

“Paying it Forward” The Benefits, Barriers and Balance of Clinical Precepting

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Welcome & Introductions



OBJECTIVES



At the conclusion of this session the participants will be able to:

- Identify the benefits and barriers to achieving successful clinical education.
- Develop strategies that “pay it forward” for the patient, the learner and the clinical team.
- Identify tools that benefit and enhance clinical education.
- Discuss graduate competencies and the application of the competencies to clinical education.

Pay it Forward



“Is it possible for one idea to change the world?”

Directed by Mimi Leder - 2000
Starring Kevin Spacey, Helen Hunt and
Haley Joel Osment.

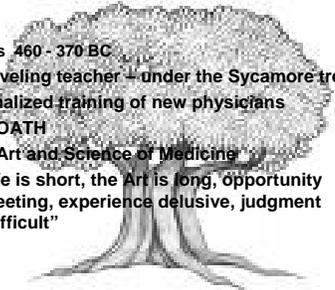


A Bit of History - From Osler to YOU!

Hippocrates 460 - 370 BC

- A traveling teacher – under the Sycamore tree
- Formalized training of new physicians
- The OATH
- The Art and Science of Medicine

“Life is short, the Art is long, opportunity
fleeting, experience delusive, judgment
difficult”



History

Sir William Osler 1849 – 1919

Father of Modern Medicine

- Chief of staff – Johns Hopkins Hospital
- Prolific Author
- Insisted that students learn from seeing and talking to patients and established the medical residency.
- “I desire no other epitaph than the statement that I taught medical students, as I regard this as by far the most useful and important work I have been called upon to do”.



History (continued)



“Paying it forward”

AAPA Campaign to Benefit Pediatric Clinic for the Underserved



PA, Todd Young from performing a well-child check on an 8-year-old patient.

Insert **YOUR** Picture here!

CLINICAL PRECEPTING – WHO ME?



Definition:

“ a principle, a rule, instruction or principle that guides someone’s actions....”





BENEFITS OF CLINICAL TEACHING

“the best teaching is that taught by the patient himself”

Ostler



- Patient Satisfaction
Introduction of student to clinic population
- Patient's as “teachers”
- Team Ownership
Involving the entire clinical staff
- Personal Challenges
“what's the evidence?”
- Program Awards
Clinical Faculty appointments, library access, CME and many others
- Category II credit

Clinical Teaching – Barriers and Myths

- Administrative obstacles
- “Having a student slows me down”
- “Patient's at our clinic will not let a student do ... (fill in the blank)”
- “I don't know enough – I'm a clinician not a teacher”
- Supervising MD's expectations



Over coming Barriers & Myths

Organization & Orientation

As a preceptor you are not alone.
Use your positive & negative educational experiences

Student as a “patient” (DaRosa, et al)

Patient Acceptance

The practice's role as a teaching facility

Scheduling

Vinson, Paden & Devera-Sales

“the presence of a learner in a practice increases the workload by ~45 minutes day.”



Over coming Barriers & Myths



- Patients/One on One student-preceptor time
- Student Projects
- Keeping things moving
- Teaching Time
Teaching skills similar to skills required for patient care
- Five Steps to Integrating Learners Into the Busy Practice.

The Effective Preceptor “using the tools of the trade”



- Communicates clinic knowledge
- Communicates goals
- Observation of the learner
- Simple concepts to general principles
- Motivating the learner
- Become a “connoisseur”



**One Minute Preceptor
Five Micro Skills**



- Get a Commitment
- Probe for Supporting Evidence
- Reinforce What Was Done Well
- Give Guidance About Errors/Omissions
- Teach a General Principle
- Conclusion

Step 1: Get A Commitment

Get the learner to commit to one aspect of the case

- Pushes the student beyond comfort zone
- You obtain information on the learners critical reasoning ability.
- The learner is given a higher sense of responsibility in the care of the patient.



Step 2: Probe for Supporting Evidence

Ask more.

Determine adequate basis for the answer.

The question is important !

- "What factors in the history and physical support your diagnosis?"
- "Why do you feel this patient should be hospitalized?"



Step 3: Reinforce What Was Done Well



Improvement needs awareness of strengths.

Include specific behaviors:

ASK (Attitudes, Skills, Knowledge)

“Your diagnosis of ‘probable pneumonia’ was well supported by your history and physical.”

“You clearly integrated all of the information in making your assessment.”

“It would be helpful for your patient to draw the cardiac cycle”

Step 4: Give Guidance About Errors and Omissions



- Areas of improvement
- Fosters continuing growth and improved performance
- Avoid “bad” or “poor”
- Identify specific behaviors
- Balance – positive and constructive criticism

Step 5: Teach a General Principle



Challenge

Lessons learned from individual situation
Generalize it to others

Over generalize

all patients with a cough have an URI

Brief teaching focused on the encounter

Teaching moment

“in looking for information on what antibiotics to choose,
I have found it more useful to use an up to date hand book
textbooks can be out of date.”

Step 6: Conclusion



Time management is critical

Be the observer

Confirm the PE findings

Specific instructions to the learner

"I will discuss your visit with the patient, I would like you to help organize the lab work and pulse ox with the medical assistant and then I will meet you in the work room."



Attitudes, Skills & Knowledge

"It is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself"

William Osler



Promoting graduate competencies

Mentoring:

medical knowledge

patient care

practice based/evidence based learning

professionalism

communication

FACTS



Consider this equation:

- 144 PA Programs in the U.S.
- The average number of students (+/-) 20 = 50
- The average number of months in clinical rotations (+/-) 2 = 12
- Thus the equation is:

$$144 \times 50 \times 12 = 86,400 \text{ rotations each year!}$$

NOW....



- "PAYING IT FORWARD" IS UP TO

YOU!



COME JOIN US – Booth 409 Exhibit Hall

We want to "pay it forward"
flyers, music cards and more!

References

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- John, Spencer. *ABC of Learning and Teaching in Medicine*. BMJ 2003;326:591-594.
- <http://clership.fammed.washington.edu/teaching/Appendices/5Microskills.htm> accessed 2/22/09
- Neber, J.C., Gordon, K.C., Meyer, B., and Stevens, N. A five-step "Microskills" Model for Clinical Teaching. *Journal of the American Board of Family Practice*.5:419-424, 1992.
- The Mountain Area Health Education Center. Monographs are available for preceptors. The monographs were developed through a HRSA Family Medicine training grant.
- The Teaching Physician, The Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211
The Teaching Physician is published electronically on a quarterly basis.
STFM web site: www.stfm.org
- www.aapa.org
Information for employers and references to precepting students
- <http://www.paonline.org/index.php?ht=d/sp/6/34591/pid/34591>
Tips for teaching and links to other resources

Thank you!

AAPA – American Academy of Physician Assistants – Program Committee

PAEA – Ms. Jennifer Jarmin and Ms. Emily Whitehorse PA-C

Toni Young-Pen, PA-C

Clinical Preceptors that inspire our learners EVERY day

Patients the REAL teachers!

