Time Efficient and Effective Teaching: Surgery and OBGYN

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Learning objectives

- Organize the setting and learners to optimize teaching
- Develop strategies to improve precepting and feedback skills
- Examine approaches to balancing the demands of clinical care with the needs of the learner

Outline of activities

- Effective teaching principles
- Contingency plans
- Incorporating feedback
- Specialty specifics
- Debrief- how might you incorporate these tools for your setting?

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What makes an effective teaching encounter?

- Create an environment supportive of learning
- Explore pre-existing knowledge
- Provide a conceptual framework for facts/ideas;
  organize knowledge
- Facilitate learning through active involvement

Characteristics of an effective teacher

- Is knowledgeable
- Demonstrates enthusiasm
- Creates a safe learning environment
- Establishes clear goals
- Engages the learner
- Adjusts teaching to learners

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Preceptor responsibilities to learners

- ***Familiarity*** with curriculum and objectives
- Establish meaningful ***expectations***
- Develop educational ***goals*** with learner input
- ***Observe*** learner interactions with patients
- Engage in regular ***feedback***
- Provide ***assessments*** of learner progress
- ***Debrief*** and encourage reflection

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Preceptor responsibilities to patients

- Provision of high-quality care
- Explanation of learners' role
- Adequate supervision of learners to keep patients safe

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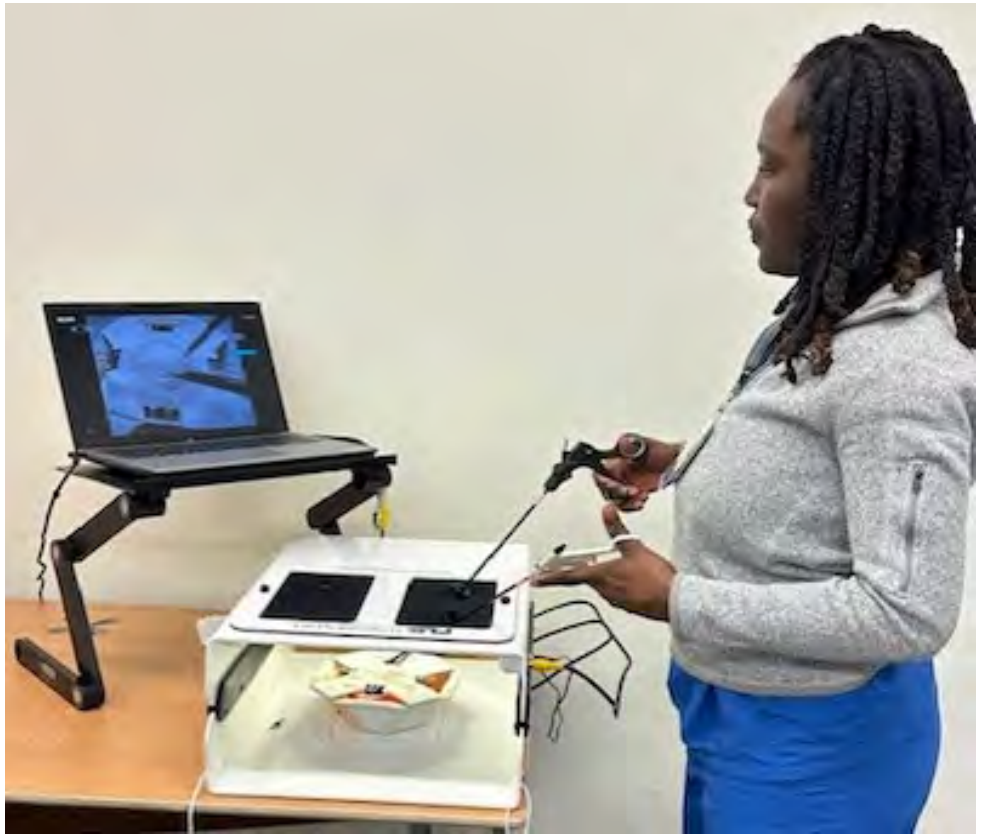
Why the LIC model works for Surgery and OBGYN

- Real representation of work of a surgeon/OBGYN... not just what residency looks like
- Ideal venue for continuity and cohort patients
- Opportunity for students to add value to care
- Professional identify development
  - Situational awareness
  - Interprofessional teams



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Toolbox

- Preparation and organization
- Priming the learner
- Modeling out loud
- Bedside teaching
- Active shadowing
- Scheduling strategies
- Teaching outside the session
- Students add value
- Regular feedback

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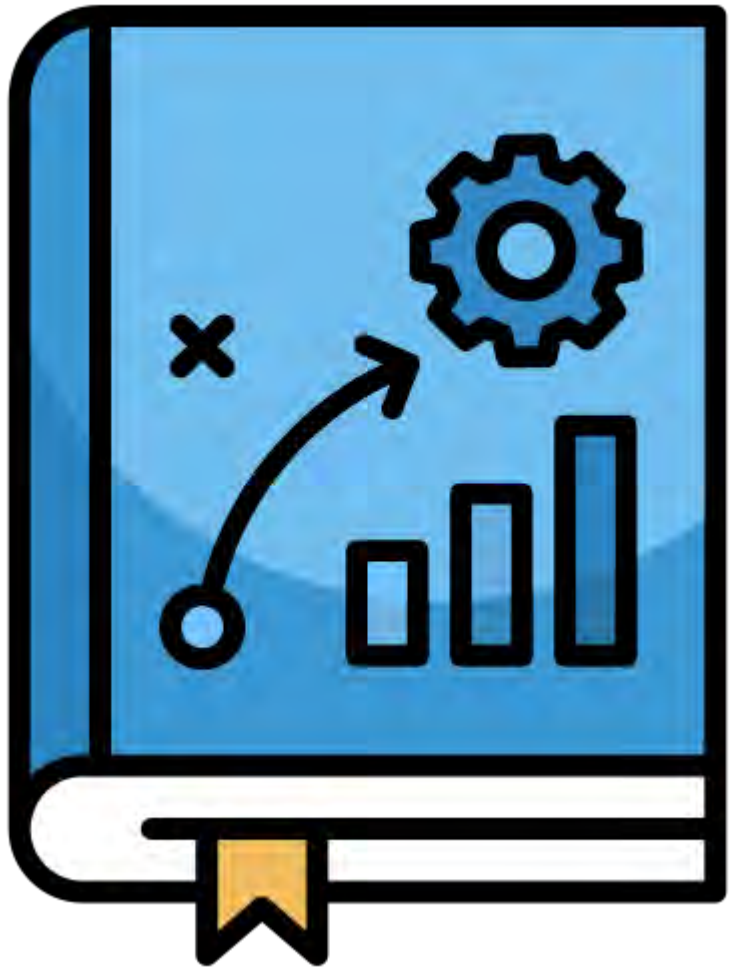
Tool #1: Preparation and Organization

- Activate the learner to come to a session prepared
- Scheduled OR is the perfect venue for this
- Set the tone for the clinical experience



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Tool #1: Preparation and Organization

- Start with a brief or huddle
  - Can be in person, via email, or at end of prior session
  - Review schedule/patient list/clinical flow with learner before clinical work begins
  - Include learner in team briefs/huddles/handoffs
- Develop your game plan!
  - Who to see
  - What to look up
  - Goals for targeted learning

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Tool #2: Priming the learner

- Prime learner before the visit
  - Background and direction for the visit
    - Give early learners a specific task
  - Ask learners to read before the encounter
  - Learners return with the needed information
  - Learners build confidence
  - Discuss the hypothetical

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Tool #3: Out Loud Thinking

- Modeling your clinical reasoning
  - Communicate framework for solving clinical problems
  - Demonstrate individualized decision making and application of EBM to specific cases
  - Expose learners to ambiguity and model life-long learning
  - Especially helpful for very first session with learner or when short on time

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Tool #4: Active Shadowing

- Opportunity to role model
- Provide learner with an observation task
- Quick debrief afterwards
  - Demonstrate communication skills
  - Physical exam – identify components and demonstrate
  - Difficult conversations
  - Understandability of medical language
  - Include students in counseling
  - Effective use of interpreter
  - Interaction with team/system

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Tool #5: Exam Room Teaching

- Teaching in the presence of the patient and/ or family: bedside teaching
- Can include:
  - Presentation of clinical case
  - Observation of history taking and doctor-patient communication
  - Observation/demonstration of physical examination
  - Discussion of key findings, differential diagnosis & treatment plan
  - Focused teaching on relevant topic – don't teach it twice to the learner then the patient!
  - Let the patient teach the learner too

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Tool #6: Scheduling Strategies

- Preceptor sees the first patient
- Use student as an extender
  - Two patients same time, one for you and one for learner
  - Complex patients, longer visits in the middle of sessions
  - Patients who need more time with value a student can add
- Empower the MA (huddle)
  - EKGs, U/As, other POCT tests, records, forms

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Tool #7: Teaching Outside of the Session

- Forward patient messages in EMR
- Forward interesting labs/imaging/pathology findings
- Provide feedback on notes, pose questions to learners by email
- Forward articles related to patient care

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Tool #8: Students add Value!

- Review the AVS and check out patients
- Involve team-based care proactively: BH, wound care, SW, etc.
- Review clinical questions and report back
- Contact family for collateral information
- Utilize student notes
- Follow-up on labs – forward the lab and have them create a phone encounter

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When you're too busy…

- Chart review
- Documentation
- Look up clinical questions
- Review procedure videos
- Use team to teach
- Active shadowing
- Be honest about hard days

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Finding time for feedback

- Trainees WANT feedback
  - In a study of over 1500 residents, 96% believed feedback was important for learning
    - Schultz, BMC Central 2004
- Trainees NEVER feel they get enough feedback
  - Gil, J Med Educ 1984
  - Isaacson, J Gen Int Med 1995
- Constructive and specific feedback can improve learner knowledge and skills
  - Boehler, Med Ed 2006
  - Clay, Critical Care Med 2007

Feedback: make it effective

- Be SPECIFIC and use non-judgmental language
  - BEHAVIORS not personality
  - Objective, observable and MODIFIABLE
  - Based on DIRECT OBSERVATION
  - Provide suggestions for how to improve
- In the moment may be more feasible than end of session
- Keep a running note for assessment

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Immersion teaching

- Strive for expectation and goal setting, even if brief
- Look for ways for students to add value
- Facilitate direct observation opportunities
  - Communication skills
  - Physical exam skills
- Describe opportunities for spending time at the bedside
  - PM checks
  - Allied health team

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Immersion teaching- feedback

- Normalize continuous improvement and growth
- Provide venue for self-assessment and questions
- Call back to original goals and expectations

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Effective teaching in the OR

- Review student's role and goals
- Include student in brief/huddle
- All pieces of perioperative learning are valuable
  - Consent, set-up, handoffs, documentation, orders
- Think out loud
- Recruit other teachers on the team
- Debrief/reflection

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Reflection

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