Effective Teaching During Rounds

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Henry
- Traditional Model of Teaching

Angus
- One Minute Preceptor
- Simulation
- Discussion

Henry
- SNAPPS
- Simulation
- Discussion
- Feedback
- Discussion

Traditional Model

- Case presented by the learner in standardized format
- Preceptor then asks several directed questions to clarify history and physical exam findings in order to better establish a differential diagnosis and treatment plan
- Sometimes followed by a brief mini-lecture
- Rarely feedback

Reasons Preceptor Prefers this Approach

- Efficient for preceptor
- Appropriate because patient care is the top priority

Limitations

- Knowledge and reasoning of learner often remain unclear
- Teaching points are often general and not readily translatable to future cases
- Feedback, if any, must be inferred from learner by patient care decisions of preceptor

The One Minute Preceptor

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Five Microskills for Clinical Teaching

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

Microskill 1: Get A Commitment

- Learner presents the facts of a case and then waits for your response or asks for guidance
- You want to "diagnose their learning needs"

Microskill 1: Get a Commitment

- Questions likely to get a commitment:
  - *What do you think is going on with this patient?*
  - *What do you want to do next in the work up?*
  - *What do you want to accomplish during this hospitalization?*

Microskill 1: Get A Commitment

- Questions not likely to get a commitment:
  - *Which symptoms came first?*
  - *Anything else?*
  - *This is obviously a case of x, don't you think?*

Microskill 2: Probe For Supporting Evidence

- Learner has committed to a stance and looks to you to confirm his opinion or suggest an alternative
- Continue to diagnose learning needs by encouraging the learner to "think out loud"

Microskill 2: Probe For Supporting Evidence

- Questions that encourage "thinking out loud"
  - *What were the major findings that led to your conclusion?*
  - *What else did you consider? What kept you from that choice?*
  - *What factors did you take into account when you…?*

Microskill 2: Probe For Supporting Evidence

- Questions unlikely to encourage "thinking out loud"
  - *What are all of the causes of "x"?*
  - *I don't think that is what the patient has. Do you have any other ideas?*
  - *This seems like a classic case of "x" to me. Don't you agree?*
  - *What more do you know about the patient's history of "y"?*

Microskill 3: Teach General Rules

- You have evaluated the learning needs of the learner
- Provide the learner with general concepts or principles related to the case that can be applied to the care of future patients

Microskill 3: Teach General Rules

- Good example:
  - *Patients with acute uncomplicated cystitis usually experience pain with urination, increased frequency and urgency of urination and they may have hematuria. The UA will show bacteria and white blood cells, and may also have some rbc's.*

Microskill 3: Teach General Rules

- Bad examples:
  - *In this case, I would prescribe Bactrim for her cystitis.*
  - *I am convinced that drinking a lot of fluids will clear up most cases of cystitis.*

Microskill 3: Teach General Rules

- Set a limit of 1-3 rules
- You can skip this step! You must not feel the need to "teach a fact" with each encounter.

Microskill 4: Reinforce What Was Right

- Learner may or may not know what aspect of his reasoning, management plan, diagnostic strategy, presentation style, etc. was effective
- You must reward your learner by commenting on:
  - The specific good work
  - The effect it had

Microskill 4: Reinforce What Was Right

- Helpful comments
  - *You did a thorough job evaluating the patients abdominal complaints. Identifying the combination of anemia and blood in the stool was critical in initiating a work up for colon cancer.*
  - *Obviously you considered the patient's finances in the selection of his new antihypertensive. Your sensitivity to this will certainly contribute to improving his compliance*

Microskill 4: Reinforce What Was Right

- Non-helpful comments
  - *Good job.*
  - *Nice presentation.*

Microskill 5: Correct Mistakes

- It is critical to discuss mistakes and how to avoid or correct errors in the future
- Choose an appropriate place and time
- Consider letting the learner critique himself first, then offer your specific ideas for improvement

Microskill 5: Correct Mistakes

- Helpful approaches
  - *You are probably correct in thinking that the patient's symptoms are due to a vaginal yeast infection. Given that she has never had a yeast infection, you can't be certain unless you perform a vaginal exam and do the appropriate studies. Try to remember to do a vaginal exam and KOH prep on any patient you suspect has their first yeast vaginitis.*

Microskill 5: Correct Mistakes

- Non-helpful approaches
  - *You did what?*
  - *What were you thinking?*
  - *Boy oh boy, don't do that again!*

The **SNAPPS** model

- **S**ummarize
- **N**arrow differential diagnosis
- **A**nalyze the differential
- **P**robe the clinical teacher
- **P**lan management
- **S**elect a case related problem for self-directed learning

Breaking down the steps

Summarize
Encourage the learner to present only the pertinent facts. Some of the background can be discussed with the analysis of the differential diagnoses.

Narrow differential diagnosis
The learner offers no more than 3 possible diagnoses

Analyze the differential
Reviewing the pros and cons for each diagnosis allows the student to demonstrate analytic clinical skills

Probe the preceptor
Here the student clarifies any difficult or confusing issues with the supervisor

Plan management
Developing a management plan requires an integrated clinical approach from the student or resident. After students finishes preceptor provides input

Select a issue for self-directed learning
Reflecting on the case may reveal gaps in the learner's knowledge base. This final step requires the student to plan the steps to improve later performance

Rationale for Giving Feedback in Medical Education

Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or, not at all.

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781.

HOW DO THEY DIFFER?

- Reinforcement / Minimal Feedback
- Feedback

Reinforcement / Minimal Feedback

- Statement expressing positive (or negative) reaction to a behavior which aims to increase (or decrease) the likelihood of that behavior happening again
  - "That was a great presentation"
  - "You need to work on your presentation skills"
- Often mistaken for feedback
  - Timing is similar - immediate

Feedback

- (Reinforcement or correction) + Explanation
- Keeps you on course to meet goals
- Allows you to adjust your course to meet goals
- Given immediately after the performance or at some time soon after, when the learner still has time to demonstrate improvement

What are the Essential Components Of Feedback?

- What was done well?
- What could be done better?
- What could be done to improve next time?