

Challenging Teaching Cases

- 1) You have just come back from a rare few days away from the office and are facing a large pile of paperwork and a packed clinic schedule. You also have a med 3 clerk starting their rotation with you today. How do you approach getting them oriented and started with you?
 - Take the time to do an orientation – find out who they are, their background (schooling, prior work experience), goals/objectives they have for the rotation, any challenges in past rotations. Also, the logistics of the rotation, the where to go and when to show up, expectation about completing work, responsibilities, formal objectives and evaluation/feedback tools.
 - Ideally you will have enough notice to block some time, even a few minutes, to get the orientation process started when your student first arrives, but sometimes life does get in the way of this...
 - Ways to streamline this process:
 - Documents for preceptors on preparing your office for a learner on dfmfacdev.ca under “Guide to Teaching” “Preceptor Resources”
 - Orientation checklist
 - Share orientation with office staff for some of the logistical orientation (physical tour for example)
 - Break up orientation into smaller bits, but keep a checklist to ensure have covered everything
 - Forward any email you get from the undergrad office with the start date to your office staff so they can block it in your calendar

- 2) Scott is a PGY1 who is nearing the end of his year. He has been with you for the past 2 months and consistently is not getting his charts done in a timely manner. You have tried identifying “easier” patients and have started booking fewer patients in his day, but he is still very behind in completing charts. How do you approach this?
 - This is a learner in difficulty.
 - Important to not make assumptions about why they are having trouble and instead sit down for a conversation with the learner. “Diagnose the problem” or “Define the problem” Is it:
 - Knowledge and Skill
 - Attitude or Professional Behaviour
 - Personal Issues or Health Problems
 - Can be in Learner, Teacher or System
 - Develop a plan to address the problem (this may be outside the scope of what you can or should offer, for example, if mental health issue)
 - DOCUMENT

- Bring in outside help (contact site director) ... Think of this as a phone consult. If you are worried or unsure, pick up the phone and run the situation by them. They may reassure you or they may say indeed this is a situation that needs intervention.
- 3) Dana is a PGY2 who is at the beginning of second year. You are her primary supervisor and she will be with you for 4 months. In the first few weeks of working together it becomes clear that the resident is an excellent clinician. She has excellent clinical reasoning skills, a lovely approach with patients and is well liked by the clinic staff. You are not sure how to challenge her and provide “teaching” during her time with you. How will you approach this?
- This is an exceptional learner. The challenge is finding how to provide opportunities to keep teaching.
 - What tricks do you use to keep them challenged or engaged?
 - Often comes back to orientation – what are her objectives/goals
 - Offer opportunities to teach/supervise if appropriate in your setting
- 4) Jesse is a PGY1 paired with you for their community rotation for 4 months. Jesse seems quite confident clinically and will often have developed appropriate differentials and management plans, however Jesse tends to treat more aggressively than you believe is necessary and often over estimates the urgency of clinical issues presenting in the office, frequently sending people to the ER or wanting to get imaging or consults. When you disagree with Jesse about his proposed management plan and give feedback to Jesse about this, including your reasons to be a bit more conservative in your approach, he always has a ready answer as to why he chose the plan, or disagrees with you. After a few weeks you feel yourself no longer speaking up as frequently and giving less feedback to Jesse. What would be the best course of action?
- This may be a learner with challenges in the realm of professionalism.
 - Are there safety concerns or is this a practice style preference?
 - Important to identify what are changeable attitudes and what are not.
 - Could you have a colleague observe the interactions and give you feedback on how to approach?
 - Can you sit down with the learner and discuss the working relationships?
- 5) It is the end of a busy day and you still have a stack of paperwork to deal with and have a committee meeting to go to. You just want to get out of the office when the PGY2 comes to you with their field note book and asks you to complete one. Sigh. What do you do now? Is there a way you can incorporate completing field notes into your day so they don't feel so burdensome? What have you tried with residents that works well for field notes?
- The field note is meant to capture feedback that you have given the resident. So, if you gave impromptu verbal feedback at some point during the day, that can be what populates the field note. You can even finish a verbal feedback session with, “why don't you jot that down on a field note”.

- You can acknowledge that you have to wrap a couple of things up and ask the resident to start thinking about the day and choose an issue/patient to reflect on and start writing up the field note. Then you can ask them what they chose and why and add to the reflection if needed and sign off the note.
- You can use lots of different content for directly observed content even if you had a busy day and didn't directly observe the PGY2 with a patient. You can use chart notes, overhearing conversation with consultants on the phone, interaction with office staff or professionalism (e.g. knew limits as worked independently and appropriately asked for help when encountered something they didn't know) or their thought process for generating a provisional diagnosis and management plan.

6) You have a Med 3 clerk with you for a 3-week rotation towards the end of their clerkship. Within the first week you have concerns about the clerk's performance. Even with direction about how long to take with a patient to gather a history they are taking an inordinate amount of time and even then, do not have the basic information to generate a differential diagnosis. They do not seem to have an organized approach to gathering a history and similarly seem disorganized when trying to do any component of a physical exam. You notice that even after reviewing carefully with them an approach to a knee exam 2 days prior they could not demonstrate an approach today, when a patient came in with a very similar issue. You wonder how they have made it through clerkship thus far because clearly they are not working at a passing grade. You dread the idea of the paperwork and effort if you were going to fail them and wonder what is the harm in simply marking marginal pass.

- This is a learner in difficulty.
- We often fail to fail.
- Trust your gut.
- Act early.
- Document Liberally.
- Call for help (Undergraduate lead in your area or Undergrad director)

7) Bobbi is a very keen medical student who is doing an elective with you. She has just seen a 55-year-old patient in your office with chest pain. You are 1 hr behind and your waiting room is packed full of screaming babies and sick children. Your instinct is to quickly see the patient yourself and send Bobbie to assess the screaming children. Is this the best approach? How can you sneak some teaching into this busy day?

- This exemplifies the need for quick, efficient, on the fly teaching.
- What tool could you use?

ONE MINUTE PRECEPTOR

1. Get a commitment

Examples:

- What do you think is going on with this patient?
- What investigations do you feel are indicated?
- What do you think needs to be accomplished on this visit?
- What do you want to do?

2. Probe for supporting evidence

Examples:

- What are the major findings that lead to your conclusion?
- What else did you consider?
- What made you choose that particular treatment?

3. Teach general rules

- What is the "take home" message from this experience?
- "In situations like this it is important to..."
- "The key features of this illness are..."
- Keep it brief and focused on identified issues
- Avoid anecdotes and idiosyncratic preferences

4. Reinforce what was done right

- Tell the learner what they did right
- Be specific
- "When you did this it worked well," or "patient responded..."

5. Correct errors

- Consider appropriate time and place
- Start with learner self-evaluation
- Be specific
- Consider language – "not best" rather than "bad"
- "Next time this happens, try this..."

Adapted from McMaster PBSG-Ed Module "Time Efficient Teaching Strategies"

Neher J et al. A five-step "microskills" model of clinical teaching. J of Am Board Fam Pract. 1992; 5(4): 419-424.

- 8) You have had two residents recently pass through your clinic who received their medical school training outside of Canada. Both have seemed unprepared for residency and not at the same standards as their CMG peers. Within a few weeks of the second resident starting you realize that they are having difficulty. There are gaps in ability to put together the clinical picture and to develop a hypothesis and management plan. You wonder if this is common for all IMGs and how you should proceed.

- IMGs are a heterogeneous group with varied experiences, training, cultural settings
- Taking the time to do a true orientation where you get a sense of their prior clinical experiences may serve you well
- Asking them to describe a typical day in their medical clerkship might be illuminating
- Paying attention early on with some direct observation may be helpful
- Involve site director early if you think there may be a need for increased time/remediation

9) You have a new PGY1 with you on rotation and they have told you they will be missing clinic later in the week because of a dentist appointment and earlier asked if they could leave “a bit before 5” to make it to their gym. You are wondering if your approach is too relaxed and familiar and the resident is not taking their work seriously enough, or if this is a millennial thing.

- Millennials do have a different style (in general) than we are used to. Important to do a clear orientation with expectations for hours/completing work/ownership of tasks, etc. This allows, if down the road they are not meeting your expectations, you have at least been clear about what the expectations are.
- May want to give them some insights into how life post residency will be different and challenge them to think how they will handle a full clinic post call, for example
- Can be more fragile about receiving critical feedback
- What can we learn from millennials? Work Life Balance, taking care of ourselves.

10) Steve is a PGY1 who started with you last month on 4-month core rotation. Steve is often running behind in clinic and seems to be having a hard time completing tasks. He often seems to perseverate on certain organizational issues with the charts. You wonder if he has OCD and/or an anxiety disorder. What do you do?

- We are not in a position to diagnose or treat our learners, HOWEVER, if they are in difficulty and you think there is a mood component this should be raised with the site director.