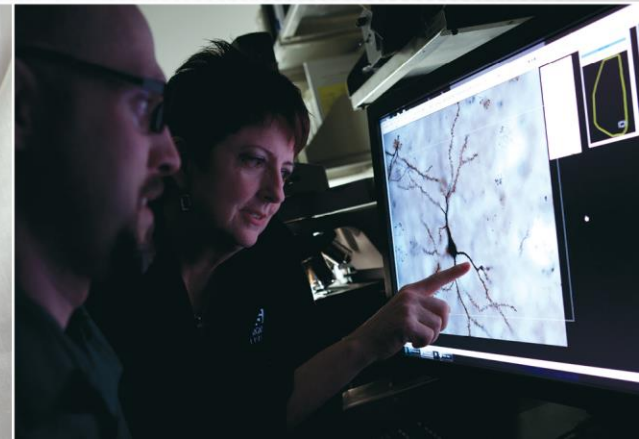


Teaching Students in Patient Care

- How to be effective and efficient



➤ WHAT ARE THE CHALLENGES?

- It's a big commitment
- Not always a natural talent
- It's a balancing act
- Must be good at multitasking
- Students come from varying backgrounds

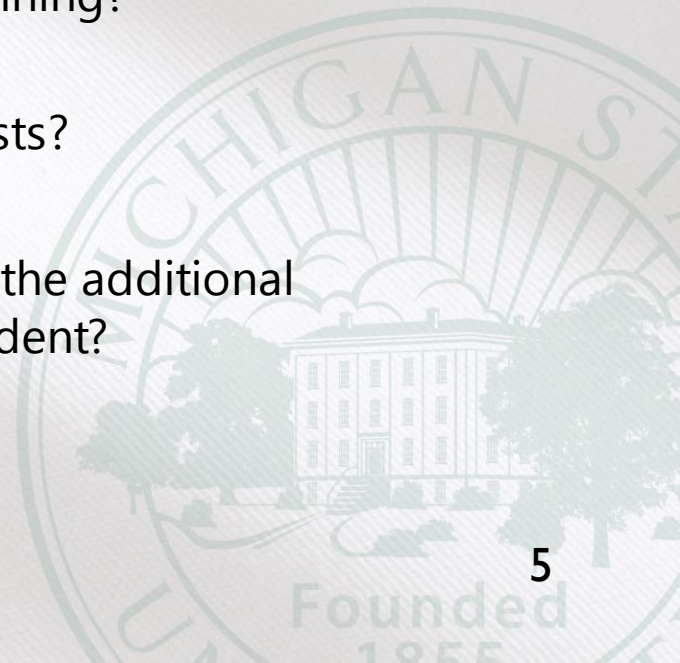


▶ ACTIVE STUDENT MANAGEMENT

- General Guidelines
 - Active learning versus passive observation
 - Trust student's assessment whenever it's safe, verify those that are unsafe
 - Safe student assessments:
 - "He's not interested in quitting smoking today."
 - "He lives with his wife in a three-bedroom house with stairs."
 - "His cardiologist is Dr. Miller on Grand River Avenue."
 - Unsafe assessments:
 - "All of his labs looked normal to me."

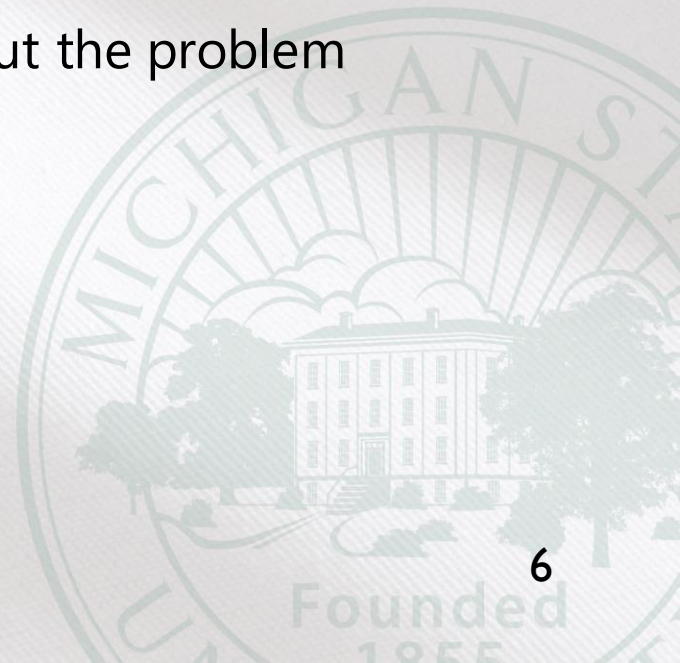
▶ ACTIVE STUDENT MANAGEMENT

- Preparations
 - Choose appropriate patients
 - What makes a good patient for a student?
 - Consider learner needs
 - Where is the student in their training?
 - What have they already seen?
 - What are their long-term interests?
 - Consider patient needs
 - Would the patient benefit from the additional interaction/attention from a student?



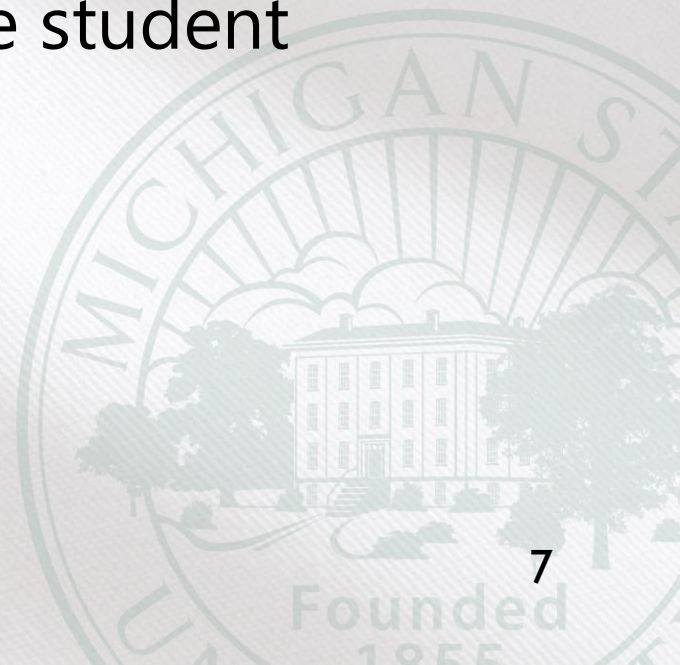
▶ ACTIVE STUDENT MANAGEMENT

- Clarify expectations with the student
 - Patient student interactions
 - How to focus time
 - Student preparation
 - Thorough chart review
 - Becoming knowledgeable about the problem



▶ ACTIVE STUDENT MANAGEMENT

- Daily Interactions
 - Ask about their goals
 - Ask for specifics on:
 - What they need to practice today
 - What they need you to observe today
 - At the end of the day, ask the student
 - What they learned today
 - What they still need to learn
 - Provide feedback



> TOOLS

- (P)RIME
- SOAP Buckets
- DiffInE
- Direct Observation
- Presentations
- One Minute Preceptor
- ReCaP



> (P)RIME

- Purpose: Assess the learner's level
- Principle: 4 stages in development of medical skills
 - **(P)** Professionalism
 - **R** Reporter
 - **I** Interpreter
 - **M** Manager
 - **E** Educator

(A new vocabulary and other innovations for improving descriptive in-training evaluations. Acad Med. 1999 Nov;

74(11):1203-7)

> (P)RIME

Reporter

- Gathers and organizes data
- Shares data (notes & presentations)

Interpreter

- Identifies and prioritizes problems
- Develops a differential diagnosis

Manager

- Develops a therapeutic plan

Educator

- Analyzes evidence, finds knowledge gaps
- Educates self and others

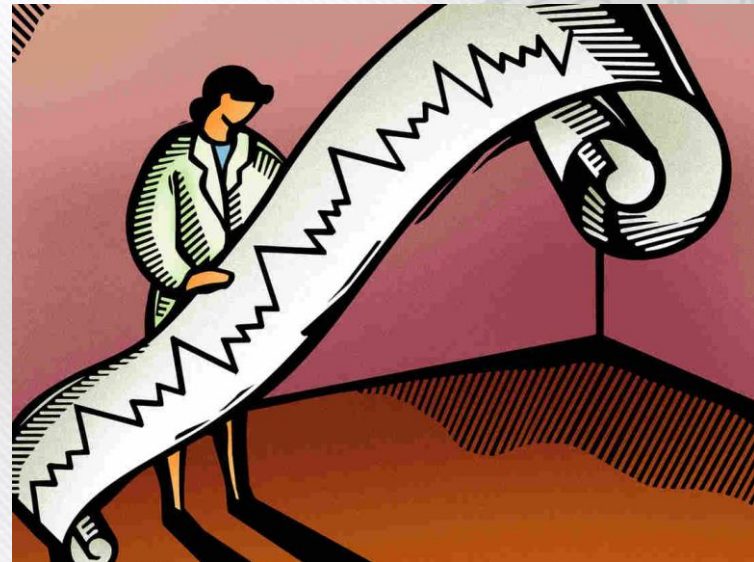
REPORTER

- Gathers and organizes clinical information
- Differentiates important and unimportant information
- Communicates clearly



INTERPRETER

- Identifies and prioritizes problems
- Develops a differential diagnosis
- Focus of early third year medical student



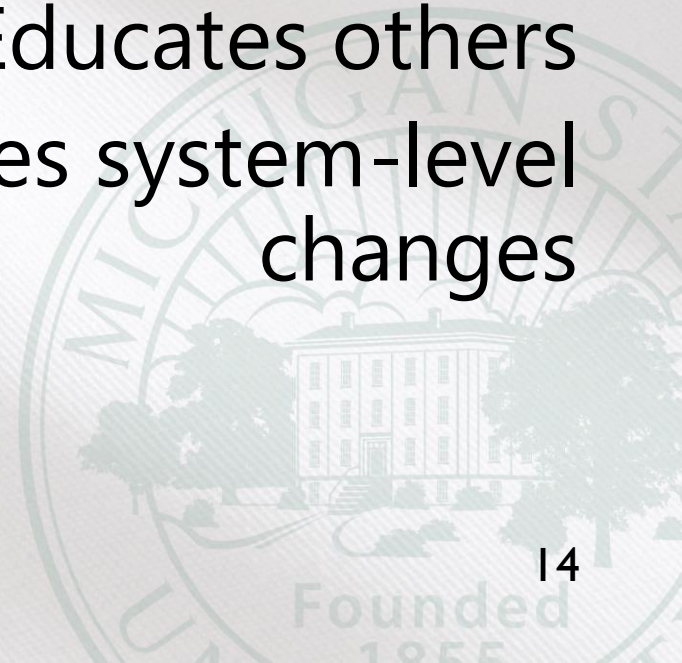
MANAGER

- Develops and defends a therapeutic plan
- Analyzes risks and benefits
- Demonstrates higher level of interpersonal skills

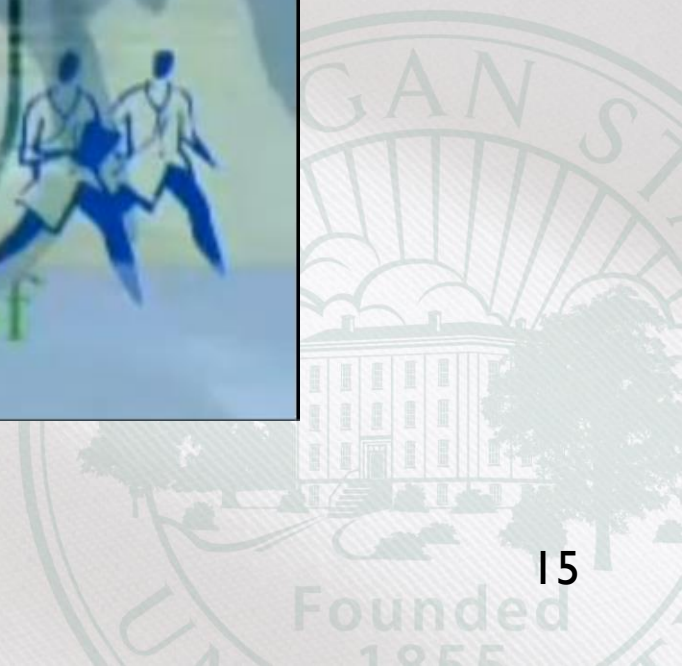


➤ EDUCATOR

- Defines important questions for further research
 - Seeks out evidence
 - Analyzes the evidence
 - Educates others
 - Identifies system-level changes



> (P)RIME EXAMPLES



SOAP BUCKETS

- Purpose: Organize information
- Principle: Consistent method of sorting information into specific categories
 - **S** Subjective
 - **O** Objective
 - **A** Assessment
 - **P** Plan



SOAP BUCKETS

- Chief Complaint
- Subjective
- Objective
- Assessment
- Plan



SOAP BUCKETS

- Use back translation
 - “So what you are saying is”
- Provides feedback
- Creates order
 - *Repeat it back in the order you expect*



> DiffInE

- Purpose: Helps systematize medical reasoning
- Principle: Provide a method of developing and testing differential diagnoses
 - **Diff** Differential Diagnosis
 - **In** Interview
 - **E** Examination



> DiffInE

***D**ifferential Diagnosis / **I**nterview / **E**xam

Before entering the room, consider:

What's dangerous?

1. Based on what we know now, what **DIFF**erential diagnoses are you entertaining?

What's common?

2. Based on your preliminary **DIFF**, what critical **INT**erview questions will you ask, and why?

Remember general appearance & vitals

3. Based on this **DIFF**, what physical **EX**am components will you do, and why?

Funduscopy? Skin? Neurologic?

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> DiffInE

- Why DiffInE?
 - Develops diagnostic reasoning
 - Increases efficiency
- What can you do to DiffInE it well?
 - Plan ahead
 - Apply it on follow up appointments

> DIRECT OBSERVATION

- Purpose: Observe students and provide immediate feedback
- Principle: Competence in clinical skills increases with behaviorally based constructive feedback.

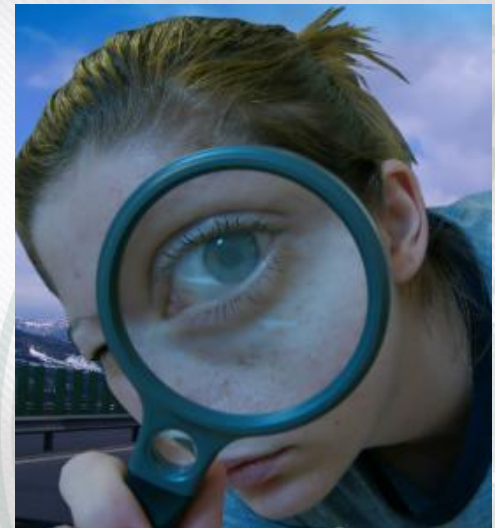


> DIRECT OBSERVATION

- Making Direct Observation Impactful
 - Don't interrupt
 - Model the behavior you'd like to see
 - "When I do the liver exam, I do it this way..."
 - "I have a couple follow up questions for you, Mr. Smith. Have you had any fevers?..."
 - Have student present assessment and plan in front of the patient

> DIRECT OBSERVATION

- Choose the right patient
- Allow adequate time
- You will learn a lot about your students
- Students love it



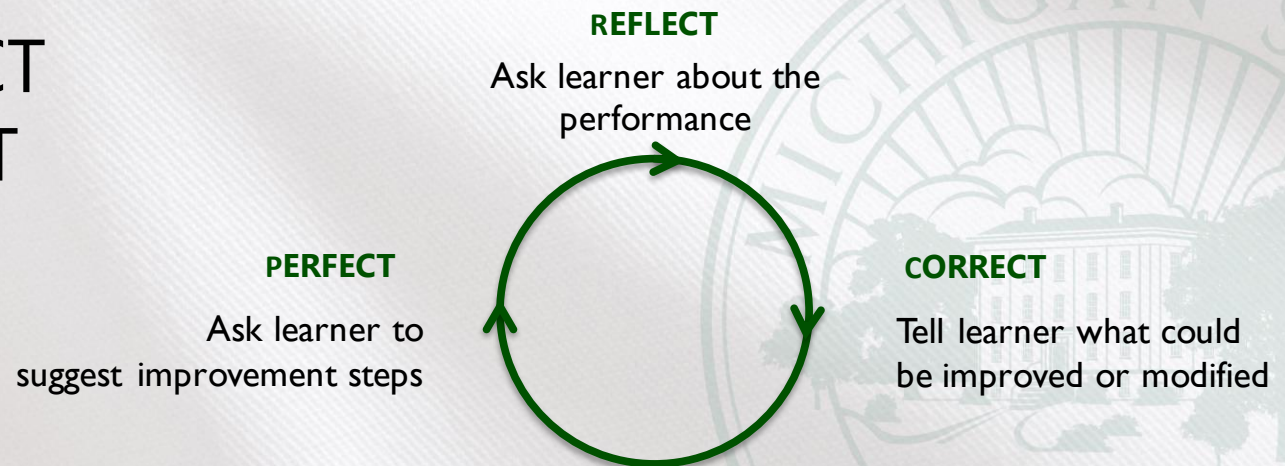
STUDENTS PRESENT (IN FRONT OF PATIENT)

- Student presents history and physical
- Teacher:
 - Translates “jargon”
 - Asks clarifying questions
- Student presents assessment and plan



> ReCaP

- Purpose: To provide a ridiculously simple and effective tool for giving feedback to students
- Principle: 3 steps for managing student feedback
 - REFLECT
 - CORRECT
 - PERFECT

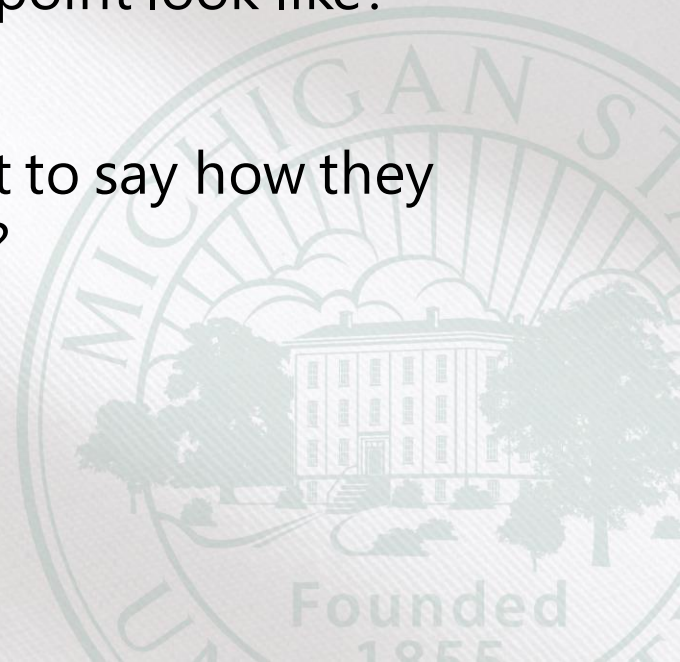


- Reflect
 - Ask the student to assess or reflect on their performance
 - “How did the heart exam go?” “Did you accomplish the social history for that teenager?”
- Correct
 - Tell student what could be improved- a brief 1 minute statement
 - “Many of your Social Hx questions were closed-ended leading me to think the answers might be biased.”
- Perfect
 - Invite student to develop an improvement plan
 - “What would help you obtain a more complete unbiased social Hx?”



> ReCaP

- Imagine how you would use ReCaP
 - Reflect:
 - How would you ask a student to self-assess or reflect?
 - Correct:
 - What would a 1 minute teaching point look like?
 - Perfect:
 - How would you invite the student to say how they could best improve performance?

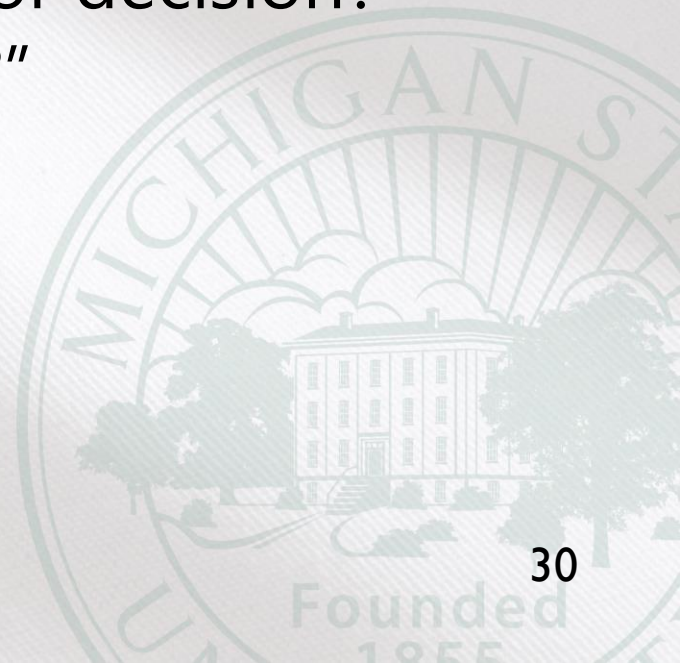


➤ ONE MINUTE PRECEPTOR

- Purpose: Constructive and efficient teaching around a single patient encounter
- Principles: Consists of micro-skills that when used together result in an integrated teaching strategy
 - Get a commitment
 - Probe for supporting evidence
 - Teach general rules
 - Provide feedback and correct mistakes

▶ ONE MINUTE PRECEPTOR

- Get a commitment
 - “What do you think is going on?”
- Explore the basis for their opinion
 - “Why do you think this?”
 - “What led to your diagnosis or decision?”
 - “What else did you consider?”
- Teach general rules



➤ ONE MINUTE PRECEPTOR

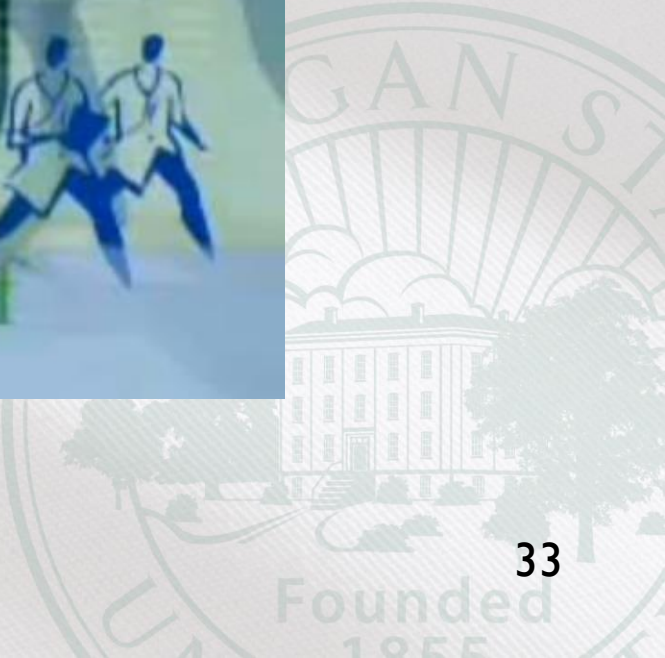
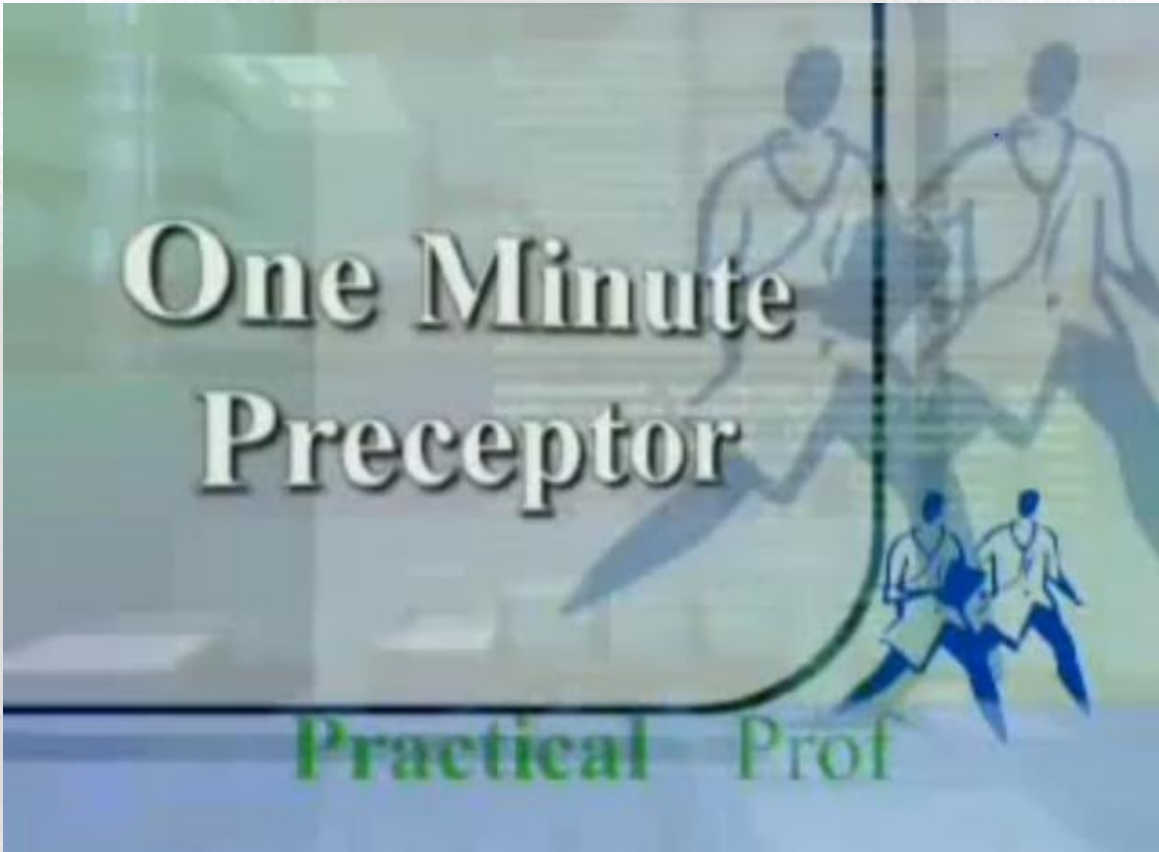
- Provide constructive feedback in real time
 - Be specific, draw out the learner
 - Include:
 - What they did right
 - What they could do better
 - What could be improved for next time
 - Take advantage of teachable moments
 - Remember sometimes less *is* more

ONE MINUTE PRECEPTOR

- Common pitfalls
 - Taking over the case
 - Inappropriate lectures
 - Insufficient “wait-time”
 - Pre-programmed answers
 - Too rapid reward
 - Pushing past ability



➤ ONE MINUTE PRECEPTOR EXAMPLE



➤ TOOLS FOR THE BAG

- (P)RIME
- SOAP Buckets
- DiffInE
- Direct Observation
- Present in front of patient
- ReCaP
- One Minute Preceptor



➤ OTHER Great LEARNING ACTIVITIES

- Writing notes
- Working with other healthcare workers
- Researching a clinical question for you
- Finding patient information
- Reconciling patient medication lists
- Interpreting an EKG, CXR, PFT
- Supporting and educating patients

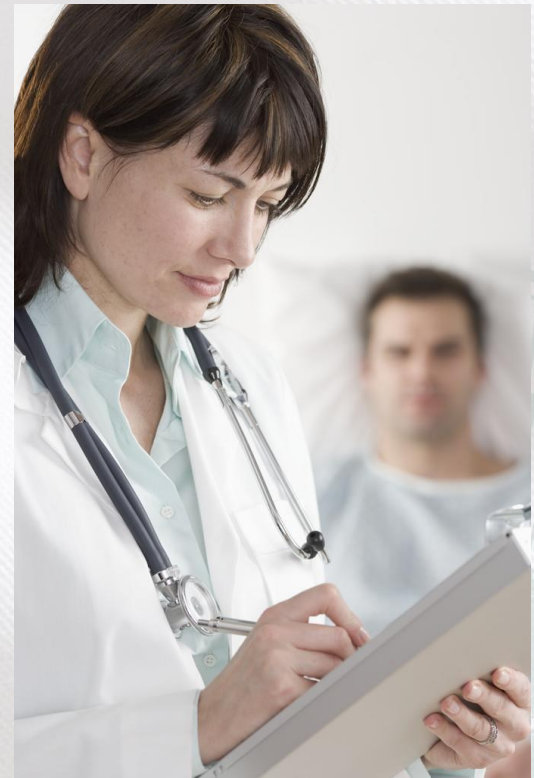
➤ DOCUMENTATION RULES TO FOLLOW

- Students may perform and document
 - Past Medical/Surgical History
 - Family History
 - Social History
 - Review of Systems
- You can refer to student documentation



➤ DOCUMENTATION RULES TO FOLLOW

- You must perform and document
 - History of Present Illness
 - Physical Examination
 - Medical Decision Making



PROCEDURES

- Reminders
 - Ascertain the student's baseline
 - Start with simple move to complex
 - Show and practice beforehand
 - Students are students
 - Watch patients' non-verbal cues
 - Patient safety first
 - **Always supervise the entire procedure**

➤ CLINICAL PERFORMANCE EVALUATION

- Clinical Performance Evaluation (AKA: CPE)
 - Based on ACGME competencies
 - “SCRIPT”
 - **S** Service
 - **C** Care of Patients
 - **R** Rationality
 - **I** Integration
 - **P** Professionalism
 - **T** Transformation



CLINICAL PERFORMANCE EVALUATION

- CPE Highlights:
 - Three grades with anchors available
 - Below expectations
 - Met expectations
 - Exceeded expectations
 - All comments are necessary and required
 - Professionalism marks require a comment
 - Evaluations are due within 2 weeks



CLINICAL PERFORMANCE EVALUATION

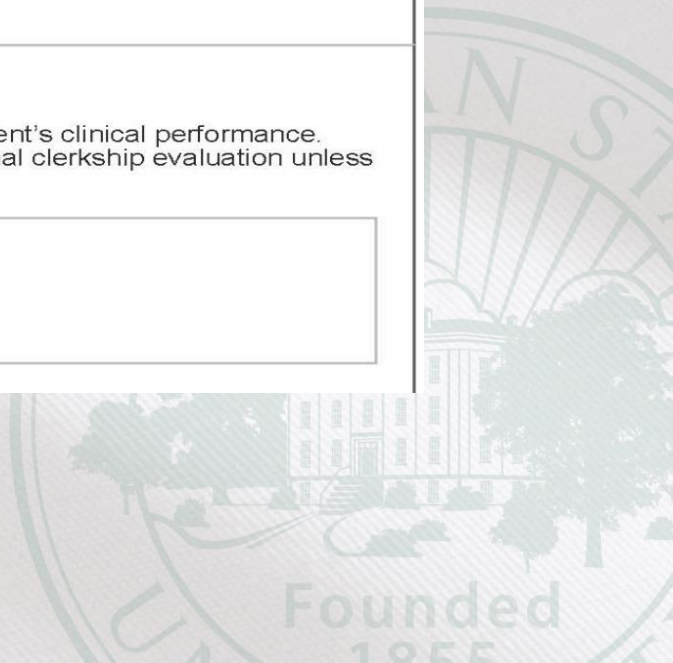
CARE OF PATIENTS *(Question 2 of 16 - Mandatory)*

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

NOT APPLICABLE	BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
	1. Incomplete histories 2. Incomplete physical examinations 3. Lacks proficiency in procedures	1. Pertinent histories 2. Usually complete physical examinations 3. Proficient in most procedures	1. Thorough and logical histories 2. Thorough and accurate physical examinations 3. Proficient at procedures while minimizing patient discomfort
0	1	2	3

CARE OF PATIENTS COMMENTS *(Question 3 of 16)*

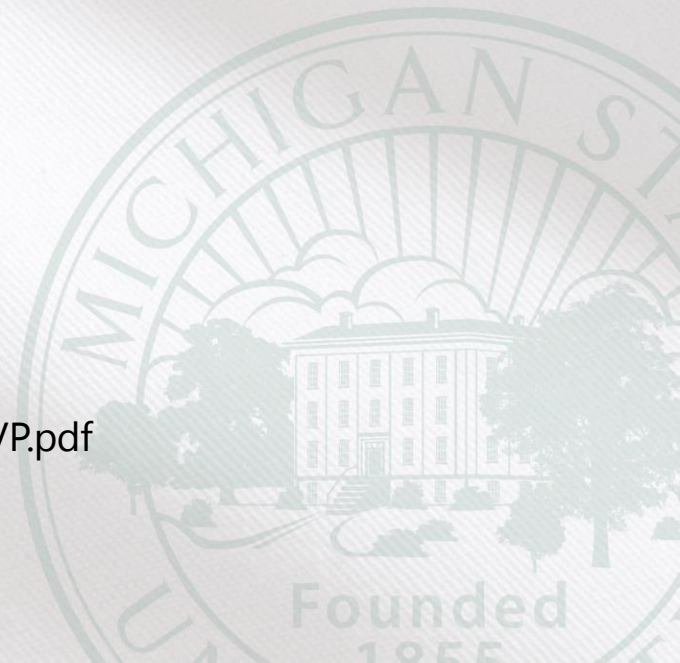
Formative feedback on strengths and areas needing improvement in the student's clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.



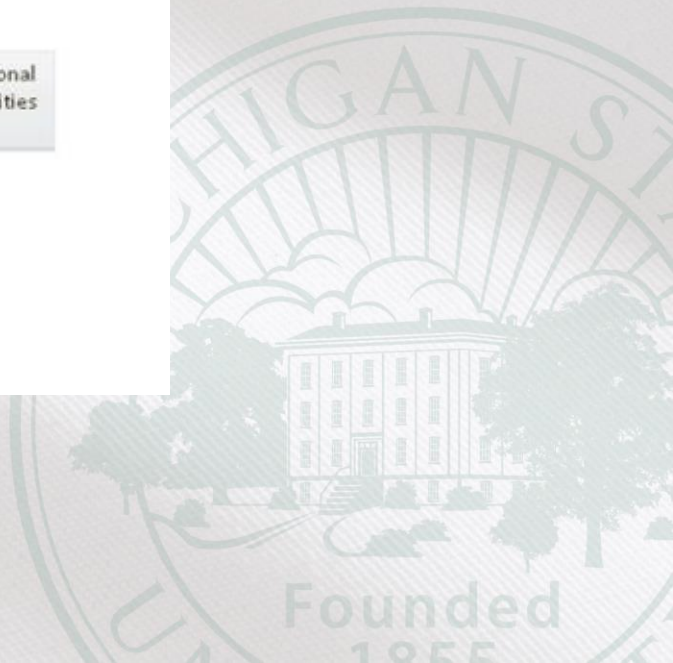
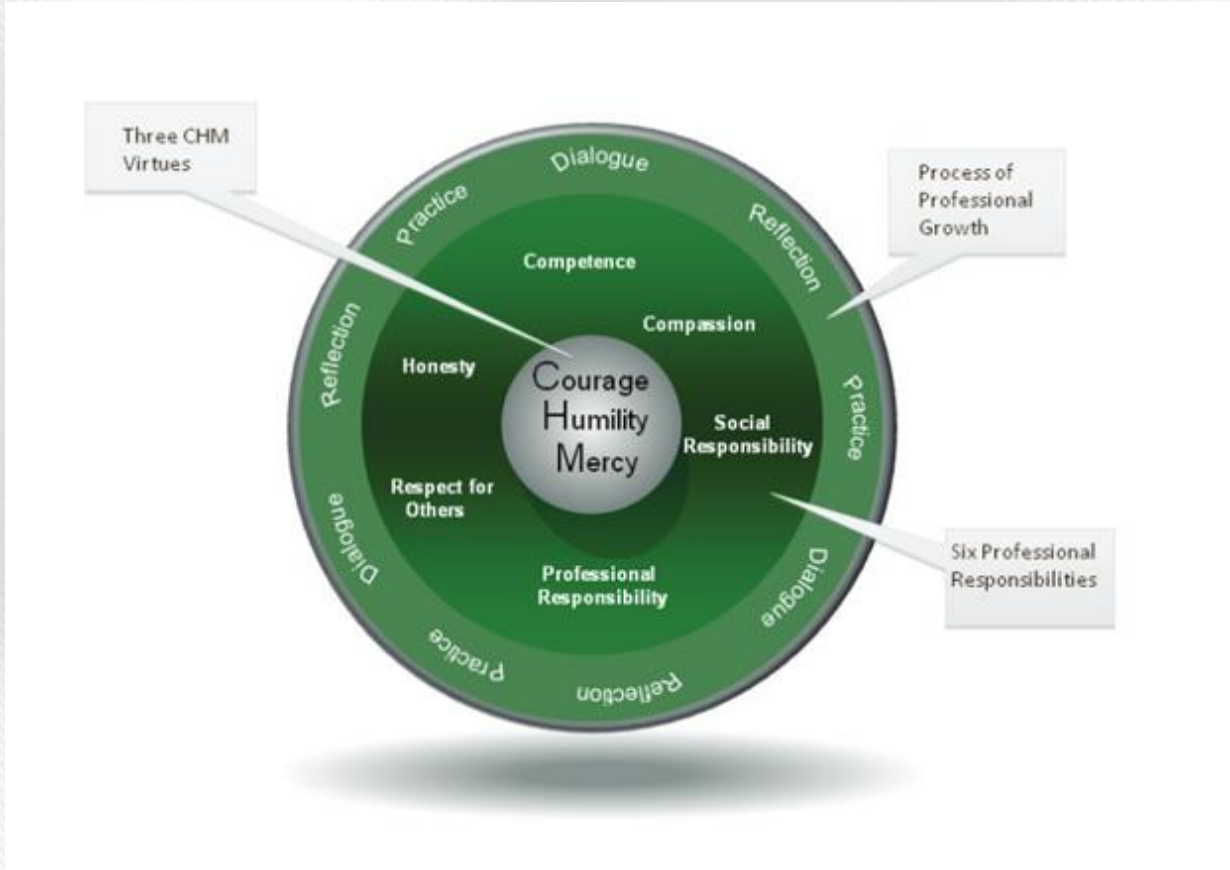
CLINICAL PERFORMANCE EVALUATION

- What is professionalism?
 - CHM's Virtuous Professional
- Three Virtues
 - Courage
 - Humility
 - Mercy

<http://www.chmfacultyaffairs.msu.edu/professionalism/VP.pdf>

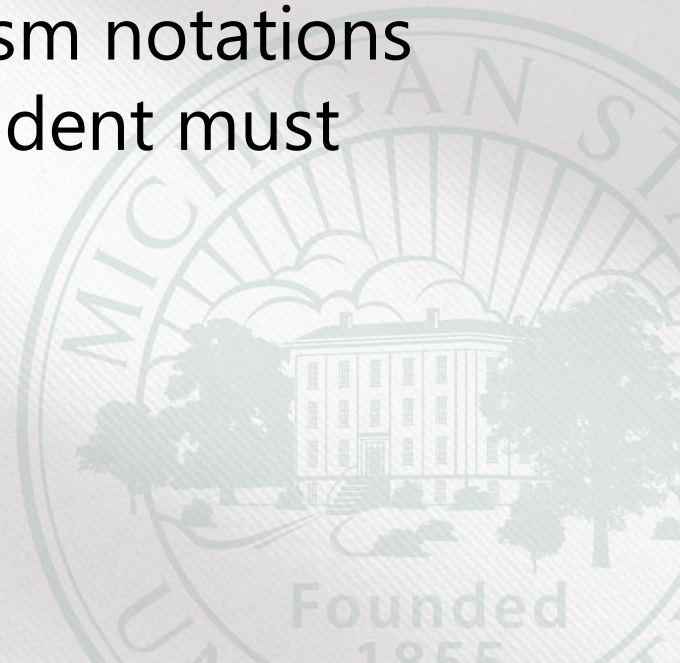


VIRTUOUS PROFESSIONAL



CLINICAL PERFORMANCE EVALUATION

- Documenting Unprofessionalism
 - Important to stop the behavior
 - More than two professionalism notations results in a “Conditional Pass”
 - More than four professionalism notations results in a “No Pass” and student must repeat the clerkship

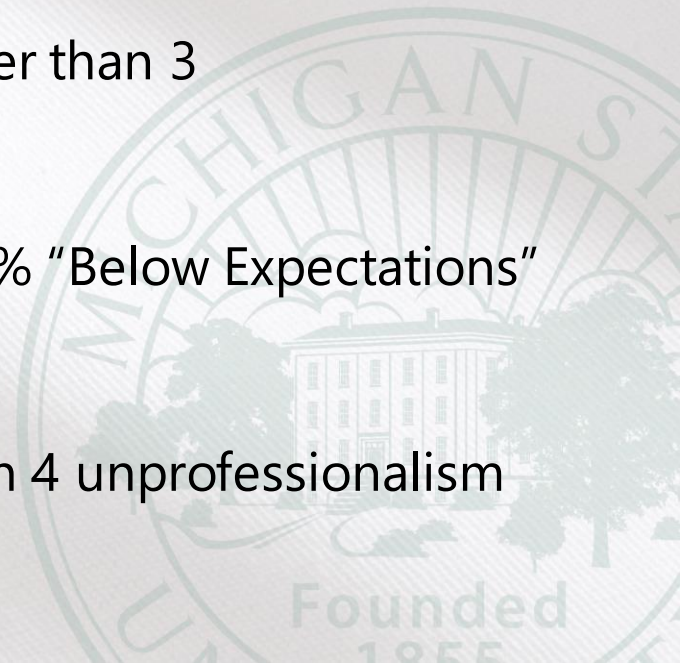


WHAT CONSTITUTES PROFESSIONALISM?

- **Examples of Unprofessionalism**
 - Instances of being unwilling to accept feedback
 - Repetitively being unprepared or unwilling to participate in discussions
 - Failure to recognize limitations and/or call upon assistance of others when needed
 - Lack of civility towards other students, faculty or staff
 - Failure to respect patient confidentiality
 - Comments related to sex, gender identity, race, sexual orientation, disability, religion or other identifying characteristics, which are harmful to professional relationships
 - Repetitively arriving late without notifying appropriate individuals
 - Repetitively being unavailable for required clinical responsibilities
 - Failure to meet deadlines or follow through in a timely manner
 - Failure to work effectively as part of a team
 - Failure to address the fear and suffering of patients and their families
 - Failure to consider important social factors that threaten the health of patients
 - Any instance of dishonesty

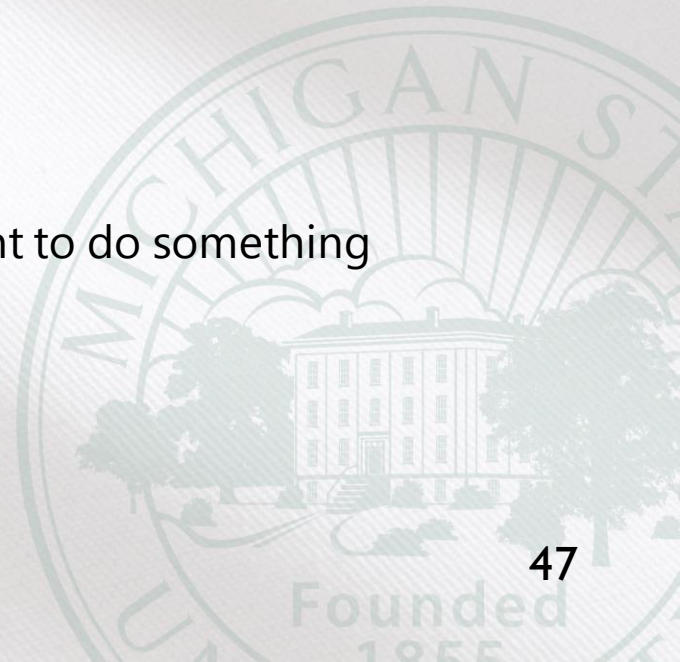
CLINICAL PERFORMANCE EVALUATION

- Students may earn the following CPE grades:
 - Honors:
 - 100% in “Met Expectations” or “Exceeded Expectations” with no marks of unprofessionalism
 - Pass:
 - 80% in “Met” or “Exceeded” and fewer than 3 unprofessionalism notations
 - Conditional Pass:
 - Greater than 20% and fewer than 40% “Below Expectations” or 3-4 unprofessionalism notations
 - Fail:
 - More than 40% “Below” or more than 4 unprofessionalism notations



➤ BEST PRACTICES IN TEACHING

- **Socratic Teaching:**
 - asking and answering questions to stimulate critical thinking and to illuminate ideas
 - [Big Bang Theory](#)
 - [Stand and Deliver](#)
 - [Here Comes the Boom](#)
- **Skills Teaching:**
 - teaching the ability to carry out a task with predetermined results
 - [Karate Kid](#)
 - [De-Lovely](#)
 - [Sister Act](#)
- **Inspiration:**
 - the force or influence that makes someone want to do something
 - [The Paper Chase](#)
 - [Mr. Holland's Opus](#)



➤ FINAL THOUGHTS

- Which teachers have been most effective for you? Why?
- Which teachers have inspired you? How?
- What have you learned today, that you can apply to your everyday teaching practice?

