

# Teaching in a Busy Clinical Practice

Jeanne Cawse-Lucas, MD

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IT FEELS GOOD

to be  
**B**usy

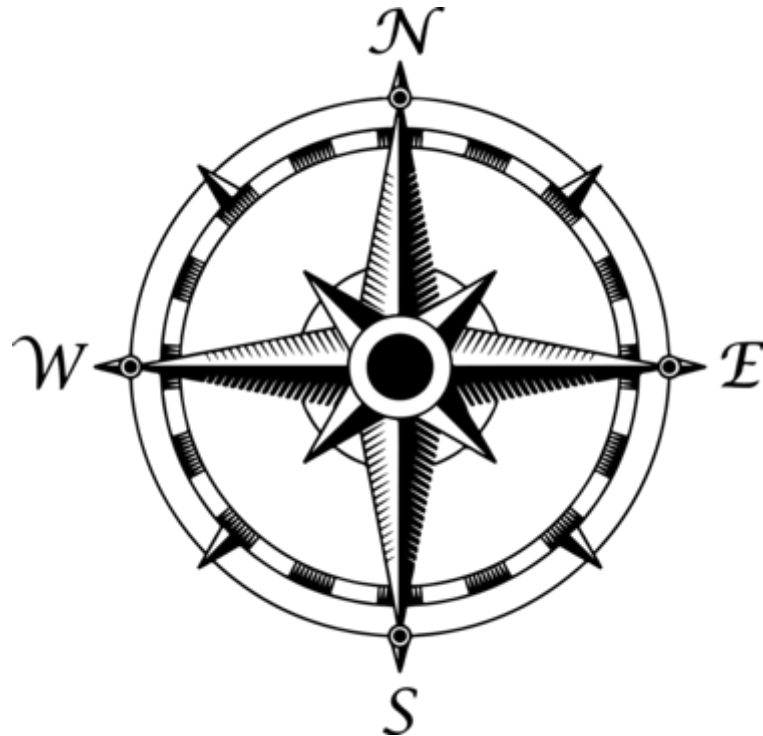
# Learning Objectives

- Utilize a tool for setting goals and expectations: **GLEAM**
- Describe best practices for **pre-clinic huddle** for clinical student teaching
- Demonstrate at least one method of in-the-moment feedback **Ask-Tell-Ask** or **1-Minute Preceptor**



# Clinic Orientation

- Population
- Preceptors
- Contacts
- Hydrate
- Caffeinate
- Micturate



“I'd like [my faculty] to ... sit down with me and go over goals and expectations.”



# GLEAM

- **Goals**
- **Learning style**
- **Experiences**
- **Activities**
- **More**





# Pre-Clinic Huddle

- What is the student working on?
- Are there any particular expectations (from student or faculty) for that day?
- Which patients\* may help meet those goals?



\*PCP should interview 1-2 patients per half day; clerkship expectation is 3-4 per half day



# Active Shadowing

- When interviewing, ask the student if s/he has any additional questions for the patient
- Include the student in the physical exam. Point out abnormal findings!
- Talk through your clinical reasoning. (Patients like this, too!)
- Ask your colleagues to keep an eye out for good cases and come grab the student



“I would like [my faculty] to teach me and test me. Give me a small doable specific task and then evaluate me on the spot.”





“Let’s go in together. You take the history and I’ll be your scribe.”

“I want you to take 10 minutes to interview the patient. I’ll knock on the door and you present what you’ve found.”

“I don’t know what the best next step is. Can you look it up and we can talk after I see the next patient by myself?”



Choose the method that works best for you!

A black and white portrait of George Bernard Shaw, an elderly man with a full white beard and mustache, wearing a dark suit and white shirt. He is looking slightly to the left with a thoughtful expression, his right hand raised near his chin.

**THE SINGLE BIGGEST PROBLEM IN  
COMMUNICATION**

**IS THE ILLUSION IT HAS TAKEN PLACE**

**- GEORGE BERNARD SHAW**

# Ask-Tell-Ask

- Ask the trainee to assess his/her own performance
  - What went well? What areas need improvement?
- Tell
  - Share your impression of positive behaviors and areas of concern
  - Provide suggestions for problem solving
- Ask
  - Ask what areas could be improved
  - Allow the trainee to develop a specific plan for improvement
- Add
  - Add any other things you think could be improved
  - Summarize the positives and areas for future growth



# Ask-Tell-Ask

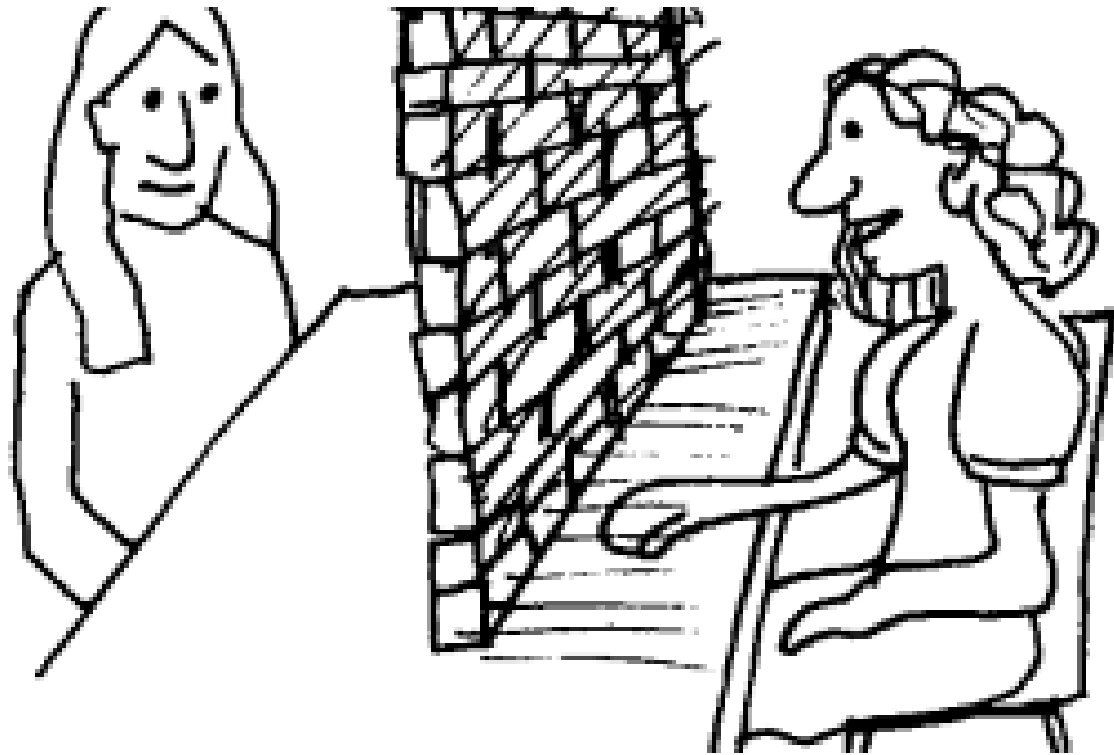
<https://www.youtube.com/watch?v=SYXgMobMU8U>

(or google “Ask-Tell-Ask Columbia”  
and click the youtube link)

Pair up!

# One Minute Preceptor

# What are barriers to teaching?



# Why OMP?



- Condensed way to streamline assessments, instructions, and feedback
- Saves time when a full case presentation is not necessary
- Using OMP improves the quality of feedback in ambulatory settings

Salerno et al. Faculty Development Seminars Based on the One-Minute Preceptor Improve Feedback in the Ambulatory Setting. JGIM. 17 (10) :779-787. 2002.

Aagaard, et al. Effectiveness of the One-Minute Preceptor Model for Diagnosing the Patient and the Learner: Proof of Concept. Academic Medicine. 79 (1): 42-49. 2004.

# What is the One Minute Preceptor (OMP)?

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Reinforce what is right
- Correct mistakes



Neher, et al. A Five-Step "Microskills" Model of Clinical Teaching. Journal of the American Board of Family Medicine. 5:419-424, 1992.



# Activity

- Pair up!

# Clinical Faculty Appointments

<http://depts.washington.edu/fammed/administration/clinical-faculty-appointments>

This will give you a UW Net ID

Thoughts, Questions, Ideas?

# Contact

Jeanne Cawse-Lucas

[cawse@uw.edu](mailto:cawse@uw.edu)