BRIGHAM AND WOMEN'S HOSPITAL
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Help Your Learners Grow in Wisdom – In 5 Minutes or Less:
Precepting in the Outpatient Clinic

Lori Wiviott Tishler, MD

February 12, 2016

“So, I Have This Patient…”

Precepting in the Outpatient Setting

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Nothing to declare

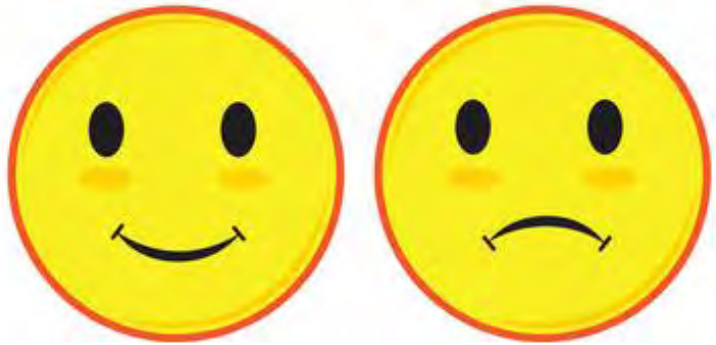
Goals and Objectives of Good Precepting:

- Help your learners grow in wisdom and professionalism in 5 minutes or less, while making sure that the patient gets adequate care for his or her medical issues.

Goals and Objectives for this talk

- Identify the opportunities and challenges of outpatient precepting for different levels
- Enumerate several different precepting methods and consider which will work best for you and your learners
- Consider how to ensure that precepting also includes behavioral modeling in professionalism and the art of doctoring

What are your joys and challenges?



Strategies for Precepting

- Assessing your learner
- Assessing your day
- Reflecting on your experience
- Identifying problems

Models for Precepting

- The One-Minute Preceptor
- Microskills Model
- SNAPPS

Role Play #1: I Didn't Know What To Do

Roles: Preceptor, Resident, and Patient

You are precepting a new and very green intern. She is seeing an uncomplicated, healthy patient and has managed to ascertain that the patient is doing generally well, taking all of his prescribed medicines, and free of 74 things on the standard review of system. She presented well.

After discussing all things medical, you observe that the resident didn't ask if the patient smoked. She looks nervous when you mention it. She says, "I read in the record that he did, but I wasn't sure what to say."

You say, "Let's go back together and talk about it with him."

You have a busy precepting afternoon, so you don't want to spend too much time.

Directions:

Choose a role and do the role play. Spend no more than 2-3 minutes with the patient. Then discuss the experience from each of your perspectives:

Preceptor - What were your goals, how did you use your time. What strategies did you use?

Resident – Did you learn content and professionalism? Did you feel undermined?

Patient – Did you know who was your doctor? How did you feel when the preceptor came in the room?

Large Group Discussion

Role Play #2 – Providing Feedback

Roles: Resident, Preceptor, Observer
You're going to do this one twice!

You have spent some time working with Bob. He's a terrifically smart resident. He cares deeply about patients and really wants to do well. He quotes the literature with aplomb. You've just spend a few minutes observing him while he wrapped up with his last patient. You are surprised and (a little bit) horrified. His plan was excellent, but when you saw him tell it to the patient, you observed that:

1. He never once looked at the patient, rather he spent the entire time typing into Epic.

2. He did a poor job of translating the plan into basic English and you could see that the patient was a little bit bewildered.

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Roles: Resident, Preceptor, and Observer

The first time: The preceptor should provide feedback to the resident for 2-3 minutes.

First time: The learner should be pretty open to the feedback.

Then debrief in your small group – how did it go from each of your perspectives.

Second time: The learner is quite defensive, even angry, not open to the feedback

Then debrief in your small group – how did it go from each of your perspectives.

Role Play #2 - Discussion

The Case of the Disorganized Presentation

You are a substitute preceptor in a GIM clinic. XY is a middle of the year intern with excellent communication skills and great rapport with patients. You note that

After his presentation:

- The chief complaint is unclear
- His differential is vague
- His plan consists (only) of "getting some basic labs to figure out what is going on"

What would you do now?

The plot thickens

- You return to the room with XY and get some additional history to clarify the chief complaint
- Even with the chief complaint clarified, he still has a lot of trouble developing a differential and plan

Trouble with Clinical Reasoning

- “The ability to sort through a cluster of features presented by a patient and accurately assign a diagnostic label, with the development of an appropriate treatment strategy as the end goal”
- One of the most challenging aspects of clinical teaching
- Helping residents hang book knowledge on a given patient
- Tips?+

Eva KW. 2007. What every teacher needs to know about clinical reasoning. Med Educ 39:98–106.

Tips for clinical reasoning

- Diagnose the learner: Data gathering vs processing error (Kassirer et al 2009)
- Be explicit about the chief complaint and the differential
- Encourage them to make a commitment
- Reflect on errors and feedback
- Review case write-ups

Kassirer JP, Wong JB, Kopelman R. 2009. Learning clinical reasoning. Baltimore: William & Wilkins.

You wonder if this is an isolated event but give the program director a heads up anyway

Take home points

Questions?

- Special thanks to
  - The CFDD, especially Helaine Friedlander
  - Dr. Subha Ramani
  - Dr. Rebecca Berman
  - Dr. Nadaa Ali
  - My precepting colleagues
  - All my residents and students who are my best teachers

A Few Resources

An Efficient and Effective Teaching Model for Ambulatory Education: Regan-**Smith** M, Young WW, Keller AM. Acad Med. 2002 Jul;77(7):593-9.

Mastering the preceptor role: challenges of clinical teaching. Burns, Beauchesne, Ryan-Krause, Sawin J Pediatr Health Care. 2006 May-Jun;20(3):172-83.

Evidence-based office teaching--the five-step microskills model of clinical teaching. Parrot, S, Dobbie A, Chumley H, Tysinger JW. Fam Med. 2006 Mar;38(3):164-7.

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

Time Efficient Strategies for Learning and Performance. Irby, D , Bowen, J. The Clinical Teacher June 2004 | Volume 1 | No