
1a. Arrows in the Quiver: Models for Teaching in the Ambulatory Setting

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Description:

Our roles as teachers are often defined by the environment in which we were primarily trained - the inpatient hospital ward. Student and resident education has traditionally taken place in the inpatient setting and as teachers, we have developed many habits and skills for teaching both formally and informally at the bedside, in the hallway and in the conference room. The increasing use of ambulatory settings in medical education demands new roles and new skills from us as teachers. Although the ambulatory patient encounter offers numerous opportunities to teach, these 'teachable moments' may be lost due to a lack of effective strategies for teaching within the constraints of patient care and restrictions of time.

During this workshop, we will focus on the identification of learner skills in the ambulatory patient encounter and the development of teaching skills for responding to those needs. The workshop will include simulations in which we will explore teaching opportunities present in the "typical" ambulatory setting in which you teach.

Objectives:

1. To identify the special challenges and opportunities of teaching in the ambulatory setting.
2. To recognize and focus the ambulatory teaching encounter around "teachable moments."

3. To develop **skills** for ambulatory teaching that emphasize student-directed learning and the integration of teaching with patient care.

Recommended Readings:

Hewson M. Clinical teaching in the ambulatory setting. *Journal of General Internal Medicine* 1992;7:76-82.

Lesky L, Borkan SC. Strategies to improve teaching in the ambulatory medicine setting. *Archives of Internal Medicine* 1990; 150:2133-2137.

LOST TEACHABLE MOMENTS

STU: Mr. Evans is a 40-year-old white male with a 5-year history of HTN who comes in today with a complaint of puffy eyelids x 2 weeks and weight gain. He has no history of recent infection, travel, change in urination, rash or liver disease. His medications include Aldomet, 25 0 mg/tid and Dyazide, 1 q/day. This has not been changed in 2 years and his BP has generally been well controlled. He admits to drinking a six-pack a day. The exam today reveals his BP to be 140/85. There is not much that is remarkable except for periorbital edema and a few crackles at the base line. I think we ought to do a U/A and check his electrolytes.

ATT: Did you document his weight?

STU: 162 lbs, but there was no baseline on the chart. Mr. Evans thinks he's gained 15 lbs.

ATT: Does he have foamy urine?

STU: I don't think so. He didn't mention it.

ATT: (Silently pondering the case): Interesting case. Let's go see him.

STU: Mr. Evans, this is Dr. _____.

ATT: Hello, Mr. Evans, Dr. _____ has told me about your situation. I would like to ask you a couple of questions. Have you noticed any foamy urine?

PAT: You know, doc, I thought I was losing my mind. It's been foaming up like a head of beer.

ATT: Do you have any pain in your sides?

PAT: No, I haven't noticed any.

ATT: What medications are you taking?

PAT: Aldomet and Dyazide, like I told the doc here.

ATT: Nothing else?

PAT: Maybe an occasional aspirin, but that's all.

ATT: (Silently examines the patient's face, lungs, heart): (to the student) Does he have pedal edema?

STU: Oh, I don't think that I checked that. (Examines the lower leg).

ATT: (Frustrated glance): It's been nice meeting you, Mr. Evans. Dr. _____ will be back in to talk with you in just a moment. (Walking outside the room). Very interesting case. He could indeed have nephrotic syndrome. Let's add a Hepatest and a VDRL to his bloods. Why don't you go back in and let him know about the tests that we want to do?

STU: (hesitantly) OK.

*Case by Linda Lesky, M.D.,
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LOST TEACHABLE MOMENTS

ATT: Billy Smith is a 6-year-old boy who comes to the office today with a complaint of a cough-for the past three weeks. He has had a runny nose, but has been acting well and has had no fever. His cough seems to be worse at night. Actually, for the past two nights, he has gotten up several times because of the cough. His appetite has been normal. His mother has given him some cough medicine, but the cough has not gotten better. On physical exam, he looks well and is afebrile. He has a slight runny nose, but the rest of his exam is normal. His lungs are clear. I think he probably needs a chest x-ray.

ATT: Are there any smokers at home?

ATU: Uhhh, I'm not sure.

ATT: Does anyone in the family have asthma?

STU: I don't know. I guess I should have asked about that.

ATT: (frustrated glance) Yes, perhaps you should have. Why don't we go see him.

ATT: (entering exam room, student stands in the back) Hello, mom, I'm Dr. _____. Hello, Billy. I understand Billy has been coughing quite a bit.

MOM: Yes, last night he seems to have coughed all night long.

ATT: Billy, would you take a deep breath and then blow out as hard as you can?

BILLY: O.K.

ATT: (auscultates as Billy takes a deep breath and blows out) Hmmmmm. Sounds like Billy might be wheezing a bit.

MOM: Oh.

ATT: I'm going to treat Billy as though he might have asthma with some medicine that he will breathe in. I will be back in a moment to explain what I think is going on and how to use the medicine. Sound O.K., Billy?

BILLY: O.K.

ATT: (walking outside exam room) Chest x-ray, I don't think so. Let me write out a prescription and then we can go talk to the mother and explain things.

STU: (hesitantly) Uhhhh. O.K.

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ACTIVATED DEMONSTRATION

Preceptor Role

Objective:

To assist a third-year medical student in the ambulatory setting to learn by observing your interaction with a patient.

Task:

You are a busy clinician in a busy ambulatory setting. This is the first week of an ambulatory rotation for a third-year medical student. Your student has recently completed a two-month inpatient clerkship in Internal Medicine, but has had no ambulatory experience. Among your patients today is Fred Thomas. Fred is a 17-year-old who

has been seen once by you in the past for a school checkup and today presents with a sore throat.

You decide that since the student is new to your office that he/she would benefit from observing your interaction with this patient.

The simulation begins as you tell your student that he/she will be observing this patient visit. A member of the group will play the role of the patient.

ACTIVATED DEMONSTRATION

STUDENT ROLE

Objective:

To learn from observation of your preceptor’s interaction with a patient.

Task:

Your role is that of a third-year medical student. You are a motivated, enthusiastic student who has had very little experience in an ambulatory setting. You have recently completed a two-month clerkship in Internal Medicine which was totally inpatient based.

Your preceptor will ask you to observe a patient interaction. If asked, tell your preceptor that you would be very interested in learning how to take a history from an adolescent. During the simulation, when you enter the room with the preceptor, hang back until the preceptor indicates where you should sit or stand and what you should be doing.

ACTIVATED DEMONSTRATION

As you observe the interaction, please indicate which of the following is accomplished:

	Not Done	Partially Done	Done
1. Determines student’s relevant knowledge. Comments:			
2. Identifies what student should learn from observation. Comments:			
3. Provides clear guidelines for what students should do during observation. Comments:			
4. Introduces student to patient. Comments:			
5. Includes student in discussions with and examination of the patient. Comments:			
6. Provides for a brief discussion of learning points after the observation. Comments:			
7. Sets an agenda and opportunity for future learning. Comments:			

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