Teaching on the Run

DAVID M. IRBY, PHD

The Ohio State University
May 25, 2011

Teacher Reasoning and Action

1. Planning
2. Teaching
3. Reflecting


Planning and Orienting

- Before arrival or first day
  - Email expectations
  - Pre-select patients
- First day
  - Introduce people, schedule, logistics and locations
  - Clarify learner role and format for supervision
  - Describe H&P, written notes and case presentation format for that setting
  - Set time for feedback

Priming Learners

- For a new patient problem
  - What are causes, signs, symptoms, risks?
- For patients with a follow-up visit
  - What are preventive measures?
  - What are complications?

Teacher Reasoning and Action

1. Planning
   • Orient
   • Select
   • Prime

2. Teaching
   • One Min. Preceptor

3. Reflecting

Preceptor/Learner Interactions

1. Case Presentation
2. Inquiry
3. Discussion


“Two Minds” of Preceptor

Diagnosing Patients
Diagnosing Learners

Clinician
Clinician-Teacher

Case Discussion, Teacher Reasoning and One Minute Preceptor

Teach
1. Teach general rules
2. Provide positive feedback
3. Correct errors

Discuss
1. Case Present
2. Inquiry

Diagnose Learner
1. Ask for a commitment
2. Probe for underlying reasoning

Diagnose Patient
Listen

One Minute Preceptor

• Listen
• Ask
• Probe
• Teach
• Reinforce
• Correct

Five Precepting Microskills

1. Get a Commitment
2. Probe for Underlying Reasoning
3. Provide Positive Feedback
4. Teach General Rules
5. Correct Errors
The Patient’s Story

“I have a cold—my first of the season. I started coughing a couple of days ago, and every time I cough really hard, I seem to wet myself a little. It’s so embarrassing… And when I have to go, I really have to go!”

* Judy Bowen

Learner’s Case Presentation

“I’m seeing a 49 year-old woman, G4 P4, who complains of small amounts of urinary incontinence made worse with a cough she developed with her URI.

On exam, she’s moderately obese with a BMI of 27. She’s afebrile, has a 2nd degree cystocele and some vaginal dryness.”

Microskill 1: Get a Commitment

- **Cue from Learner**
  - Waits for guidance
- **Your Response**
  - Ask what s/he thinks about the case
- **Rationale**
  - Promotes learning
  - Encourages responsibility
  - Demonstrates respect

Question for Learner

- What do you think is going on?
- What do you think is causing her symptoms?
- What would you like to do for her?

Learner’s Clinical Reasoning

“I think her complaints and exam are consistent with stress incontinence.”

Microskill 2: Probe for Evidence

- **Cue from Learner**
  - Expressed opinion and wants confirmation
- **Your Response**
  - Ask for evidence supporting evidence or opinion
- **Rationale**
  - Allows for diagnosis of learner needs
  - Aides tailoring of teaching scripts
**Probing Further**

- What led to that conclusion?
- What else did you consider or rule out?
- Did you consider anything else?

**Learner’s Clinical Reasoning**

“Since she has some urgency to urinate as well, I wondered if she has a urinary tract infection. So I dipped her urine and it’s negative for nitrites and leukocyte esterase.”

**Microskill 3: Teach General Rules**

- **Cue from Learner**
  - You know something the learner needs to know
- **Your Response**
  - Provide general rules targeted to learner’s level of understanding
- **Rationale**
  - Retention and transfer enhanced

**Teaching a General Rule**

“In patients who complain of urinary urgency, you should explore the symptoms a bit further. If she has urgency and large volume voids, she may be producing more urine than normal. Conditions to consider in that circumstance include diabetes mellitus where the hyperglycemia results in an osmotic diuresis. Obesity is also a risk factor for diabetes. Did her urine dip show glucose?”

**Microskill 4: Provide Positive Feedback**

- **Cue from Learner**
  - Handled case well
- **Your Response**
  - Comment on specific good work
  - Describe positive effect of action
- **Rationale**
  - Good actions need reinforcement

**Positive Reinforcement**

“She does sound like a patient at risk for stress incontinence. I like that you checked her urine for infection. It’s always a good idea to consider a urinary tract infection in patients with incontinence.”
Microskill 5: Correct Mistakes

- Cues from Learner
  - Work demonstrated mistakes, errors
- Your Response
  - Describe what was wrong
  - Identify how to avoid the error going forward
- Rationale
  - Mistakes unnoted are repeated

Correcting Mistakes

"In patients who complain of urinary urgency, you should explore the symptoms a bit further. If she has urgency and large volume voids, she may be producing more urine than normal. Conditions to consider in that circumstance include diabetes mellitus where the hyperglycemia results in an osmotic diuresis. Obesity is also a risk factor for diabetes. Did her urine dip show glucose?"

Five Microskills of Precepting

1. Get a Commitment
2. Probe for Underlying Reasoning
3. Teach General Rules
4. Provide Positive Feedback
5. Correct Errors

OMP: The Evidence

- OMP faculty training resulted in increased feedback in ambulatory encounters
- Faculty perceive that they are better able to assess student skills and are more confident in their ratings with OMP model than traditional
- Students preferred OMP model for quality of feedback it provides

Teacher Reasoning and Action

1. Planning
   - Orient
   - Select
   - Prime
2. Teaching
   - One Min Preceptor

Reflection

- Ask questions to stimulate reflection
  - What are your questions?
  - What did you learn from seeing patients today?
  - What troubled, surprised, moved or inspired you today?
- Promote self-directed learning
  - What is one thing you want to learn about?

Conclusion

- Orient and prime learners
- Use One Minute Preceptor
- Promote reflection
- Have Fun!

References


Other teaching models...

- SNAPPs Model
  - Summarize findings
  - Narrow the DDx
  - Analyze the differential
  - Probe the preceptor about uncertainties
  - Plan management
  - Select case related issues for self-study
  - Has been shown to facilitate expression of clinical reasoning and uncertainty

Learner-centered teaching

- Ask the resident to tell you his/her learning need at the beginning of the presentation
- "My question is......
- Listen to the presentation
- Check your perceived "gap"against the resident’s question
- Negotiate the agenda

“I don’t know”

- Not knowing takes many forms
- Options
  - Go see the patient
    - “Why don’t you watch how I evaluate....”
  - Provide frameworks
    - “Do you have a framework for thinking about incontinence?”
  - Divide and conquer
    - “Read about incontinence, I’ll see the patient”