Teaching in the Outpatient Clinic Setting

Office of Medical Education
Creighton University School of Medicine
Module Objectives

After completing this module, the learner will be able to
• Discuss outpatient medicine as a valuable setting for teaching and learning
• Describe attributes of effective medical educators
• Discuss the significance of feedback to learners
• Describe 3 teaching models for outpatient medicine
Teaching in outpatient clinic setting

**Advantages:** It’s busy and great care happens here.

You already know the challenges:
- Limited time and RVU pressures
- Space may be small or awkwardly-arranged
- Patient cases are variable, unpredictable
- May have limited continuity with learners

**Solutions?**
- Draw upon your “non-resource” tools
- Use teaching models to maximize time, focus on the learner
Effective Medical Educators

- Great teachers do “more” than just teach
- This does not always require more time or expertise
- You can become more efficient with time for teaching
Effective Medical Educators

“Do the kind thing and do it first.”
-William Osler, MD, CM

The literature on medical educators demonstrates the need for a combination of attitudes, knowledge and skills.

Attitudes

Passion as a teacher ▪ Accessible to learners
Role model ▪ Kindness ▪ Advocate for education
Seek knowledge of learners ▪ Know and state limitations
Stimulate curiosity ▪ Create safe learning environment

(Hatem et al. 2011)
Knowledge
Employ pedagogy ▪ Promote scholarship
Current understanding of discipline
Use teaching techniques congruent with neuroscience and behavioral psychological evidence

Skills
Communicate knowledge effectively ▪ Lecture effectively
Promote critical thinking ▪ Listen effectively
Adaptable ▪ Provide constructive feedback
Provide timely evaluations ▪ Use tech effectively
Promote self-directed learning ▪ Demonstrate leadership
Create a learning community

(Hatem et al. 2011)
Improving Learning

- There are many theories and models that help us understand how adults learn
- An evolving set of ideas and principles from many disciplines
- The common theme is the need to recognize differences in learners’
  - Prior experiences
  - Preferences
  - Motivation
  - Direction/regulation of learning
  - Reflection

When in doubt, ASK the learner what they already know, what they want to learn, and what they learned (K – W – L)
Feedback Improves Learning

- Feedback is the cornerstone of effective clinical teaching
- Considerable evidence to support this

Examples:
- Feedback improves learning (Boehler et al. 2006)
- Students want more feedback (De et al. 2004)
- Giving feedback will likely improve your teaching ratings (Dobbie and Tysinger, 2005)
Feedback Defined

• Information describing students or house officers performance in a given activity that is intended to guide their future performance in that same or in a related activity (Ende 1983)
Feedback

Feedback is NOT non-specific praise, compliments, or encouragement

Feedback IS

- Objective appraisal of performance
- Based on observed behaviors
- Formative (during learning) assessment
Purpose of Feedback

- Reinforce positive actions
- Correct areas for improvement
- Guide future learning
- Confirm achievement of competency
- Promote reflection

(Gigante, Dell and Sharkey 2011)
Effective Feedback

- Specific
- Timely
- Objective (based on observed behaviors)
- Plan for improvement
Teaching Models for Outpatient Medicine

- **Traditional model:** Preceptor asks students to present a case and then the preceptor asks questions. This may end with a brief teaching “pearl” from the preceptor.

- **Newer models** are learner-centered:
  - One-Minute Preceptor
  - SNAPPS Model
  - RIME Framework

(Chacko, Aagard, Irby 2007; Pangaro 1999)
The 5 Microskills Model  
(aka One Minute Preceptor)

<table>
<thead>
<tr>
<th>SKILL</th>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>Get a commitment</td>
<td>What do you think is going on here?</td>
</tr>
<tr>
<td>Probe for supporting evidence</td>
<td>What led you to that conclusion? What factors in the history and exam support the diagnosis?</td>
</tr>
<tr>
<td>Teach general rules</td>
<td>The key features of this illness are...</td>
</tr>
<tr>
<td>Reinforce what was right</td>
<td>You did an excellent job with...and this is why that is important...</td>
</tr>
<tr>
<td>Correct mistakes</td>
<td>The next time this happens, try this instead...</td>
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(Neher and Stevens 2003)
Watch a demonstration

http://www.youtube.com/watch?v=VKRHLyPq9xY&feature=related
## The SNAPPS Model

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>S</td>
<td>Summarize the history and findings</td>
</tr>
<tr>
<td>N</td>
<td>Narrow the differential to 2-3 possibilities</td>
</tr>
<tr>
<td>A</td>
<td>Analyze the differential by comparing and contrasting the possibilities</td>
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(Wolpaw, Wolpaw, Papp 2003)
**SNAPPS Model, continued**

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>P</strong></td>
<td><strong>Plan</strong> management for the patient’s medical issues</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td><strong>Probe</strong> the preceptor by asking questions about uncertainties, difficulties, or alternative approaches</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td><strong>Select</strong> a case-related issue for self-directed learning</td>
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</table>
The RIME Framework is a developmental model that helps faculty differentiate between learner levels, set appropriate expectations, and communicate these in a common language.

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<thead>
<tr>
<th>R</th>
<th>Reporter: Able to accurately gather and communicate clinical data on their patients.</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>Interpreter: Able to identify and prioritize problems; able to develop a differential diagnosis; able to answer “why” questions</td>
</tr>
<tr>
<td>M</td>
<td>Manager: Able to create a diagnostic and therapeutic plan; able to make judgments between options and priorities</td>
</tr>
<tr>
<td>E</td>
<td>Educator: Able to teach others; able to cite evidence; able to identify knowledge gaps</td>
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(Pangaro 1999)
Summary

• Teaching in the outpatient setting does not require lectures and other didactic time
• Involving the learner, serving as a role model, and creating a positive learning environment are important aspects of teaching
• Create brief, structured opportunities to assess the learner’s knowledge and then briefly teach 1-2 points
• Create opportunities for the learner to identify knowledge gaps, create a plan to address these, and then teach you and the team
References


Ende J. Feedback in clinical medical education. JAMA 1983;250(6);777-781.
References


For Additional Reading


(Created By: Kathryn N. Huggett, Ph.D., October 2014)