

Patient-Centered Teaching

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Essentials of Teaching and Assessment
Teaching Academy
University of Vermont
Larner College of Medicine
September 21—Sept 22, 2023

Objectives

- Discuss the importance of orientation for the learner.
- Review techniques for effective and efficient clinical teaching.
- Review ways to give feedback, pointing out the difference between evaluation and feedback

To Get Started...

GOOD ➡ GREAT

A person wearing a dark suit jacket and a white shirt is holding a black clapperboard. The clapperboard has white diagonal stripes at the top. The text "FIRST IMPRESSIONS" is printed on the clapperboard in a bold, sans-serif font. "FIRST" is in white and "IMPRESSIONS" is in yellow. The person's hands are visible, holding the clapperboard from the top and bottom edges.

**FIRST
IMPRESSIONS**

Usual Topics for “Day One”

- Who is the student?
- What do they want to get out of the class/day/shift?
- Are they interested in your specialty?
- What have they done thus far to prepare them for the clerkship or elective?

Make Day One Even More Effective

- Sit down to orient
- Use student or resident name to personalize the discussion
- Let the office (and if possible inpatient) staff know in advance that trainee(s) will be starting
- Think about how Day One can help you!

How Day One Can Help You

- How do you like to teach and when?
- Consider the “teaching notebook” if teaching to different levels or needing to be efficient
- Who else will be sharing the teaching with you?
- When will you give feedback?



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Toolbox for Clinical Teaching

Initial Pt Encounter

- Activated demonstration
- Timed history
- “Activated interview”
- Blank slate

Debriefing the Encounter

- Full presentation
- Pertinents
- “Are you worried about...”
- One Minute Preceptor
- SNAPPS

Rounds

- Theme of the day
- Clinical question/article answer
- Discharge rounds
- Bedside teaching/physical findings scavenger hunt
- Patient narrative

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“Activated Demonstration”



Timed History



“Activated Interview”





Questions?

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Presentation of Patient



ONE-MINUTE PRECEPTOR (OMP)

1. GET A COMMITMENT
2. PROBE FOR SUPPORTING EVIDENCE
3. TEACH A GENERAL PRINCIPLE
4. REINFORCE WHAT WENT WELL
5. CORRECT ERRORS AND OMISSIONS



SNAPPS

- **SUMMARIZE THE PATIENT CASE**
- **NARROW THE DIFFERENTIAL**
- **ANALYZE THE DIFFERENTIAL**
- **PROBE THE PRECEPTOR**
- **PLAN MANAGEMENT**
- **SELF DIRECTED LEARNING**



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THEMES FOR EVERY

Day of the Week

www.mrsdscorner.com

Clinical Question/Article Answer



Requirements for Discharge



Bedside Teaching (post rounds)



Patient Narrative (Post Rounds)



Questions?

FEEDBACK/EVALUATION

It's time to play...
The Feedback Game

8 Steps To Successful Feedback

1. Feedback is not evaluation!

2. Evaluation criteria should be explicit so that feedback can be appropriately directed.

3. Engage in feedback
with each encounter.

4. “Day one” is critical for ensuring feedback occurs.

5. Be sure you ask for
feedback
as well as give it.

6. Always be specific
when giving feedback.

7. Criticize only those things
that can be changed.

8. Keeping the framework
“good-bad-good”
may not be the only way.

8 Steps to Successful Feedback

F--eedback is not evaluation.

E--valuation criteria should be explicit.

E--ngage in feedback with each encounter.

D--ay one is critical for ensuring it occurs.

B--e sure you ask for it as well as give it.

A--lways be specific in giving feedback.

C--riticize only that which can be changed.

K--eeping the “sandwich” technique is not the only way.

Breakout Session

What fits best with your clinical setting? Your teaching style?

What one thing will you try after this session?

When and how will you implement this change?