WTA: Effective Teaching Models in the Ambulatory Setting
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Agenda
At the session, we will watch videotapes of common teaching models in the clinical setting. Videos will be followed by interactive discussions of the teaching interactions and the pros and cons of each of the models. Teaching methods will be practiced with role-plays. We will discuss how the cognitive literature on clinical teacher knowledge and reasoning supports each model. We will draw from the literature on clinical teaching to substantiate the pros and cons of each method.

Approximate timeline:

- Welcome, introductions and overview 5 min
- Principles of effective clinical teaching/Traditional Model 15 min
- Discussion of clinical teaching methods – One Minute Preceptor 20 min
- Small group break out practice 30 min
- Discussion of clinical teaching methods – SNAPPSS 15 min
- Wrap-Up - Conclusion, Key points 5 min
Instructions for One-Minute Preceptor Break-Out

Step 1: Break into Groups
Break into groups of 2. Each of you will take turns playing the teacher and the trainee. This can be modified to use groups of 3, where the 3rd person acts as the observer

Step 2: Identify learner level
Learner options – 3rd or 4th year student on clinical rotation, intern, or senior resident

Step 3: Choose a clinical case presentation (See attached).

Step 4: After the teaching encounter, debrief

Step 5: Switch roles - everyone should play every part

Clinical Case Scenarios
Below are the brief oral presentations to be delivered by the trainee ONLY. The setting is meant to be an ambulatory clinic. The rest, you make up! You can also choose your own.

Ms. Flint is a 34 year old woman complaining of cough. She has had a cough productive of green sputum and a low grade temperature for 3 days. She denies ear pain, sinus pain, or sore throat. She is mildly short of breath with exertion. She denies any past medical history. Examination is notable for a temperature of 100.4, heart rate of 100 and respiratory rate of 20. Lung exam revealed diffuse wheezing and some crackles in the right base. Her cardiac and abdominal exams were normal other than the mild tachycardia.

Mrs. Berl is a 68 year old woman with DM, HTN and hyperlipidemia who presents with 10/10 crushing CP of 30 min duration. She has never had this sx before. It is L sided with radiation to her jaw and is associated with nausea and diaphoresis. On exam, she is hypertensive at 150/90, HR 100, the rest of her VS are stable. Her PE is otherwise unremarkable, except that she appears in acute discomfort. EKG reveals 2 mm ST elevation in V1-V4.

Mr. Walsh is 56 year old man with a history of HTN, hyperlipidemia and previously well-controlled DM who presents for follow-up. His diabetes has been managed with diet alone since diagnosis last year, but unfortunately his A1c has crept up from 6.5% to 8.1% on last week’s check. He has gained about 2 pounds a year for the past 5-10 years. He is reluctant to take more medications, because he is currently on lisinopril and simvastatin.


Academy of Medical Educators Website - Ambulatory Teaching Models:
http://www.ucdenver.edu/academics/colleges/medicalschool/education/academy/facultydevelopment/Pages/FacultyDevelopmentSeminarVideos.aspx

Link to Videos:
http://somed.ucdenver.edu/ame/video/amevideo.html
Microskill: One-Minute Preceptor

Originally designed for precepting, but can also be used in the inpatient setting.

Involves 5 steps:
1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was done right
5. Correct mistakes

STEP 1: Get a commitment: When the learner has finished presenting the case, they often stop. Ask them what they think about the case. This encourages the learner to process the information gathered. If the learner can’t put together data to form an opinion, you should abandon the one-minute preceptor model as the learner is not processing the information.

Use questions: “What do you think is going on?” or “What do you want to do next?”

*Avoid the need to gather more data—you can do this later.

STEP 2: Probe for supporting evidence: Before offering your opinion, ask the learner for evidence that supports their opinion. You can also ask what else they considered. This allows you to identify where there are gaps in knowledge.

Ask: “What findings that led to your conclusion?” or “What else was in the differential?”

STEP 3: Teach general rules: At this point, a teaching point will usually become apparent. Provide general rules/concepts that are targeted to the learner’s level of understanding. If the learner has performed well and there is no new information to be added, you can skip this step. You can also model how to access resources if you are not sure what to teach.

Can ask “how can I help you with this case?”

STEP 4: Reinforce what was done right: Reinforcing correct behavior helps the behavior become firmly established. Provide positive feedback on specific behaviors rather than general praise.

Example: “I really liked how you explained the procedure in very simple medical terms so the patient could understand.” Rather than “Good job explaining that procedure.”

STEP 5: Correct mistakes: When an error occurs, find an appropriate time to discuss, the earlier the better. A private setting is best. If possible, allow the learner to critique his/her performance first. If you are correcting medical knowledge, be sure to frame your response by comparing it to their original incorrect thought.

Example: “You’re right that most acute low-back pain is musculoskeletal in nature, but in order to rule out dangerous etiologies like cord compression, it is necessary to always ask about warning symptoms such as bowel or bladder incontinence.”
Microskill: SNAPPS

Originally designed for precepting, but can also be used in the inpatient setting. The goal of SNAPPS is to create active learning conversations between learner and teacher.

Involves 6 steps:
1. Summarize briefly the history and findings
2. Narrow the differential to 2-3 possibilities
3. Analyze the differential by comparing/contrasting possibilities
4. Probe the preceptor by asking questions about uncertainties
5. Plan a management for the patient’s medical issues
6. Select a case-related issue for self-directed learning

**STEP 1: Summarize briefly the history and findings:** The learner presents a concise summary of their H&P to the preceptor. The summary generally should not be more than 3 minutes.

**STEP 2: Narrow the differential to 2-3 relevant possibilities:** The learner verbalizes what he/she thinks is going on. Focus on the most likely possibilities, avoiding “zebras”. This requires a commitment from the learner.
   “I think the most likely is a bacterial pneumonia, but other things on my DDx are viral bronchitis or exacerbation of her underlying COPD.”

**STEP 3: Analyze the differential by comparing and contrasting possibilities:** The learner initiates a case-focused discussion of the differential by comparing/contrasting the top items on the differential. This may be combined with step 2. This discussion allows the learner to verbalize his/her thinking process and can stimulate an active discussion from the preceptor.
   “I think his chest pain could be anginal b/c he describes it as a ‘pressure’, however, he doesn’t have CAD risk factors, so it could be from other non-cardiac causes such as GERD”.

**STEP 4: Probe the preceptor by asking questions about uncertainties or difficulties:** The learner reveals areas of confusion or knowledge deficits and utilizes the preceptor’s knowledge base, rather than waiting for the preceptor to teach what they are interested in teaching.
   “What else should I include in the DDx?” or “How do you examine for thyroid nodules”.

**STEP 5: Plan management for the patient’s medical issues:** The learner initiates a discussion of a brief management plan or suggests future interventions. This can include parts of step 4 as well.
   “I want to treat his asthma flare with steroids, but I can’t remember how many days”.

**STEP 6: Select a case-related issue for self-directed learning:** The final step encourages the learner frame a relevant clinical question and read about it. At the next teaching interaction, the learner can then ask the preceptor any questions that arose from the reading.
   “Based on this case, I think I should read about how to create an ‘asthma action plan’ with a patient. Do you have any suggested resources on this topic?”