

Family Medicine Clerkship

READY! SET! TEACH!

Module 2



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Getting Started

- Student should contact you before leaving N.O.
 - Arrange a place to meet them
 - May be greeted by staff
- Spend time on the first day with your student
 - His/Her background
 - Personal goals for the block
 - Interests
 - Review Competency Assessment Form



Getting Started, cont'd

- First day - your background, ground rules
 - daily / office routine – schedule
 - expected attire
 - assignment of space, exam rooms, charting
 - which patients to see
 - If/when/where student can access internet
 - Student should Logon to Blackboard on first day if possible
 - Need to complete logs and forms online
 - hospital rounds, ? day off,
 - call and weekend expectations



Getting Started, cont'd

- Shadow first, with increasing independence
 - 6 - 12 patients per day
- Student first contact with pt.



Help your Student by:

- Ask how it's going with logs, reading, project—other clerkship requirements
- Suggest non-office activities as required on the checklist
- Help them balance time between clinical care, reading, and other requirements
- Give frequent and constructive pointers, feedback, coaching



Help your Student by:

- Watching students do part of a history or physical and give feedback based on direct observation
- Planning the second half of the block based on the midblock feedback form
- Writing constructive verbal comments on the final evaluation appropriate for inclusion in the Dean's Letter



How can I possibly
find the time to teach
in a busy practice?



IT CAN BE DONE!!!

Ambulatory and Inpatient Teaching

Inpatient

- Group of learners
- Scheduled
- Time unlimited
- Pt. 'captive'
- Often extensive prep
- Pt. passive

Ambulatory

- One-on-one
- Unscheduled
- Pts. waiting
- Pt. seen briefly
- Impossible to prepare
- Pt. active

Perkoff GT. Teaching clinical medicine in the ambulatory setting—An idea whose time may have finally come. N Engl J Med 314:27-31, 1986



Five Guidelines for Teaching in Clinic

- Student has “First Contact” with pt. and performs focused history and physical
- Limit time student spends with pt. (15 minutes)
- Student presentation limited to two minutes
- Student observes faculty performing H&P and develop A&P
- Student jots down questions to ask at end of clinic session

Grum M, Wooliscroft JO. Educating medical students in ambulatory clinics while Maintaining patient flow. Acad Med 71:534-535, 1996



Teaching Strategies

- Student sees patient who appreciates the “extra time.”
- Student sees every 3rd or 4th patient
- Student does not see first patient
- If you get behind, revert to shadowing
- If all else fails, send student to work on project



The One Minute Preceptor

A set of microskills that give one the ability to “quickly assess a trainee’s knowledge and diagnostic reasoning skills and to provide focused clinical instruction and feedback.”

Adapted from Ferenchick G, Simpson D, Blackmon J, et al. Strategies for efficient and effective teaching in the ambulatory care setting. *Acad Med* 1997;72(4):277-80.

Adapted from Neher JO, Gordon KC, Meyer B, Stevens N. A five-step “microskills” model for clinical teaching. *J Am Board Fam Prac* 1992;5(4):420-1



5 Steps

One-Minute Preceptor:

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Provide positive feedback
5. Correct mistakes



Medical Students are adults learners! (sorta)

Adapted from Sheets, Garrett, et al. (PEP2) Preceptor Education Project, second edition. The Society of Teachers of Family Medicine. 1998

Teaching Styles

ASSERTIVE	SUGGESTIVE	COLLABORATIVE	FACILITATIVE
Gives Direction	Suggests alternatives	Elicits student ideas	Offers feelings
Asks direct questions	Offers opinions	Explore student ideas	Offers feeling
Gives information	Relates personal experiences	Invites personal experiences	Encourages/ Uses silence

Teacher Centered

Learner Centered



Moving to a Learner-centered Model

- Pedagogy - Teacher-centered
 - Motivation and rewards for learning are external
 - Focus is to build knowledge to use later

- Andragogy - Learner-centered/ Adult learning
 - Motivation and focus is on application of knowledge and development of competency in needed skills
 - Teacher more of a facilitator and resource



Teaching Styles

- Students and residents
 - learn best when a variety of methods are used, and
 - respond best to more facilitative and less assertive teaching.
- What style to use depends upon
 - what objectives you are trying to teach
 - the setting and the time available
 - the student's level and ability



Preferred Preceptors...

- “[preceptors with the] ability to promote independence in the learner.”
- “ability to involve the student in active learning experiences with increasing levels of student responsibility.”
- “[sites which offered] the opportunity to follow-up on patients.”

Adapted from Biddle WB, Riesenber LA, Darcy PA. Medical students' perceptions of desirable characteristics of primary care teaching sites. *Fam Med* 1996;28(9):629-33.



How do our preceptors do?

- 77% rated 5, “outstanding”
- 21% rated 4, “above expectations”
- 1% rated 3, “expectations met”
- 0.6% rated 2, “below expectations”
- 0% rated 1, “unacceptable”

Academic year 2003-2004



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