

Approach to **Clinical Teaching** for New Preceptors

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Presenter: **Lillian Au**

Relationships with financial sponsors:

 Any direct financial relationships, including receipt of honoraria:

Department of Family Medicine, University of Alberta.

 Membership on advisory boards or speakers' bureaus:

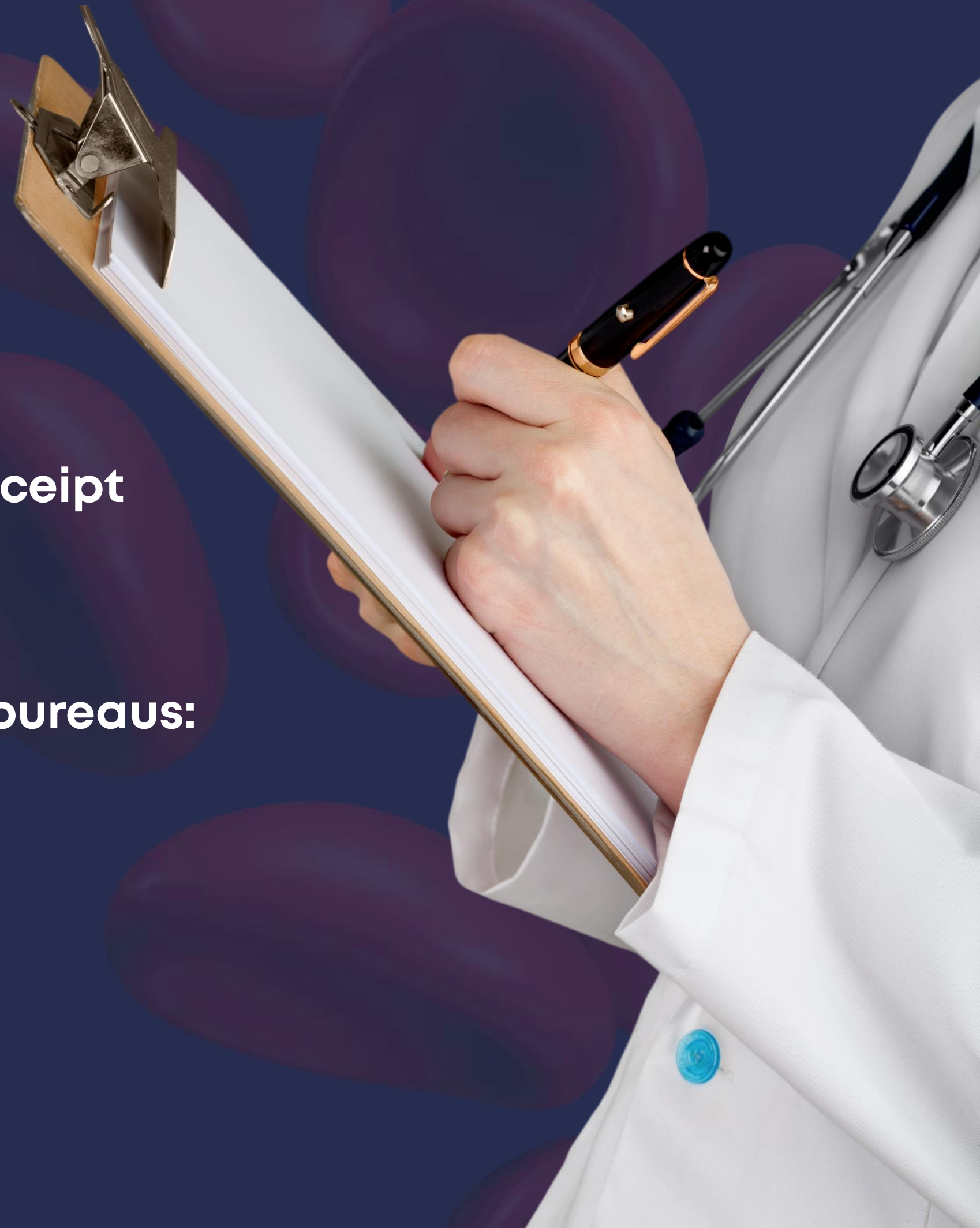
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 Patents for drugs or devices:

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 Other:

none



DISCLOSURE OF FINANCIAL SUPPORT



This program has received financial support from **Department of Family Medicine** in the form of **coverage of travel costs**



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Potential for conflict(s) of interest:
none

Approach to **Clinical Teaching** for New Preceptors

Who here is new to clinical teaching?

What are you hoping to learn today?

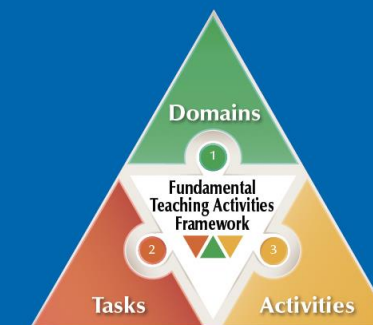


Approach to **Clinical Teaching** for New Preceptors

PURPOSE:

- High level overview and approach to clinical teaching
- Teaching pearls/suggestions
- Based on FTA framework (CFPC)
- Faculty development resources

Fundamental Teaching Activities in Family Medicine™ A Framework for Faculty Development



Approach to **Clinical Teaching** for New Preceptors

OBJECTIVES



Discuss strategies on how to **set up your practice** for your incoming learner.



Review how to **run your typical clinic day** while incorporating clinical teaching.



Discuss how to provide **learner feedback and document this in the assessment narrative**.

Setting Up Your Practice



A wooden oar is shown floating on a body of blue water. The oar is positioned diagonally from the upper right towards the center. The water surface is covered in numerous concentric ripples, suggesting recent movement or disturbance. The lighting is soft, creating a calm and reflective atmosphere. The oar's reflection is visible in the water below it.

THINK PAIR SHARE

What can you do to welcome your learner into your practice?

Preparing your learner for clinical environments

- Role model
- Career influencer
- Creating a welcoming environment to learn (psychological safety)
- Build a relationship
- provides foundations for feedback



Teaching to the Level of the Learner

WHAT LEVEL:

- Medical student – Year 1 & 2 (experiential introduction) – Hx, PE, close supervision
- Medical Student – Year 3 & 4 (clerkship) – see patients independently, assist in diagnosis and Tx plan
- FM resident (2 years) – independent, progressing toward full fledged independent practice

LEARNING OBJECTIVES:

- Career exploration? → Year 1 & 2 medical students, electives (afternoon – 2 weeks)
- Formal learning experience → clerkship (4 weeks)
- FM resident – block rotation, in 2nd year (2 – 6 months)

TOOLS TO ASSESS PROGRESS:

- Log books → procedures like injections, speculum exams
- Clinical encounters – may be required to see certain types of patients eg. PHE, back pain, hypertension, DM
- FORMATIVE: EPA's or field notes, SUMMATIVE: mid-point/rotation end rotation

HOW TO ASSESS:

- Check in with your learner – how do they like to learn, supervision vs. autonomy
- Direct observation for portions of encounters/procedures
- Progression toward independence – 'letting go of reins'

Preparing your learner – when they arrive

ORIENTATION SHEET

- Sent beforehand when student confirms rotation
- Work hours & location, schedule
- Where to park/lunchroom
- Call expectations
- Clinic colleagues/secondary preceptor
- Practice information (OB, LTC)
- Learning resources, handbook



CLINIC INTRODUCTIONS

- Clinic staff
- Clinic rooms/equipment
- Confidentiality form/office policies
- Work-station
- EMR introduction – charting expectations

Preparing Your Learner – first day (Learning Plan)

WHO:

- Applies to ALL learners – regardless of level/ability

WHEN/WHERE:

- Schedule few minutes on FIRST day to discuss learning plan and expectations, clinical setting

WHAT:

- Develop shared understanding of expectations, competencies → charting, format of day, when feedback given
- Clarify level of learner determines level of supervision & independence
- May be formal or informal - ?remediation learner
- Does not need to be detailed (depends on level of learner, duration of clinical experience)
- Review goals, interests, knowledge gaps – ideally learner initiated

WHY:

- Forms foundation of feedback when competencies not met

Scheduling



- Have office staff block off time AM of first day – orientation/learning plan, and LAST day of rotation for assessment
- First patient AM/PM – great opportunities for direct observation
- Double-book 1st patient of AM/PM so you both have patients to see
- schedule end of day for reflection/learning points

Wave Scheduling

- 2 patients at start of every hour
- simple and complex patient time slots according to learner ability

Model "Wave" Schedule for Ambulatory Care Teaching Sites

8:00 AM to 8:20 AM

Student sees patient 1, while preceptor sees patient 2.

8:20 AM to 8:40 AM

Patient 1 seen by student and preceptor together.

8:40 AM to 9:00 AM

Student charts on patient 1, while preceptor sees patient 3.

9:00 AM to 9:20 AM

Student sees patient 4, while preceptor sees patient 5.

9:20 AM to 9:40 AM

Patient 4 seen by student and preceptor together.

[Wave-scheduling pattern would be continued throughout the day.]

Ferenchick et. al, Acad. Medicine, 1997)

Running a Typical Clinic Day



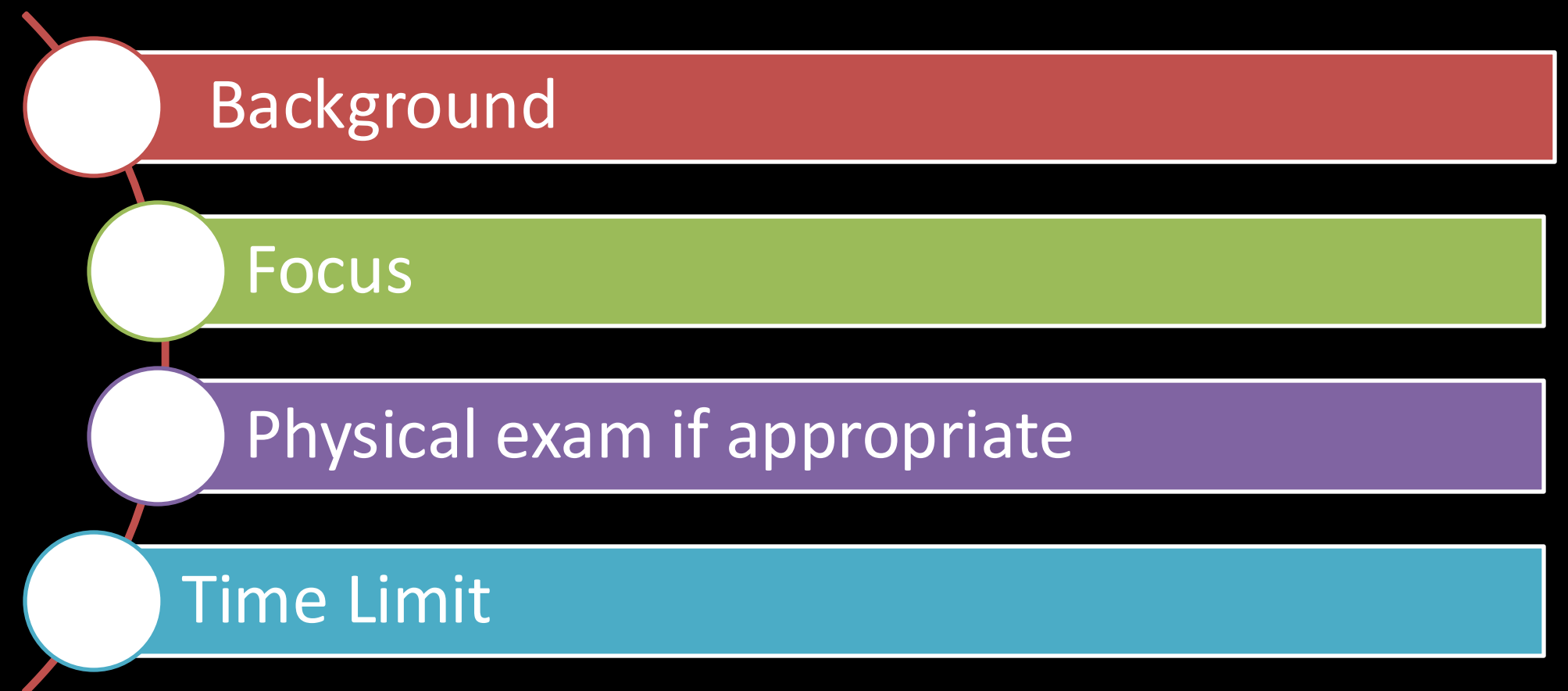
Typical Day (Schedule) - suggestions



- Morning Plan– discuss the patients that would be best for learner to see
- Discuss opportunities for direct observation
- Review charting/referrals as needed
- Plan 10 minutes at end of day to debrief, provide feedback

Focusing the learner before the encounter

- Identify appropriate patients for learners to see (time efficiency, educational value, complexity)
- 1 min specific patient encounter orientation



Focusing the learner after the encounter (One Minute Preceptor)

- Described by Neher 1992, family doc
- Generalizable to individual preceptor or multi-level learning (and wards)
- Evidence based
- Learner AND patient focused
- Develops clinical reasoning
- Easy to learn and apply, and does not require knowledge of framework for learner (SNAPPS does)



Focusing the learner after the encounter (One Minute Preceptor)



- Get a commitment

- Probe for understanding

- Reinforce what was done well

- Correct mistakes

- Teach a general rule

Clinical Presentation (from a learner, let's practice)

Junior Learner (brief summary of Hx of PE):

HPI: I saw a 58 year old lady, Ms. Diaz who identifies as female (pronouns she/her), and lives in the city. She complains of burning in her mid-chest area, it usually lasts about 45 minutes. She notices this after eating spicy foods, after a greasy meal, with coffee in mornings, or when she eats late and then goes to bed. Ms. Diaz has not noticed burning when she climbs the stairs.

PMHX: Ms. Diaz is a ½ pack per day smoker and struggles her weight gain and was diagnosed with diabetes about 5 years ago which she controls with Metformin and diet, she finds it difficult to exercise because of her weight. She is otherwise healthy. She is married, with 2 grown children, and she works as an accountant. Her family history is significant for heart attack in her father at age 52.

On Exam:

Her BP is 155/95, BMI 38, HR 95

She looks well, and her HS are normal, chest clear with good air entry bilaterally, and there is no chest wall tenderness on palpation. Her abdomen is soft, and non-tender, and I did not palpate any masses or organomegaly.

Clinical Presentation (applying OMP, let's practice)

PRECEPTOR: GET A COMMITMENT (What is your diagnosis?)

Learner: I do think this is a reflux, but in my differential is cardiac chest pain/angina.

PRECEPTOR: PROBE FOR UNDERSTANDING (What features spoke for reflux vs. ischemic heart disease?)

Learner: Ms. Diaz's symptoms were largely non-exertional and related primarily to what she ate so I suspect this is reflux, but she sure has many cardiac risk factors including diabetes, hypertension and obesity making me worried I would be missing ischemic heart disease.

PRECEPTOR: REINFORCE WHAT WENT WELL

I thought you had an excellent history delineating dietary triggers of reflux

PRECEPTOR: CORRECTS MISTAKES

For next time, don't forget to ask about ALARM symptoms such as weight loss, vomiting or dysphagia

PRECEPTOR: TEACH TO A GENERAL RULE

I like to review lifestyle modifications for management of reflux instead of just prescribing a PPI

Assessment & Feedback



WHAT IS FEEDBACK

- *“Descriptive information regarding a learner’s performance in a given activity - information that is intended to **guide future performances**” (Ende, J., 1983)*
- *“... **dialogue occurring within a committed learning relationship** that is used to create shared understanding of goals performance, and standards, and a **mutually agreed upon action plan**” (Telio S, et. al, 2015)*

Formative feedback influences FUTURE learning, and focuses on the process

Summative feedback provides comments on PAST performance (and often provides a grade)

Looking at this definition – is that formative or summative feedback being described?

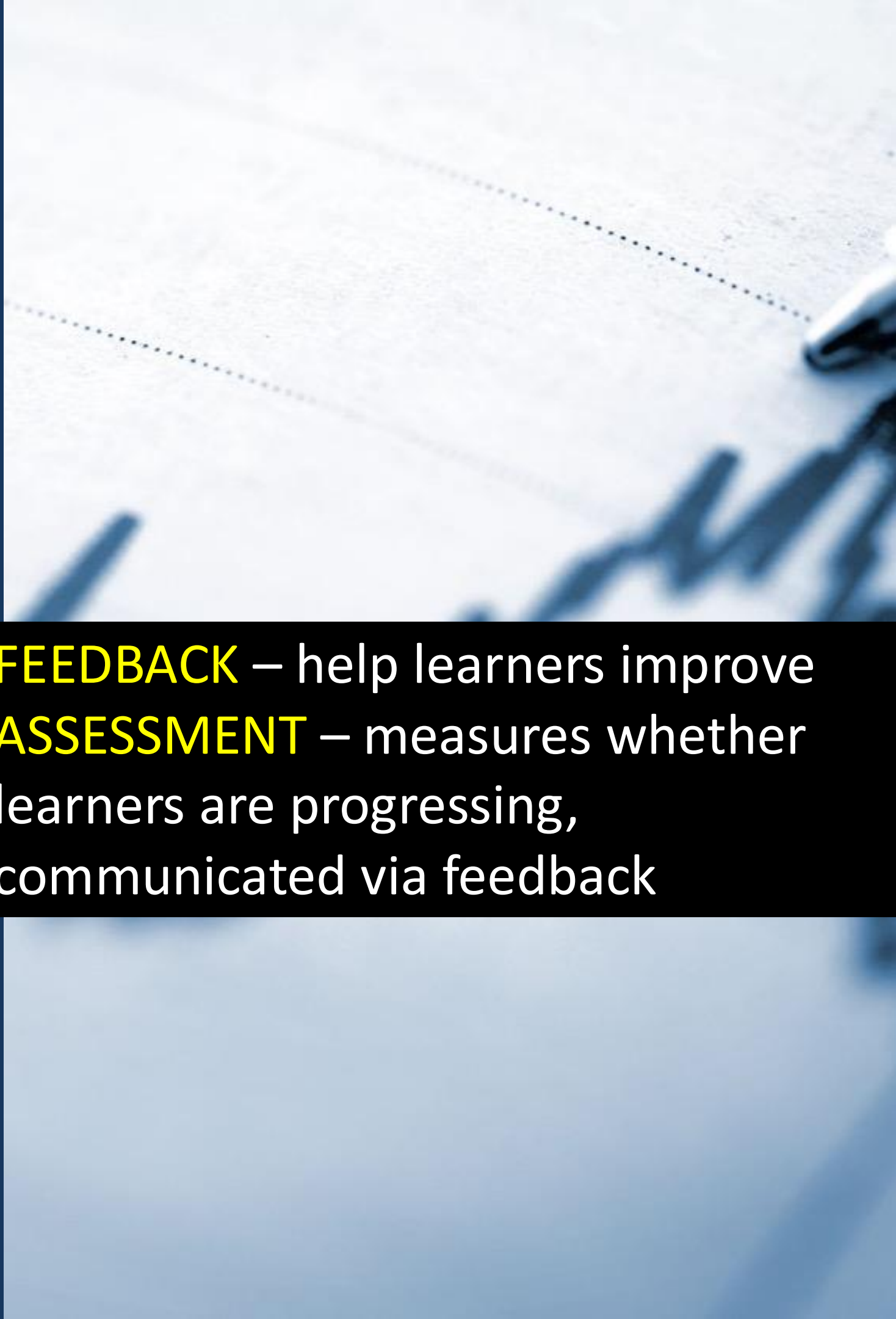
WHAT IS ASSESSMENT

- *Assessment* is the process(es) used to obtain information to make judgements about learner achievements of students over time
- Formative assessment can be utilized to improve student learning & outcome, ***FOR learning***
- SUMMATIVE assessments for decision-making & readiness to progress, ***OF learning***

EPA's/field notes are FORMATIVE
End of rotation assessments are
SUMMATIVE

FEEDBACK & ASSESSMENT ARE LINKED

- **Feedback** refers to the process of student learning where educators provide guidance for future outcomes (looking at what has yet to be achieved)
- **Assessments** are a process used to measure a learner's knowledge, skills, behaviours, attitudes
- Assessments COMMUNICATED to the learner via the feedback process



FEEDBACK – help learners improve
ASSESSMENT – measures whether learners are progressing, communicated via feedback

FOUNDATIONS OF **EFFECTIVE** FORMATIVE FEEDBACK



- ✓ Safe, respectful, positive learning environment
- ✓ Introductions, orientation, teaching resources
- ✓ Establish a relationship
- ✓ Develop a learning plan (setting clear expectations) with shared understanding of progress
- ✓ needs practice, can be emotional & upsetting
- ✓ Bidirectional between learner/teacher

DIRECT OBSERVATION FOR MORE **OBJECTIVE** **FORMATIVE FEED BACK**



- Allows educator to be objective
- Directly observe parts of an encounter
- Audio/video in your clinic
- Plan this (maybe first clinic visit of AM or PM)

TIPS FOR EFFECTIVE FORMATIVE FEEDBACK



- ✓ privacy (avoid student humiliation)
- ✓ SMART – **s**pecific, **m**easurable, **a**ctionable, **r**elevant, **t**ime-based
- ✓ critical feedback is challenging to give – ‘consider, try, because, for next time’
- ✓ Regular feedback normalizes process, gives time for students to demonstrate improvement
- ✓ Ask learner ‘reflect on your learning today...?’
- ✓ Select ONE item for feedback
- ✓ Ask learner ‘what would you like feedback on’

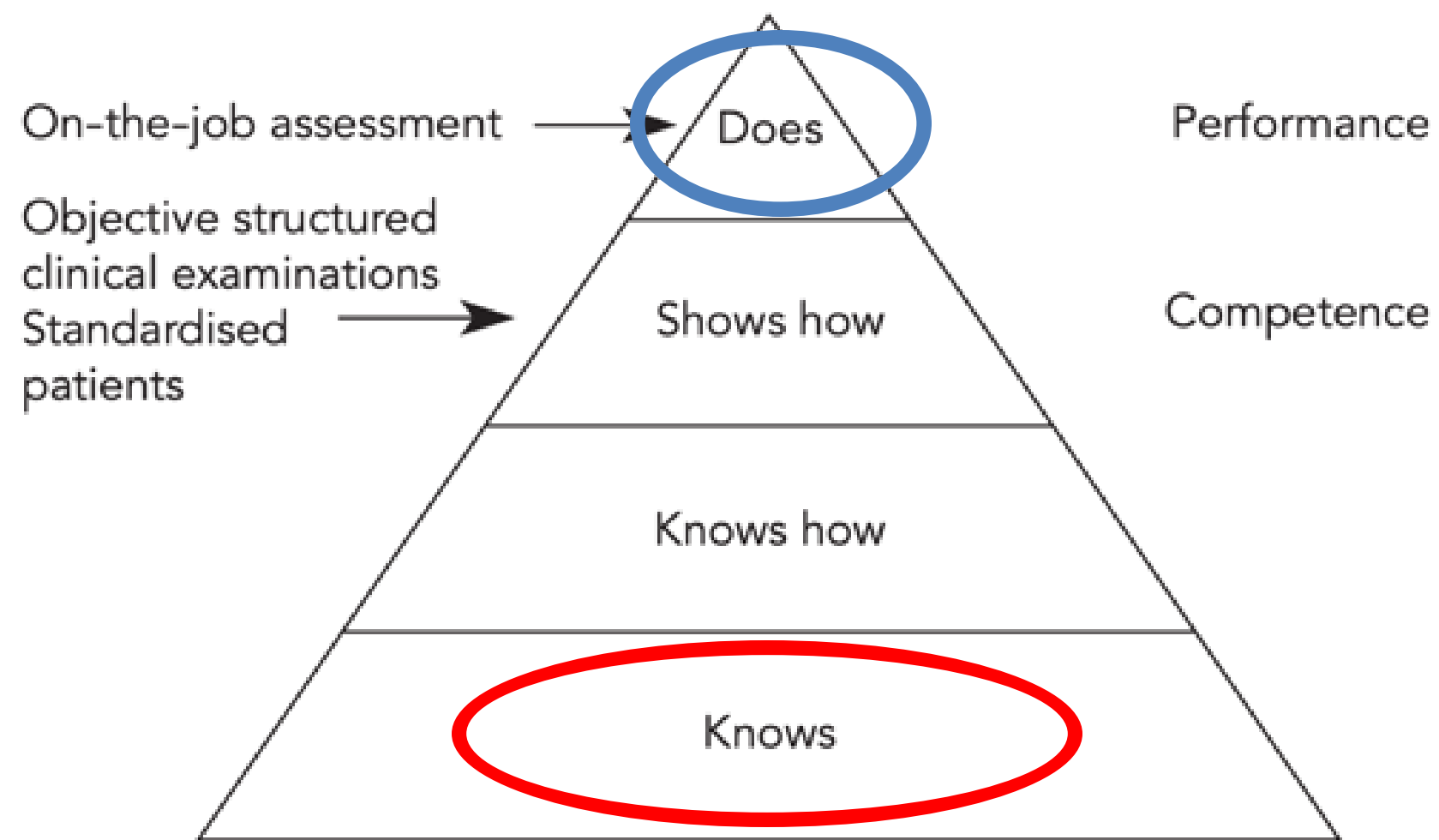
ASSESSING LEARNER PERFORMANCE



- ✓ Has learner met learning objectives & educational goals – importance of learning plan
- ✓ Rubric – expectations, what is level of learner
- ✓ Knowledge, clinical reasoning, attitudes & behaviors
 - Outcomes (eg. morbidity, lowered A1c)
 - **Process** (i.e. assessed patient, wrote a SOAP note)
 - Volume (eg. # patients seen, procedures completed)

ASSESSING LEARNER PERFORMANCE

Framework for clinical assessment*



* Adapted from Miller.^{3,4}

- ✓ Be familiar with expected outcomes (marking rubric) and set expectations at the beginning
- ✓ Look for **OBSERVABLE** behaviors
 - Clinical competence
 - Communication
 - Professional behaviours
 - Direct observation
- ✓ Ask multiple people (student self-reflection, other observing students, nurses, colleagues)

ASSESSING LEARNER PERFORMANCE

PITFALLS



- ✓ Hawks or doves, are we objective?
- ✓ Halo effect – if does well in one area, we assess well in other areas
- ✓ Personality traits, command of English can influence
- ✓ Assess after the encounter – consider the learner as average
- ✓ If you work together – tend to mark higher

ASSESSING LEARNER PERFORMANCE DOCUMENTATION



FORMATIVE ASSESSMENT

- EPA'S
- Field notes
- For learning – assessment guides future learning, addresses learning gaps
- Needs to be timely – so learner has time to improve

ASSESSING LEARNER PERFORMANCE DOCUMENTATION



SUMMATIVE ASSESSMENT

- OF learning – did learner meet requirements/competencies/behaviors of rotation – did they pass?
- needs to be timely before learner leaves rotation
- Schedule time to review at end of rotation (specific, timely)

ASSESSING LEARNER PERFORMANCE PROVIDING NARRATIVE COMMENTS

- ✓ Specific, measurable, relevant comments
- ✓ Clear, non-judgemental
- ✓ Describes performance (attitudes, behaviors, knowledge, skills)
- ✓ Provides balanced message – areas done well
- ✓ Provide recommendations on how to improve

Keep up the
good work.
Read around
your cases

Learner developed
excellent rapport with
patient. For next time,
suggest asking about
risk factors for...



SUMMARY

SETTING UP YOUR PRACTICE

- clinic orientation & wave scheduling
- learning plan to set expectation, & foundation for feedback
- teach to the level of the learner

FEEDBACK

- Formative feedback helps learners improve
- SMART, future oriented
- Regular, bite-sized pieces

RUNNING A TYPICAL CLINIC DAY

- AM planning, end of clinic for feedback
- 1 min patient specific encounter to focus learner
- One Minute Preceptor – time saving, clinical reasoning

ASSESSMENT

- Did learner meet competencies set out by learning plan/rotation objectives
- Formative (EPA/field note) vs. Summative (end of rotation to pass)
- Narrative comments – need to be SMART, concise, non-judgemental, constructive



SUMMARY (if I knew then what I know now)

Leverage Fac Dev resources

Use One Minute Preceptor

How to coach and compassionately give constructive feedback

Teach to the level of the learner

Limit feedback to only 1 – 2 items

Have someone observe you teach (peer coaching)!

Focus on portions of the clinical encounter

Role modeling is still teaching!

Check in about learning goals, set clear expectations

Reflect on your teaching – AFI, what was done well

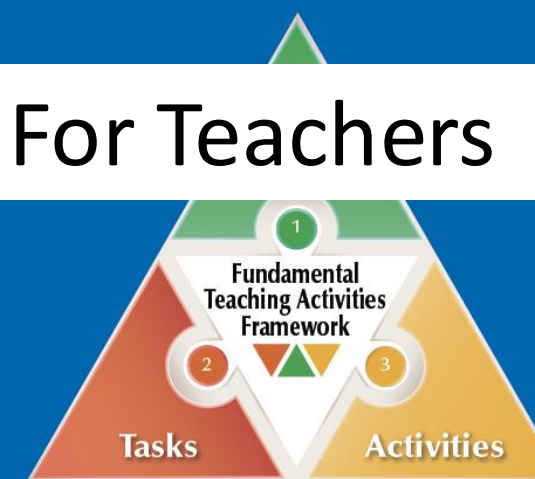
App
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Section of Teachers, CFPC – purpose of FTA

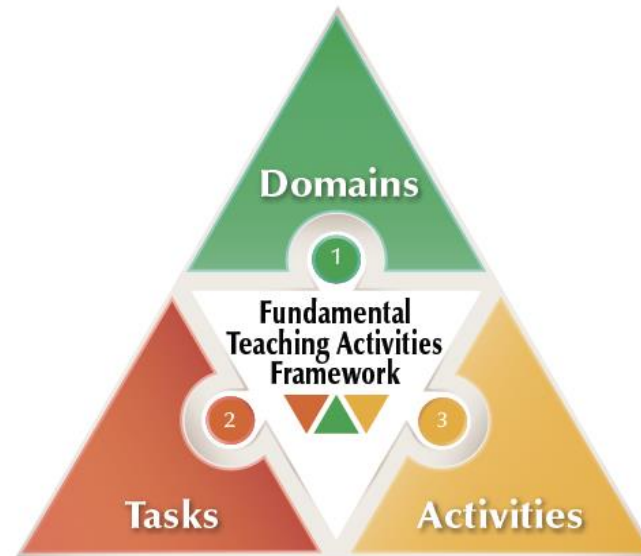
- Provide teachers understanding of activities expected of them
- Provide road map for teachers to guide their self-reflection and PD
- Assist programs in developing curriculum for faculty development

A Framework for Faculty Development

cfpc.ca → Member Services → For Teachers



Approach to Clinical Teaching for New Preceptors



Fundamental Teaching Activities (FTA) Taxonomy

CLINICAL PRECEPTOR

TASKS

Clinical Coach

A supervisor in day-to-day practice

Competency Coach

An educational advisor along the course of learner training

ACTIVITIES

- ▲ Explicitly embodies the roles, attitudes, and competencies of a family physician in clinical work
- ▲ Promotes and stimulates clinical reasoning and problem solving
- ▲ Gives timely, learner-centred, and constructive feedback
- ▲ Uses program assessment tools to document observed learner performance according to level of training
- ▲ Employs reflective processes to refine clinical supervision

- ▲ Helps learner design and update his or her individual learning plan
- ▲ Guides a comprehensive periodic progress review informed by the learner's self-analysis
- ▲ Assists learner in his or her professional development
- ▲ Adjusts teaching interventions to support a learner facing progression challenges

Approach to Clinical Teaching for New Preceptors

Domain: CLINICAL PRECEPTOR		<i>Applies basic educational principles to each teaching activity</i>	<i>Applies basic and advanced educational principles to each teaching activity</i>	<i>Demonstrates leadership and scholarship in teaching activities</i>
Task 1: Clinical Coach – A clinical supervisor in day-to-day practice, employing clinical work for opportunistic teaching and learning				
Helps learning through reflection in action	Explicitly embodies the roles, attitudes, and competencies of a family physician in clinical work	<ul style="list-style-type: none"> ▲ Verbalizes clinical reasoning processes for learners (including challenges, reactions, and ethical dilemmas) ▲ Displays enthusiasm for family medicine patient care ▲ Provides a safe learning environment for patients and learners 	<ul style="list-style-type: none"> ▲ Utilizes appropriate educational framework to explicitly articulate decisions and actions ▲ Expresses family medicine values and principles within day-to-day clinical practice 	<ul style="list-style-type: none"> ▲ Supports other faculty to be aware of their positions as role models and to enhance their role-modeling skills
	Promotes and stimulates clinical reasoning and problem solving	<ul style="list-style-type: none"> ▲ Uses specific strategies to facilitate/ assess clinical reasoning ▲ Adapts to learner's reasoning process ▲ Guides learner in the refinement of clinical reasoning 	<ul style="list-style-type: none"> ▲ Discusses clinical reasoning processes with learners who are at different levels ▲ Provides opportunity for learner to discuss and reflect on his or her own work 	<ul style="list-style-type: none"> ▲ Makes educational strategies explicit and guides other teachers to reflect on and use them

Approach to Clinical Teaching for New Preceptors

Domain: CLINICAL PRECEPTOR		<i>Applies basic educational principles to each teaching activity</i>	<i>Applies basic and advanced educational principles to each teaching activity</i>	<i>Demonstrates leadership and scholarship in teaching activities</i>
Helps learning through reflection on action	Gives timely, learner-centred, and constructive feedback	<ul style="list-style-type: none"> ▲ Provides and receives formative, effective feedback according to the components of effective feedback ▲ Encourages learner to make meaning of feedback ▲ Helps learner select relevant learning strategies and resources for self-learning 	<ul style="list-style-type: none"> ▲ Fluidly adapts observation and feedback depending on learner's needs for more or less independence ▲ Guides and directs learner's reflections on next steps to encourage learning based on feedback ▲ Encourages learner to reflect on personal role as teachers 	<ul style="list-style-type: none"> ▲ Acts as a peer resource for enhancement of colleagues' feedback skills
	Uses program assessment tools to document observed learner performance according to level of training	<ul style="list-style-type: none"> ▲ Demonstrates skill at using different assessment tools ▲ Uses appropriate tools to correctly describe the learner's performance (eg, field notes) 	<ul style="list-style-type: none"> ▲ Collates and interprets evidence of learning and provides meaningful feedback based on multiple sources, including direct observation ▲ Consistently chooses appropriate assessment tools and coordinates them to develop a comprehensive picture of learner performance ▲ Encourages learner's reflection and increased independence in self-assessment (including identification of strengths and challenges) 	<ul style="list-style-type: none"> ▲ Assists faculty in improving assessment skills ▲ Supports implementation and enhancement of program assessment systems

Approach to Clinical Teaching for New Preceptors

Domain: CLINICAL PRECEPTOR		<i>Applies basic educational principles to each teaching activity</i>	<i>Applies basic and advanced educational principles to each teaching activity</i>	<i>Demonstrates leadership and scholarship in teaching activities</i>
Helps learning through reflection on action	Employs reflective processes to refine clinical supervision	<ul style="list-style-type: none"> ▲ Solicits learner's feedback on clinical supervision ▲ Seeks peer observation and feedback on specific preceptor-learner encounters ▲ Incorporates self-reflection and feedback in enhancing supervision 	<ul style="list-style-type: none"> ▲ Collaborates with learner to refine supervision to meet needs ▲ Seeks educational opportunities beyond the daily reflective process to improve clinical supervision 	<ul style="list-style-type: none"> ▲ Provides peer coaching to other clinical teachers ▲ Promotes reflection on clinical teaching among colleagues ▲ Fosters the development of a community of practice among teachers

QUESTIONS?

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THANK YOU!

PLEASE FILL OUT YOUR SESSION

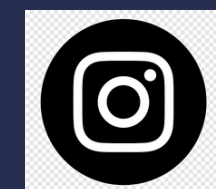
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