

# Efficient Teaching and Feedback in the Office Setting

Jennifer Christner, MD

Assistant Dean for Longitudinal Learning and  
Assessment

Director, Pediatric Medical Student Education

Director, Feedback on Clinical Skills Program

University of Michigan Medical School

# Disclosure

- I have no relevant financial relationships with the manufacturer(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

# Objectives

- After actively engaging in this talk, the learner will be able to:
  - Describe literature on effects of learners in the ambulatory setting
  - Understand the important role an orientation plays in efficient teaching
  - Utilize various methods to teach efficiently
  - Review principles of effective feedback

# Types of Learners in Clinic with you....

- Undergrads
- M1/M2s
- M3/M4s
- Residents
- Nursing, PA students
- Other
- How often do you have learners?
  - 25% 50% 75% 100%

# Does Teaching Residents in Clinic Take More Time?

- Ortho Clinic/Children's Hospital at Stanford
  - 24.2 minutes for resident eval and presentation
  - Shortened attending time by only 2 minutes
  - "the faculty pay to teach...b/c presence of residents decreases...clinical productivity and hence potential revenues."
- Peds Continuity Clinics
  - Interns decrease productivity/billings
  - Made up for when senior residents

Gamble JG et al. Investigating Whether Education of Residents in a Group Practice Increases the Length of the Outpatient Visit. *Acad Med.* 1991;66(8): 492-493

Sargent JR, Osborn LM. Resident training in community pediatricians' offices. Not a financial drain. *Am J Dis Child.* 1990 Dec; 144(12):1356-9.

# Does Teaching Medical Students in Clinic Take More Time?

- FM non academic practices/University of Missouri
  - >70% claimed a median increase of 45 minutes to their work day
  - Major advantage to faculty – recruitment potential
- FM/IM/Peds – New England Region (6 states)
  - 73% report decreased productivity
  - Increased length of working day by median of 60 minutes
  - 47% felt precepting increased stress level
    - Adds 62 min/day vs. 51 min/day in non stressed group
    - Stressed group was younger, salaried, urban based, more likely to be part of medium or large group
    - Wanted \$\$\$ more so than non stressed group

Vinson DC et al. The Effect of Teaching Medical Students on Private Practitioners' Workload. Acad Med. 1994;69(3): 237-238.

Baldor et al. A survey of primary care physicians' perceptions and needs regarding the precepting of medical students in their offices. Medical Education. 2001; 35:789-795.

# Does Teaching Medical Students in Clinic Take More Time?

- FP, IM and Peds/University of Illinois
  - Compared productivity of TP and non TP
    - Productivity Lower by 30-40%
  - Compared Revenue of TP and non TP
    - Avg net revenue losses per each FT faculty
      - \$25,912/year

Garg ML. Primary Care Teaching Physicians' Losses of Productivity and Revenue at Three Ambulatory-Care Centers. Acad Med. 1991;66(6):348-353.

# Don't Lose Hope!

- FM/University of California- LA
  - Observed 30 student-preceptor visits
    - 4 exemplary preceptors
      - Claimed to practice MORE efficiently w/students
    - Time per patient visit
      - 16.2 minutes w/student
      - 15.3 minutes w/o
    - Used specific teaching strategies

Usatine RP, Tremoulet PT, Irby David . Time-efficient Preceptors in Ambulatory Care Settings. Acad Med. 2000;75(6): 639-642.

# Literature Proven E/E Methods

- Searched databases for E/E ambulatory teaching methods
- Found 630 articles
- 67 met criteria
- 41 articles held up under secondary review
- Teaching methods/behaviors then coded and distilled to 11 key points

Heidenreich C, Lye P, Simpson D, Lourich M. The Search for Effective and Efficient Ambulatory Teaching Methods Through the Literature. *Pediatrics* 2000; 105(1): 231-237

# Think, Pair, Share

- What do you think were the methods the 4 expert clinicians used?
- What do you think the literature review revealed?

# What the literature said...

## 4 Expert Docs

- *Planning/Preparing*
- Teach w/patients
- Charting, Giving Feedback, Reflecting

Lit Review-at the top - *ALL Orienting Tasks!*

- Orienting learner
- Prioritizing learning needs
- Priming

# Orientation/ Mini Needs Assessment

- **O**verview - how things run
- **R**eview learning objectives
- **I**nsight into how evaluation occurs
- **E**nsure they will get feedback
- **N**egotiate teaching responsibilities
- **T**ell something about each other

# ORIENT - Overview

- How does clinic run/intros/bathrooms
- PRIMING - 1 minute case review prior to see patient
  - Review medical background
  - Tell trainee what complaint to focus on
  - Set guidelines for physical exam
  - Set time limit for encounter
  - Assess learner knowledge..what do they plan on asking
  - Tell them how you want case presented

# ORIENT

## Review Learning Objectives

- Intended Learning Objectives
- Your Objectives/Their Objectives
  - Prioritize Learner Needs
- Scan patient list together

# ORIENT

**I**nsight into how evaluation occurs

- Group grade/single grade
- Commendation/Warning Cards

**E**nsure they will get feedback

- Pick a time/place at get go
- Learner keeps notebook of questions
- 5 minute presentation

# ORIENT

## **N**egotiate teaching responsibilities

- Look up the drugs!
- Present a topic next time
- Self assessment/self-directed learning

## **T**ell something about yourself/each other

- Don't presume you know what they need a lecture about
- Creates a friendly, safe learning environment

# #4 – Problem-oriented learning

- Focus on a theme for clinic
  - Well Childs
    - Immunizations
    - Anticipatory Guidance
  - Physical Exam Finding of the day/week/month
  - Scavenger Hunts

# #5 – Pattern Recognition – The “Aunt Minnie” Method

- Learner reports chief complaint & presumptive dx
- Preceptor sees patient and makes decision
- Dialogue focused on problem solving, rather than H&P

# #6 – Teaching in the Patient's Presence (TIPP)

- Learners present in front of patient
  - Teachable moments
    - Feedback from family
    - Missed questions
- Learners perform PE or PART of PE w/preceptor in room
- Feedback occurs outside of room

# #7 – One to Two Focal Teaching Points

- Preceptor selects 1 teaching point or **general rule** that applies to other clinical cases
- Don't need to share all your wisdom
- Use Telephone Triage Game...

# Telephone Triage

- Teacher is the patient
- Great for
  - Reinforcing what to tell and not tell a patient
  - Teaching how to give specific instructions to patients
  - Honing history taking and management skills
- Can use What If's

# #8 – Reflective (“Activated”) Modeling - POSE

- **P**review what will take place before the experience
  - Needs assessment
  - Agree on objectives
  - Point out exact skills to which the learner should attend

# Activated Modeling - POSE

- **O**utline what you are doing and thinking during the experience
  - Dissect your expertise
- **S**hare your findings with the learner during the experience, if appropriate
  - Be sensitive to patient concerns
  - Educate the patient and learner at the same time

# Activated Modeling - POSE

- Evaluate learning after the experience
  - Ask for a summary
  - Model self-reflection
  - Encourage questions
  - Provide feedback

# #9) Questioning

- Allow 5 seconds after ask question
  - Ask one question at a time
  - Ask higher order questions
- 1 Minute Preceptor
  - What do you think? – Get commitment
  - Why do you think that?

Presumes learners in a setting where they can be wrong!

# #10) Feedback

- Problem learner or problem teacher?
  - Feedback Process\*
    - Observe learner
    - Ask for self-assessment
    - Provide limited feedback
    - Agree on change
    - Provide specific action plan
    - Repeat
- \*More on this later.....

# #11) Teacher/Learner Reflection

## Learner

- Read/discuss next day – use an Rx!
- Focus on individual patients or common themes at end of day/end of week
- Keep a journal – questions, observations
- Observe videotape of good and bad

## Teacher –

- Why was an approach effective or not
- What would you do differently next time

# Educational Prescription



## EDUCATIONAL PRESCRIPTION

Date and place to be filled: \_\_\_\_\_

### THE PATIENT PROBLEM

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### EDUCATION TASKS TO BE COMPLETED BEFORE THE SESSION

Learner:

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Task:

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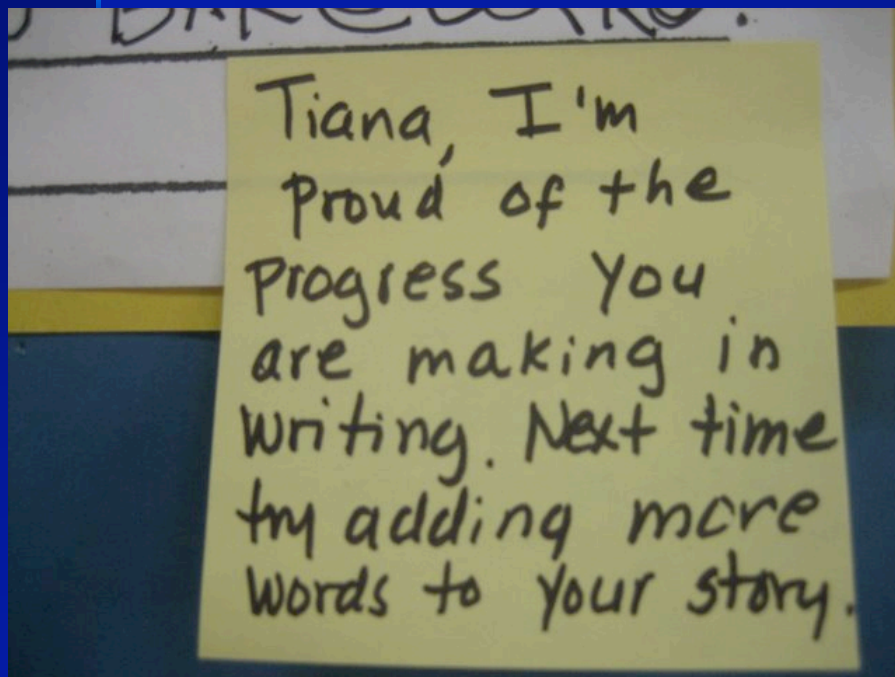
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Presentation will cover:

- i. HOW you found what you found
- ii. WHAT you found
- iii. The VALIDITY and APPLICABILITY of what you found
- iv. How what you found will ALTER your MANAGEMENT of the patient
- v. How WELL you think you did in filling this Rx

# Feedback



# Guidelines for Giving Effective Feedback

- 1) Prepare the learner to receive feedback
  - Make it part of orientation
  - Make it private
  - Make it timely
  - Make use of the actual word "feedback"

# Guidelines for Giving Effective Feedback Cont'd

- 2) Ask the learner for a self-assessment
  - Do not entrap the learner
  - Give the learner a cue
  - Feedback works best when solicited, not imposed

# Guidelines for Giving Effective Feedback Cont'd

3) Tell the learner how YOU think they are doing

- Base it on data - specific actions and changeable behaviors
- Provide concrete, real examples
- Limit amount of feedback
- Make a feedback sandwich

# Guidelines for Giving Effective Feedback Cont'd

- 4) Agree on a plan for improvement
  - Elicit the learner's suggestions too
  - Ask for feedback on your performance
  - Give consequences

# Guidelines for Giving Effective Feedback Cont'd

- 5) Have learner summarize everything that was said
  - Clarify where needed

The student has performed the following items adequately  
(Please check as many as apply but MUST pick at least one item/write-in):

- Fund of Knowledge
- Interpersonal Skills and Teamwork w/Faculty, Resident or Staff
- Interpersonal Skills with Patients/Parents
- Oral Presentations
- Observed History Taking
- Observed Physical Exams
- Clinical Problem Solving
- Clinical Decision Making
- Self Education/Self-Assessment
- Demonstrates compassion and respect towards children and families
- Demonstrates respect for children and families
- Functions as effective member of the health care team
- Demonstrates Initiative and Ownership of Patients
- Other:

The student needs improvement in the following areas  
(Please check as many as apply but MUST pick at least one item/write-in):

- Fund of Knowledge
- Interpersonal Skills and Teamwork w/Faculty, Resident or Staff
- Interpersonal Skills with Patients/Parents
- Oral Presentations
- Observed History Taking
- Observed Physical Exams
- Clinical Problem Solving
- Clinical Decision Making
- Self Education/Self-Assessment
- Demonstrates compassion and respect towards children and families
- Demonstrates respect for children and families
- Functions as effective member of the health care team
- Demonstrates Initiative and Ownership of Patients
- Other:

Displays Lapse of Professionalism in the following category(ies)

- Dishonesty
- Disrespect
- Disregard for chain of command
- Entitlement
- Inappropriate boundaries (including inappropriate attire)
- Lack of accountability
- Lack of Altruism
- Lack of care of/for self improvement
- Missed deadlines
- Punctuality issues
- Unmet issues
- Other:

Feedback on Written Notes:

Overall performance (click down arrow for choices) :

- Satisfactory
- \*Unsatisfactory

\*If Marginal or Unsatisfactory checked, please provide comments

# 7 Principles to Improve Lecture Skills

- **L**ess is More
- **E**nhance Listening
- **C**reate. Don't restate.
- **T**ake control of the environment
- **U** Need to Keep 'Em Awake
- **R**eadiness (Organization)
- **E**nthusiasm

# Summary

- Teaching takes time
  - Perception is reality
- Orient your learners
- What will you try next week?
- [jchristn@med.umich.edu](mailto:jchristn@med.umich.edu)