

Community Preceptor Fellowship Teaching Tips

"Teaching with Limited Time"

Problem Oriented Precepting

- Identify initial impressions
- Confirm or refute impressions
- Identify the problem
- Develop teaching goals
- Devise methods to achieve these goals
- Evaluate outcome

1-Minute Preceptor Model

- Get a commitment
- Probe for supporting evidence
- Teach a general principle
- Reinforce what was done well
- Correct errors and/or make recommendations for improvement

3-Minute EBM Model

- 1. Open 3 windows to evidencebased sources:
 - www.ebscohost.com/dynamed
 - www.clinicalevidence.com
 - www.uptodate.com
- Develop concise clinical question with learner (PICO format)
- 3. Preceptor searches for answer to clinical question
- 4. Discuss search results with learner in real time during next patient encounter

SNAPPS MODEL

- Summarize
- Narrow down
- Analyze
- Probe
- Plan
- Self directed learning

Teaching With Limited Time



Activated Demonstration

- Observe clinical teacher
- Assign specific observation
- Demonstration by clinician
- Learner describes observation
- Discussion

Steps to Rapid Teaching

Step 1:

Identify the needs of each individual learner:

- Ask questions OR -
- Conduct a two-minute observation

Step 2:

Select a model for rapid teaching:

- Problem Oriented Precepting
- One minute preceptor
- 3 Minute EBM Model
- SNAPPS
- Activated demonstration

Step 3:

Provide feedback on performance:

- Be specific
- Comment on strengths
- Discuss areas for improvement
- Give direction

One Minute Preceptor Guide

Step #1: Get a Commitment

Cue: After presenting the facts of a case to you, a learner either waits for your

response -or- asks your guidance about how to proceed.

Preceptor: Ask her to state what she thinks about a case based on the data.

Questions for getting a commitment do more than gather further data about

the case; they reveal the student's thought process.

Rationale: Asking learners how they interpret the data is the first step in diagnosing

their learning needs. Without this information, teaching might be

misdirected or unhelpful. An appropriate question can pull a learner at any

stage into the next level of performance.

Examples: What do YOU think is going on with this patient?

What would YOU like to accomplish during this visit?

Why do YOU think the patient has not taken her medication?

What would YOU like to accomplish in this visit? What other diagnoses would YOU consider? What laboratory tests should YOU order?

Do YOU think the patient should be hospitalized?

What part of the physical exam do YOU want to focus on?

Step #2: Probe for Underlying Reasons

Cue: The learner has committed himself on the problem presented and he looks

to you to either confirm his opinion or to suggest an alternative.

Preceptor: Before offering your opinion, ask the learner for the evidence that supports

his opinion. Ask about diagnoses considered and ruled out.

Rationale: Asking him to reveal his thought process allows you both to examine what

he knows and his knowledge gaps. Otherwise, you may be rewarding a lucky guess and not a well-reasoned response. It is important to determine not only that he has an adequate basis for his decision but also to provide him the chance to demonstrate his ability to integrate knowledge and apply

clinical data appropriately.

Examples: What were the major findings that led to your conclusion?

What else did you consider?

What kept you from going with another conclusion? What factors in the history support your diagnosis? Why would you choose that particular medication?

Why do you feel it is important to do that part of the physical exam?

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Step #5: Correct Errors

Cue: You observe errors in the learner's thinking or actions.

Preceptor: Give guidance about errors, omissions and misunderstandings.

First, find a private place to ask for the learner's self-assessment before giving your feedback from an expert's perspective including how to avoid or correct this error in the future. Be as specific as

possible.

Rationale: Mistakes left unattended are likely to be repeated. This step also

provides steps for growth and improved performance.

Examples: You may be right that the child's symptoms are probably due to a

viral URI, but you can't be sure that it is not otitis media unless you

examine the ears.

I am also concerned that this patient may be seeking drugs, but we always need to collect a careful history and physical examination. In your presentation you mentioned a temperature in your history, but did not tell me the vital signs when you began the physical exam. Following a standard format for your case presentations and notes will help you to avoid omissions and to communicate information

effectively.

Conclusion/Next Steps

Cue: As preceptor, you are responsible for ending on time.

Preceptor: End the teaching interaction by stating your expectations for the

learner, next steps for this and future patient encounters.

Rationale: It is easy to spend more time with some learners than anticipated

with negative effects on the office schedule. Track the time spent with a learner; do not rely on the learner to end the interaction. Talk about the roles of the learner and preceptor. You may wish to be the observer while the student collects additional information from the patient. Or you may wish to see the patient to confirm physical findings. Explaining the next steps and both of your roles

will facilitate patient care and learning.

Examples: Let's go back in the room together, and I will repeat the lung exam

and talk to the patient. Afterward, I'd like you to help the nurse get a

peak flow, pulse ox, and a CBC. Let me know when we get these

results, and we can discuss the need for hospitalization.

Before we go back in the exam room, demonstrate how you will

conduct the knee examination.