Best Practices for Effectively Precepting Osteopathic Medical Students

Sharon Obadia, DO & Lise McCoy, EdD
AOMA Annual Convention
April 16, 2016

Disclosure Information

- We have no financial relationships to disclose.
- We will not discuss off label use and/or investigational use in our presentation.
Objectives

1. Summarize best practices for role modeling by physician preceptors to OMS.
2. Describe goal-setting and formative/summative evaluations for OMS (osteopathic medical students) on clinical rotations.
3. Define best practices for providing feedback to OMS on clinical rotations.
4. Examine the physician preceptor-student relationship in medical education.
5. Discuss potential mistreatments of students by physician preceptors.
7. Describe student responsibility in respecting physician preceptor-student boundaries.
8. Describe best practices for maintaining professional physician preceptor-student relationships.

Physician Role Modeling
Nine professional behaviors a physician exhibits have been identified by Herbert Swick, M.D.

1. Physicians subordinate their own interests to the interests of their patients.
2. Physicians adhere to high ethical and moral standards.
3. Physicians respond to societal needs, and their behavior reflects a social contract with the communities served.
4. Physicians evince core humanistic values including honesty, integrity, caring and compassion, altruism and empathy, respect for others and trustworthiness.
5. Physicians exercise accountability for themselves and for their colleagues.
6. Physicians demonstrate a continuing commitment to excellence.
7. Physicians exhibit a commitment to scholarship and to advancing their field.
8. Physicians deal with high levels of complexity and uncertainty.
9. Physicians reflect upon their own actions and decisions.

Positive role modeling opportunities exist in daily interactions with students.

- Explain concepts clearly and confirm student understanding.
- Patiently take time to talk with a student, even if busy.
- Use proper medical terminology with students, and explain terms to them.
- Active listening to ensure precise understanding of student inquiries.
- Demonstrate proper physical examination technique during clinical skills courses.
- Demonstrate looking up information in trusted sources if an answer to a question is not known.
- Decline offers for inappropriate/unprofessional social interactions with students.
- Demonstrate building of rapport with a patient.
- Provide constructive feedback in a positive manner so the learner can grow from the encounter.

April 1, 2016

Dear Dr. Leff, ATSU-SOMA OMS III Preceptor,

Thank you very much for your willingness to contribute to the future of the osteopathic medical profession by precepting A.T. Still University, SOMA osteopathic medical student Andrew Still, OMS III. We are grateful to have you as a role model for our students. I encourage you to challenge our osteopathic medical students. I feel confident that you’ll notice they will rise to meet and possibly exceed your expectations.

Sincerely,

Sharon Obadia, DO
Associate Professor, Internal Medicine
Diplomate, American Board of Internal Medicine
Director of Faculty Development

Day 0

Hmmm, I have a student this month...
How’s this month going to turn out?
(for the student and you?)
Day 1

First Meeting
A) Greet the student
B) Discuss clerkship objectives provided by the medical school and set goals
C) Inquire about evaluations - Does the student have an evaluation form?
D) Discuss schedules, routines
E) Discuss how to interact with colleagues on their team and who will orient them to their tasks
F) Discuss expectations for success (What does the student need to do well to receive a high evaluation?)
G) Discuss protocol (ex: first you will shadow me, then I will expect you to enter the room and take a history, then I will debrief with you afterward.) Discuss breaks and handoffs.
H) Discuss and schedule upcoming evaluation dates - who will evaluate during the mid-cycle and end of rotation, how the form is filed.
I) Discuss how to report an issue and what to do when things go wrong. Discuss do's and don'ts.
J) Guidelines for polite interactions with team members (handling conflict)

Goal Setting

Goal setting with learners prior to embarking on any type of educational activity is important:

- Sets tone for the activity
- Clarifies what you would like the learner to know by the end of the experience
- Clarifies what the learner would like to obtain from the experience
Goal Setting

• At the start of the rotation, ask your student to construct a list of expectations he/she has for the experience.
  - knowledge & skills student would like to acquire
  - skills that need improvement
  - feedback
• At the same time, construct your own list of expectations for the learner.
  - expectations for reading, assignments, medical record keeping, performance of procedures, communication...
  - expectations for hours, schedule, absentee policy, professionalism expectations...
  - scheduled times for feedback (formative & summative)

Goal Setting

• Compare and discuss both lists with your learner to ensure a mutual understanding of expectations for the experience.

• At the midpoint and end of each learning experience, take time to revisit both lists to ensure each goal has been met.
Day 2

The student does not finish his list of patients.

A) Re-goal setting with some thing goes wrong with the goals that were set/expectations such as lateness/not friendly enough

B) One minute Preceptor

C) General conditions and guidelines for providing effective balanced feedback when the student didn't do so well in the exam room/Checklist tool-task oriented, specific, kind.

D) Play a contrast video to show "poor feedback"

Practice these “Difficult Conversation” Starters

- I have something I’d like to discuss with you that I think will help us work together more effectively.
- I’d like to talk about __________ with you, but first I’d like to get your point of view.
- I need your help with what just happened. Do you have a few minutes to talk?
- I need your help with something. Can we talk about it (soon)? If the person says, “Sure, let me get back to you,” follow up with him.
- I think we have different perceptions about __________. I’d like to hear your thinking on this.
- I’d like to talk about _______________. I think we may have different ideas about how to ____________.
- I’d like to see if we might reach a better understanding about __________. I really want to hear your feelings about this and share my perspective as well.

Ringer, 2016
Goal Setting After an Incident

Discuss the incident
Allow student time for self-reflection
Agree upon improvement plan goals & tasks
Review principles underlying incident (ex: professionalism, teamwork...)
Discuss time frame for completing goals
End discussion with positive feedback!

One Minute Preceptor

Consists of 5 Steps

1. Get a Commitment “What do you think is going on?”
2. Probe for Supporting Evidence “Why do you think this?”
3. Teach General Rules “This is what we usually see...”
4. Reinforce What Was Done Right “You did that really well...”
5. Correct Mistakes “Here’s what needs work...”

The One Minute Preceptor Video

Research Supporting the “One Minute Preceptor” Method

Student perceptions of the one minute preceptor and traditional preceptor models

Arianne Behari, Patricia O'Sullivan, Eva M. Aagaard, Elizabeth H. Morrison, & David M. IB

Abstract

Background: The one-minute preceptor (OMP) model was developed to effectively and efficiently teach trainees while simultaneously addressing patient needs. This study was conducted to determine if third- and fourth-year medical students prefer the OMP model over the traditional preceptor model and what teaching points they learned from the clinical encounters.

Methods: Third- and fourth-year students (N = 164) at two medical schools completed a questionnaire and prompt on teaching strategies.
Table 1. Questionnaire items and their respective factor loadings comparing medical student perceptions (n=164) traditional preceptor vs. traditional precepting.

<table>
<thead>
<tr>
<th>Items*</th>
<th>Mean (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Precepting (Gastroesophageal reflux disease clinical scenario)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional: Ascertain the student's diagnosis</td>
<td>2.61 (1.44)</td>
<td>0.758</td>
</tr>
<tr>
<td>Traditional: Assess student's underlying clinical reasoning</td>
<td>2.44 (1.18)</td>
<td>0.887</td>
</tr>
<tr>
<td>Traditional: Assess student's fund of knowledge</td>
<td>2.41 (1.11)</td>
<td>0.865</td>
</tr>
<tr>
<td>Traditional: Teach the student a few key points for use in future patient care</td>
<td>3.76 (1.04)</td>
<td>0.590</td>
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<tr>
<td>Traditional: Provide positive feedback to reinforce what was done well</td>
<td>2.19 (1.17)</td>
<td>0.841</td>
</tr>
<tr>
<td>Traditional: Provide constructive feedback with recommendations for improvement</td>
<td>2.06 (1.15)</td>
<td>0.831</td>
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<tr>
<td>Traditional: Involve student in the decision making process</td>
<td>1.89 (1.15)</td>
<td>0.859</td>
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<tr>
<td>Traditional: The efficiency of this teaching encounter</td>
<td>3.45 (1.04)</td>
<td>0.565</td>
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<tr>
<td>Traditional: The overall effectiveness of this teaching encounter</td>
<td>2.87 (0.98)</td>
<td>0.832</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One Minute Preceptor Precepting (Pneumothorax clinical scenario)</th>
<th>Mean (SD)</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMP: Ascertain the student's diagnosis</td>
<td>4.58 (0.74)</td>
<td></td>
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<tr>
<td>OMP: Assess student's underlying clinical reasoning</td>
<td>4.46 (0.74)</td>
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<tr>
<td>OMP: Assess student's fund of knowledge</td>
<td>4.24 (0.82)</td>
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</tr>
<tr>
<td>OMP: Teach the student a few key points for use in future patient care</td>
<td>4.64 (0.58)</td>
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<tr>
<td>OMP: Provide positive feedback to reinforce what was done well</td>
<td>4.62 (0.65)</td>
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<tr>
<td>OMP: Provide constructive feedback with recommendations for improvement</td>
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<tr>
<td>OMP: Involve student in the decision-making process</td>
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<td>OMP: The efficiency of this teaching encounter</td>
<td>4.57 (0.65)</td>
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<td>OMP: The overall effectiveness of this teaching encounter</td>
<td>4.70 (0.51)</td>
<td></td>
</tr>
<tr>
<td>OMP: Overall satisfaction with the teaching encounter</td>
<td>4.61 (0.52)</td>
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</table>
Providing Feedback

Feedback Should Be…..

| 1. Undertaken with the teacher and trainee working as allies toward a common goal. |
| 2. Expected |
| 3. At a mutually agreed upon time and place |
| 4. Close in time to the episode on which it is sought |
| 5. Given in small quantities and limited to remedial behaviors |
| 6. Descriptive, non-evaluative, and non-judgmental |
| 7. Composed of subjective data, which should be labeled as such |
| 8. Given on decisions and actions, and not on one’s interpretation of the student’s motives |

Chowdhury & Kalu, 2004, Ende 1986
Vague Feedback Vs. Specific Feedback

Unhelpful Feedback

Giving Feedback in Clinical Settings

Tips for Offering Feedback (one-on-one)

• Avoid being too terse—give enough information to avoid ambiguity. Students can often misinterpret the specific references for your comments unless you give adequate commentary.

• Be specific and give an indication of when students have taken the right or wrong direction. Assume that students want to grow and develop in their understanding.

• Be tactful and cautious when using humor—teasing or even mild sarcasm is easily misunderstood.

• Don't be distracted by students who raise irrelevant issues in the public classroom setting or in individual communications.

Susan Ko Director Center for Teaching and Learning Published: January-February 2004
Tips for Offering Feedback (email communications)

• Don't over-react to awkward or seemingly rude written student communications—students often do not realize how faculty might be interpreting their tone. Assume the best intentions and ask for clarification. Don't escalate—respond to the communicated information and don't respond directly to what you perceive as negative tone. If the communication is public, respond via private email.

• Use multiple methods for communication, depending on what is available to your students and what is appropriate for the type of feedback.

Day 10

You are suddenly in a bind...you need to go to a weekend conference and your dog-sitter just cancelled. Can you ask Andrew Still, OMS-III to watch your 2 golden retriever puppies for you over the weekend?
Maintaining Boundaries with Students

What *is* the teacher-student relationship in medical education?

"...trust-based relationship with a person to whom they have a professional obligation." Peterson 1992
Teacher-Student Relationship

- Mentor-Mentee
- Advisor-Advisee
- Evaluator-Evaluatee
- Teacher-Student
- Future Colleagues

Potential Pitfalls

- Belittling
- Favoring
- Discriminating
- Sexual harassment
- Asking students for personal favors
Potential Pitfalls

- **Excessive closeness/disclosure** (sharing personal or professional problems with student)
- **Imposing personal beliefs/values**
- **Serving as health care provider**
- **Involvement in student's personal social dynamics**
- **Dating/sexual relations**

Why Are Boundaries Needed?

- Trust-based relationship with unequal distribution of power.
- Physician teacher can have a coercive influence (most often without intention or awareness).
- Ethical standards of the profession demand boundaries with patients involving a similar power structure. Role-modeling boundary setting to our students.
Student Responsibility?

- Professionalism as junior colleague
- Demonstration of integrity
- Report inappropriate conduct
- Knowledge of institutional policies
How Can We Consistently Maintain Boundaries?

- Constant role-modeling
- Continue to openly discuss potential boundary dilemmas with colleagues and students
- Know professional and institutional policies
- Reflect on own experiences and actions often
- Know risk factors for engaging in inappropriate relationships (problems in own relationships, depression, isolation)

When We Don't Maintain Boundaries...

- Loss of professional credibility with colleagues and students
- Potential legal ramifications
- Artificial ego inflation
- Potential adverse effect on personal life
Day 12

A conversation between you and the student/ a major faux pas by the student in communication/ a mistake by the student on a case/ transfer of data causes a conflict with a team member poses an opportunity to discuss how to work well with team members.

A) Scheduling a difficult conversation
B) Typical medical student perceptions of feedback
C) Training the student on what to say to the team member who provides critique

Professionalism

• Never attribute to malice what can be attributed to ignorance (V. Ruggerio)

• See all conflicts as an opportunity to educate the student(s) involved.

• If at all possible deal with any significant issues of disruption or disagreement in private (your office with the door open). Dealing with an issue in front of others can cause both the students and the instructor to be affected. You don’t need others taking sides.

• Use I statements to address the concern ...this way you are owning the problem and giving the student an easy opportunity to save face and get back on task. I statements avoid the issuance of consequences. "I would appreciate it if you would ..."

• Stay calm— at all cost stay calm—if necessary declare a cooling off period.

• Put yourself in the student’s shoes—try to see what is the motivation behind the disruption/problem/ issue.

Ferris State University
Center for Teaching, Learning & Faculty Development Dealing with Disruptive Students
Professionalism

• Listen carefully—ask clarifying questions that help to define the issue. "I want to make certain that I understand what you are saying is this what you mean"

• Ask the students how they would resolve the issue—this will give them some ownership. Also ask how they would handle the situation if they were the instructor.

• Make certain that your position is clearly defensible.

• Be as consistent as you can in how you handle each individual occurrence. This includes how you handle even small disruptions in class. Students really take note of inconsistencies in this area.

• Keep notes on the conversation(s) that you have with the student.

Ferris State University
Center for Teaching, Learning & Faculty Development Dealing with Disruptive Students

Day 15

Mid-Month Check-In

A) Using the CAST Model- eliciting how the student thought it went

B) How medical students should receive feedback.

C) Re-goal setting
Generations and Feedback

SO WHO ARE THE DIFFERENT GENERATIONS?
Here is how they are often grouped:

- **TRADS** (1900-1945)
  - Traditionalists
  - Values authority and a top-down management approach, but will work "make do or do with it."

- **BOOMERS** (1945-1964)
  - Baby Boomers
  - Expect some degree of deference to their opinions, work ethic.

- **GEN X** (1964-1979)
  - Generation X
  - Comfortable with authority, will work as hard as is needed, importance of work-life balance.

- **GEN Y** (1979-1994)
  - Generation Y
  - Independent, uses technology, seeks fun, values me-time.

- **GEN Z** (1994+)
  - Generation Z
  - Many traits still to emerge. Digital natives, fast decision makers, highly connected.

"No news is good news."

"Feedback once a year, with lots of documentation!"

"Sorry to interrupt, but how am I doing?"

"Feedback when I want it at the push of a button."

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Day 18

OMS Still submits a **SOAP note** for you to review. What are you looking for in the note to see if Andrew is where he needs to be at this point in his professional development?
Day 20

You observe Andrew speaking tersely with your front office staff. What do you do?

Day 25

OMS Still presents a patient to you after seeing her:

A) Use the one minute preceptor to elicit the oral presentation

B) Use the CAST model to give feedback on the oral presentation
Oral Case Presentation Format:

- Presentation is concise.
- Presentation includes only essential facts relating to current problem.
- Begins with introductory statement which includes name, age, race, gender, complaint, and duration.
- Presents pertinent history in chronological order as related to chief complaint.
- Describes 7 attributes of chief complaint (OLD CARTS).
- List pertinent positives and negatives relevant to the present illness.
- List past medical history, past surgical history, meds, allergies.
- List pertinent family history and social history.
- PE begins with general description of patient.
- PE includes vital signs.
- PE focuses on system of chief complaint.
- PE describes other significant abnormal findings.
- Problems listed by priority.
- Presentation conveys “clinical picture.” (the story)
- Presentation style (voice, manner) appropriate for conveying information in an understandable manner
- Assessment and plan are described in detail.

Day 27

You observe Andrew giving feedback to another OMS peer at the hospital’s Grand Rounds.

Teach Andrew how to provide effective feedback conversation using the Ringer method.
Day 30

Today is Andrew’s last day on rotation with you. You sit with him to complete his evaluation form. How can you both get the most out of this experience?
Day 35

Andrew Still, OMS-III submits an SEP (student evaluation of preceptor) form to his school.

You read the comments.
How do you process this feedback?
Day 40

You receive an email from Andrew:

“Good day Dr. Leff. I am in the process of scheduling interviews and am adding one program to my list of applications. It is an internal medicine residency program here in town, and is one at which I have completed two rotations and very much enjoyed. If you would be so kind as to author a letter of recommendation on my behalf I would be very grateful. If you are amenable, I will send you the necessary forms and my personal statement as well.

Thank you for your time,
Andrew Still, OMS-III
July 14, 2014

Applicant AAMC ID: 1252097
Applicant Name: Sheree Gardner
ERAS Letter ID: 20140637

To Whom It May Concern,

I am writing this letter with the utmost enthusiasm to strongly recommend Sheree Gardner,ion, for a Transitional Year-Postgraduate Medicine program position. I am a full-time faculty member at A.T. Still University, School of Osteopathic Medicine in Arizona (SOMA) and a course director of the OUSI and OSU I Medical Skills course. I have known Ms. Gardner since she matriculated at SOMA in 2010.

Every so often in my position as a course director, I come across a student who exemplifies and professional caliber. Right from the start as a first-year osteopathic medical student, Ms. Gardner demonstrated herself to be one of the hardest and most compassionate students in her class. Her strong empathetic nature and excellent clinical reasoning skills have continually made her a standout among her peers. Ms. Gardner is an authentic leader, becoming our Vice President of the Student Osteopathic Medical Association, and then the Soma chapter president for the organization in 2011. From here, as demonstrated in her impressive CV, Ms. Gardner went on to serve on AOSPEX/Pediatric committees as a student member of the AOSPEX, including the Pediatric Committee, the Preceptship Committee, and the AOSPEX/Federal & State Legislation Committees.

I have worked closely with Ms. Gardner over the past 6 months during her post-doctoral osteopathic teaching fellowship here at ATU-SOMA. I have marveled at her natural teaching ability with our first-year students and her skills in devising and implementing innovative curricula. I strongly recommend Ms. Sheree Gardner as a most deserving student for a Transitional Year-Postgraduate Medicine program position.

Sincerely,

Susan Osaba, D.O.
Diplomate, American Board of Internal Medicine
Associate Professor
A.T. Still University, School of Medicine Arizona
3201 E. Bell Road
Mesa, AZ 85206
sosaba@atsu.edu
References

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References


(Schwartz, 2010) Professionalism at SOMA. SOMA Faculty Resources.
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