

A Teaching Technique for Busy Clinics

Knowledge that will change your world

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BACKGROUND

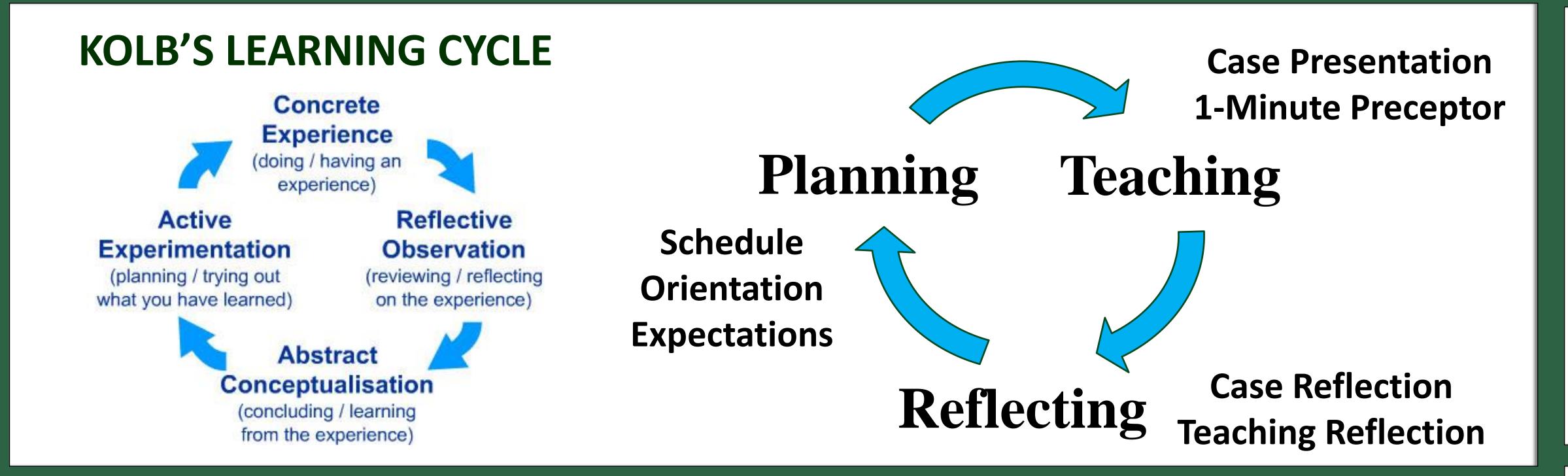
- Outpatient teaching is challenging given productivity goals
- Recruiting new preceptors can be difficult
- Busy, efficient preceptors reluctant to teach
- Students are deprived of good mentors

AIM

- Recruit and retain new ambulatory preceptors
- Engage students by providing a quality ambulatory experience
- Maintain current clinical productivity levels

INNOVATION

- Clinical preceptors commit to teaching one clinic session with students per week
- Emphasis placed on quality interaction
- Emphasis on case-based rather than time-based system
- Shadowing discouraged



ROLES & EXPECTATIONS

Clerkship Directors:

- Orient preceptors to process
- Provide casebook of common teaching topics
- Orient and clarify student expectations

Clinical Preceptors:

- Prescreen clinic, no advance prep needed
- Rearranging or limiting clinics discouraged
- Choose 2-3 patients with a common problem, chief complaint not important
- Orient learner to patient, set visit expectations
- Follow structured rubric as shown, but may teach in any format desired
- If busy, 2-3 structured contacts is sufficient

HYPERTENSION CASE

- Have the student see a patient with hypertension while you see another patient
- Encourage the student to focus on this topic alone
- The student can explore the following:

When was the diagnosis made? Were attempts to change lifestyle made?

What medicine was started?

What was added after the initial medicine?

How do the medicines affect how the patient feels?

Do they take the medicines regularly, why or why not?

- Debrief with student
- Ask the student to do a literature search on hypertension while you see another patient
- Evaluate the quality of the evidence the student provides
- Review the basics of the JNC 8 guidelines (provided) or another source of your preference
- Encourage the student to read independently on the topic

EXPERIENCE

- Very positive reports from faculty/students
- Sample comments:

"Interactions are more focused and structured"

"I feel like I know what I was supposed to learn" "The preceptors seem more prepared"

"I waste less time in the structured clinic"

RESULTS

- 12 new preceptors on campus
- VA and University preceptors
- No longer sending students to distant clinics
- No effect on productivity
- 2016 to 2017 RVU's unchanged
- Slight effect on length of dictation/note time

REFERENCES

- Teaching in Your Office ACP Teaching Medicine Series
- Ferenchick G, et al. Strategies for efficient and effective teaching in the ambulatory care setting. *Acad Med.* 1997
- Kalet A, et al. Ambulatory vs Inpatient Rotations in Teaching Third-Year
 Students Internal Medicine. J Gen Intern Med. 1998 May;13(5):327-30.
- Beach R. Strategies to maximise teaching in your next ambulatory clinic. *The Clinical Teacher*. 14 March 2017
- Scott S, et al. Contemporary Teaching Strategies of Exemplary Community Preceptors Is Technology Helping?. *Fam Med.* 2014