patients questions back to him. This shows you were interested and listening."
- ❖ BAD: "I meant to tell you last week I didn't like how you gave that patient instructions."
- ❖ GOOD: "I can see you struggle with calculating pediatric dosing. Take a minute and plan out the problem on paper for practice."
- ❖ BAD: "You calculated those doses incorrectly two weeks ago and the patient are all sick as a result. You lack confidence in talking with patient, give poor instructions and your notes are disorganized. Learn math."

35

## Feelings are fine in feedback

- ❖ It's okay to express your feelings about learner performance
- ❖ Be non-judgemental and shame-aware
- ❖ GOOD: "I was excited (disappointed / confused) to see how you..."
- ❖ BAD: "You are aloof, uncaring and cannot manage the complexity of this patient."

36



## Focus on change-able

- ◆ Focus on things that are within the learner to control
- ◆ GOOD: "I noticed patients sometimes have trouble understanding you. I recommend you speak more slowly and check to be sure you **were** understood—utilize the teach-back method."
- ◆ BAD: "Your accent is so pronounced, nobody understands **you**."

37

## Be aware of bias

- ◆ Studies show men and women do not receive feedback in equal amounts or with similar content
- ◆ Female preceptors are more likely to give feedback to male learners
- ◆ Most feedback: male-male diad
- ◆ Least feedback: female-female diad
- ◆ Acknowledge possibility of gender bias in giving feedback and guard against it

38

## Use self-assessment as a tool

- ◆ When at a loss...
- ◆ Activate the ADULT LEARNER
- ◆ "What do you think went well/not well? How could you improve?"

39



## Feedback ≠ Evaluation

40



## Praise, then remix

- ❖ "I agree that three days of sulfamethoxazole-trimethoprim is an appropriate choice for this young woman with cystitis. *How would you modify your treatment if she were diabetic with a fever and flank pain?*"
- ❖ ADVANCED CLASS: *"Now how about when she comes back in 3 days with fever?"*

41

## Common Evaluation Errors

42

## The Halo/Horn Effect

Evaluation biased by learner's past experience rather than objective evaluation of current performance

Having heard the learner is outstanding, you submit an excellent evaluation, despite an average performance.

"Dr Smith said this student was terrific; maybe my expectations are too high."

Try to objectively review why you are evaluating to this extent; what are the specific behaviors that deserve this evaluation?

43

## Restriction of Range



Tendency to circle the same rating for all competencies, rather than considering each characteristic separately



Essentially marking everything a 1 or 5

44

## Evaluating Nonperformance Attributes



Essentially non-independently factoring attributes



"laziness" in a bright student who excels at the cognitive aspects of performance, should be reflected in the attitudinal/behavioral competencies, not the cognitive section

45

## The Lake Wobegon Effect



RATING ALL STUDENTS 'ABOVE AVERAGE'



FAILS TO IDENTIFY THE AVERAGE



"WELL, THAT'S THE NEWS FROM LAKE WOBEGON, WHERE ALL THE WOMEN ARE STRONG, ALL THE MEN ARE GOOD-LOOKING, AND ALL THE CHILDREN ARE ABOVE AVERAGE."

46

## How about a pocket card?

Doing well

Needs work

47

## Supervision

Important to orient each learner to welcome them into your world and your team at the beginning of the rotation.

Clarify your expectations: when and how to show up, what to do

Suggest including learner in most everything you do including complex patients, SDOH related issues, referrals, local challenges with scheduling, and researching topics. Don't feel pressured to have them only see patients.

48



## Supervision Documentation

Residents are expected to document initial and follow-up visits (feedback opportunity). An attestation statement and co-signature is required for each note.

***"I saw and evaluated the patient and I discussed the assessment and plan with the resident. I agree with resident's findings and plan as documented above."***

**"See resident's note for details. I saw and evaluated the patient and I agree with the resident's findings and plan as written except for the following: Abd exam: there is a + Murphy's sign present."**

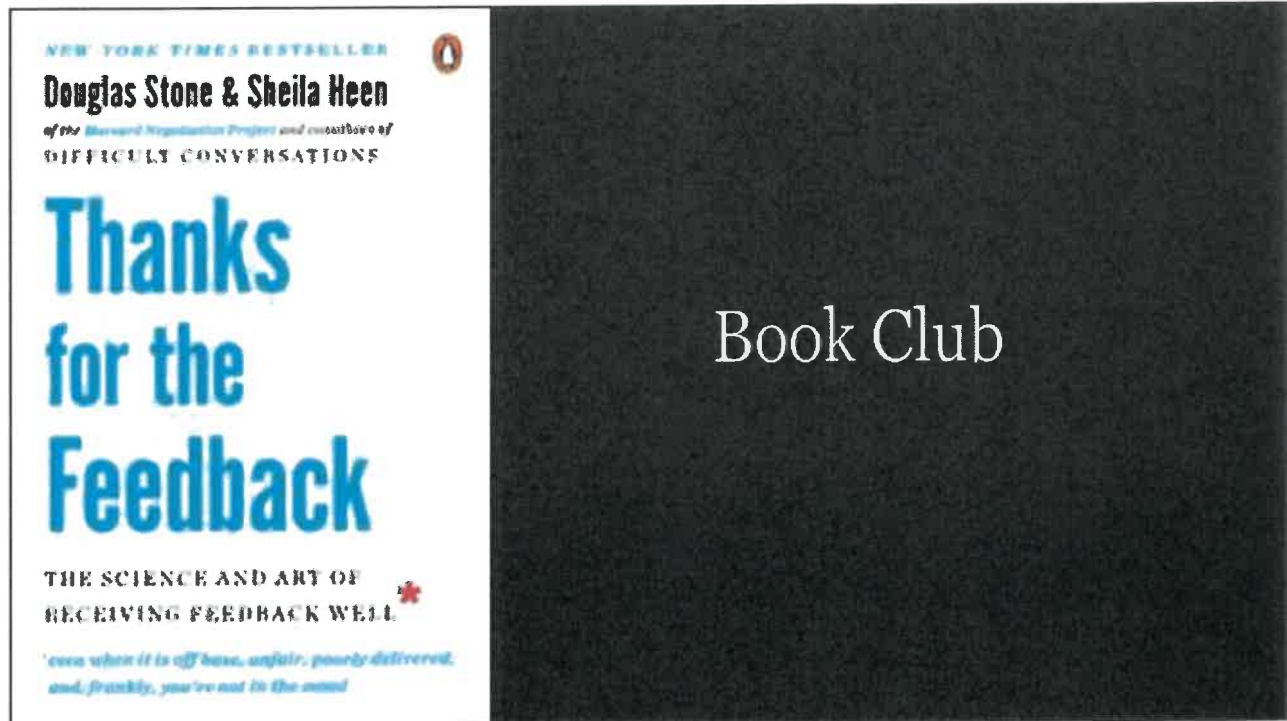
Unacceptable: *"Agree with above."* / *"Rounded, Reviewed, Agree."* / *"Discussed with resident. Agree."* / *"Patient seen and evaluated."*

49

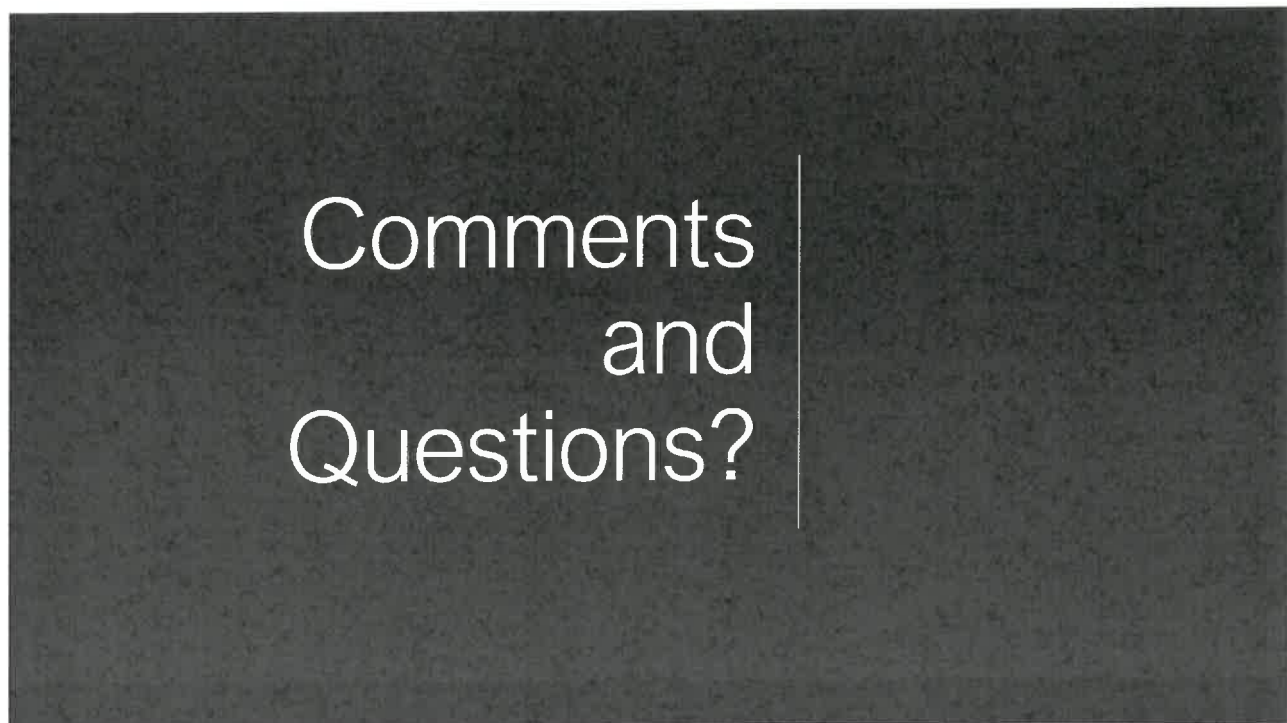
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50



51



52