

# *THE MICROSKILLS OF CLINICAL TEACHING*

Subha Ramani, MBBS, MMEd, MPH  
Associate Residency Program Director  
Department of Medicine  
Faculty Development Seminar  
December 8, 2009

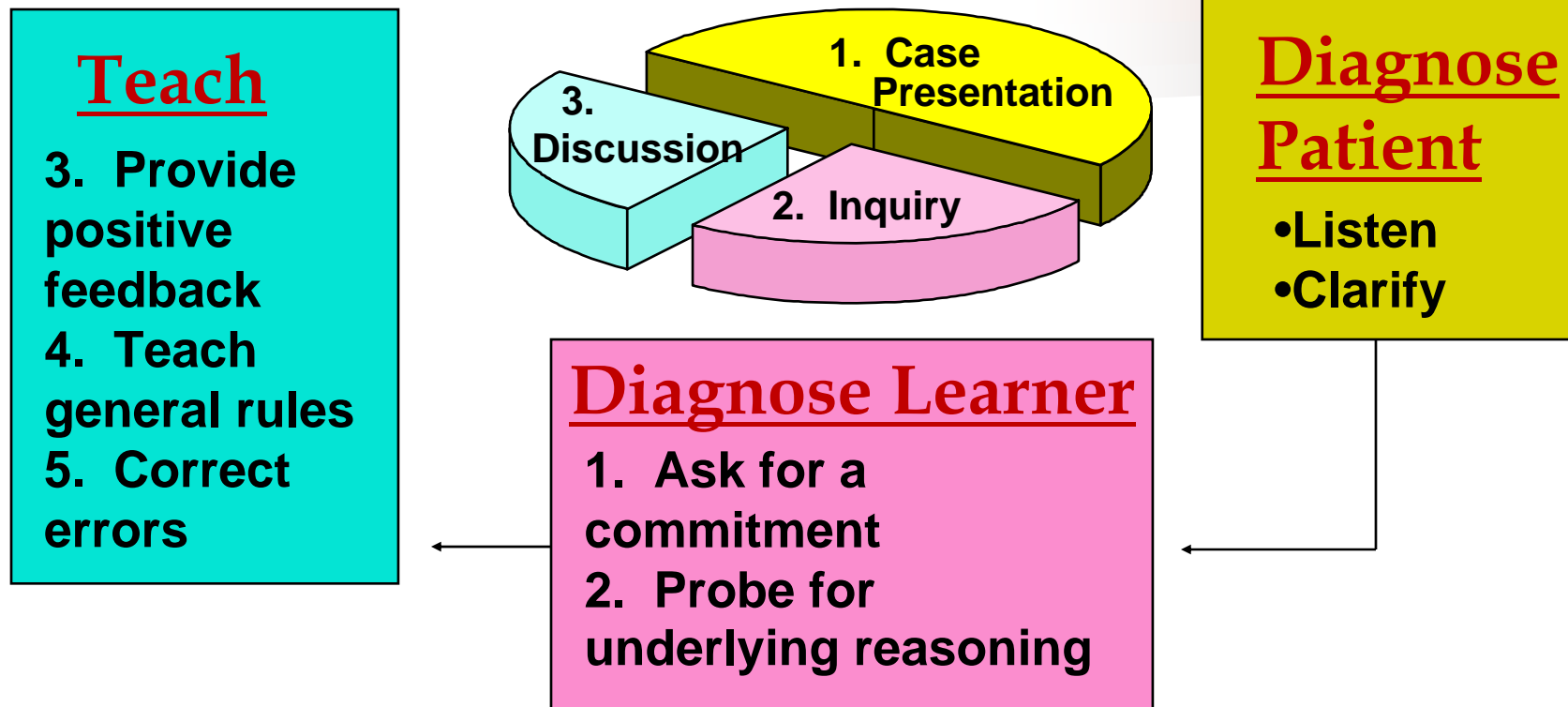


## *Session goals*



- Describe a time efficient framework for clinical teaching
- Present the one minute preceptor model and the related microskills of clinical teaching
- Practice microskills teaching strategies

# *One Minute Preceptor model*



Neher, 1992.

# *Five Precepting Microskills*

Diagnose Learner

1. Get a  
Commitment

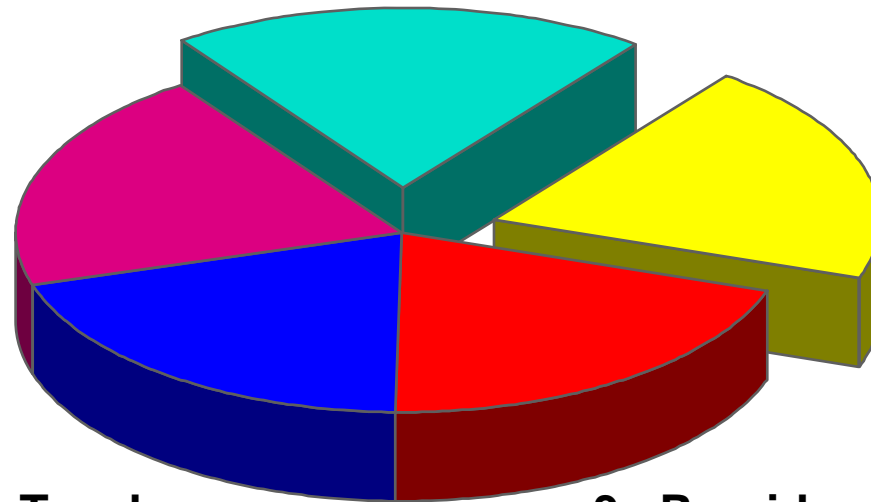
2. Probe for  
Underlying  
Reasoning

3. Provide  
Positive  
Feedback

4. Teach  
General  
Rules

5. Correct  
Errors

Teach



# *Tips on using the microskills*



- Clarify your expectations and learners' expectations
- Allow, or even force, the learner, to present the patient without interruption.
- Make them commit to a diagnosis or plan and give the rationale for these decisions before critiquing the presentation.
- Teaching includes indicating resources as well as telling the answers.
- It's okay for either preceptor or learner to say "I don't know", as long as the next step is to actively address the problem (e.g. by seeking the missing knowledge, re-analyzing the situation) and actively learning from the situation.
- Provide both reinforcement of positive actions and constructive correction of mistakes or misconceptions.
- Coach and enjoy!

# *Get a Commitment*



- Early into an encounter with a teacher, the learner should be encouraged to make a commitment to a diagnosis, work-up, or therapeutic plan.
- The learner feels responsible for patient care, and enjoys a more collaborative role in problem solving.
- Supportive environment of intellectual honesty required.
- **Cue:** When learner presents patient facts and then stops; resist urge to fill in the verbal blanks!
- Do not confuse this step with collecting further data.

# *Get a commitment*

- Differential diagnosis  
*What....? (do you think is going on or is most likely?)*
- Diagnostic strategy  
*What....? (investigations should be ordered?)*
- Selection of therapy  
*What....? (is your first choice of medication?)*
- Prognosis  
*What....? (do you think is probably going to happen?)*
- Management issue  
*Why....? (do you think this patient is non-compliant?)*  
*What....? (would you like to achieve this admission)*

## *Probe for supporting evidence*

- Help the learner reflect upon the mental processes used to arrive at a decision.
- Identify what the learner does and does not know.
- **Cue:** the learner commits to a stance and looks to the teacher for confirmation; suppress the desire to pass judgement!
- This is not a grilling session! "Thinking out loud" must be a low-risk adventure.



## *Probe for supporting evidence*

- What are the major findings that lead to your conclusion?
- What else did you consider?
- What made you choose that particular treatment
- Why.....(do you suggest getting this test first?)
- Which.....(medications are available for this condition?)
- How.....(did this prognosis emerge as the most probable?)

# Teach general rules

- The teacher can skip this step! It is not imperative that the teacher "teach something" every time.
- Keep it brief and focused on identified issues
- Avoid anecdotes and idiosyncratic preferences
- Keep it to 1-3 general rules at most.
- Example:
  - *"If the patient has cellulitis, incision and drainage are usually not possible. However, an abscess, which can be drained, is typically heralded by the development of fluctuance."*
  - *"In older patients with headache, it is important to consider glaucoma and temporal arteritis as well as the primary headaches. We should consult \_\_\_\_ if symptoms include \_\_\_\_"*

## *Reinforce what was done well*

- Competencies must be repeatedly rewarded and reinforced.
- Build upon the learner's professional self-esteem.
- Focus on specific behaviors.
- Example:
  - *"You considered the patient's finances in your selection of therapy. Your sensitivity to this will certainly contribute to improving his compliance."*

## *Correct errors (gently)*

- We frequently tend to put this step first.
- An appropriate time and place must be chosen.
- Ask learners to critique their own performance first.
- Focus on how to correct the problem or avoid it in the future.
- Example:
  - *"You could be right that this patient's symptoms are due to myocardial ischemia; but without considering other possibilities, we could easily miss things like PE or pericarditis. So, try to keep the differential diagnoses broad."*

## *Identify next learning steps*

- Fosters self-directed learning; facilitate the learner identifying his/her needs.
- Offer specific resources; the teacher can role model their own learning approaches.
- Agree upon an action plan.
- Examples:
  - *"What do you think you need to learn more about?"*
  - *"That's a good topic to look up. I tend to use \_\_\_\_\_ as a first step in looking up information. Let's agree to meet \_\_\_\_\_ to discuss what you've reviewed."*

# References 1

- Arseneau. Exit Rounds: A Reflection Exercise. *Acad Med.* 70:684-687, 1995.
- Bland, et al. Faculty Development Special Issue. *J. Fam. Med.* 29(4):230-293, 1997.
- Cunningham et al. The Art of Precepting: Socrates or Aunt Minnie? *Arch Ped Adolesc Med.* 153:114-116, 1999.
- Neher, et al. A Five-step "Microskills" Model of Clinical Teaching. *Journal of the American Board of Family Practice.* 5:419-424, 1992.

## References 2

- Ende et al. Preceptors' Strategies for Correcting Residents in an Ambulatory Care Medicine Setting: A Qualitative Analysis. *Acad Med.* 70:224-229, 1995.
- McGee, Irby. Teaching in the Outpatient Clinic: Practical Tips. *JGIM.* 12; April(Suppl 2): S34-S40, 1997.
- Irby. How Attending Physicians Make Instructional Decisions When Conducting Teaching Rounds. *Acad. Med.* 67:630-638, 1992.
- Ludmerer. *Time to Heal.* Oxford University Press, 1999.
- McGee, Irby. Teaching in the Outpatient Clinic: Practical Tips. *JGIM.* 12:April(Suppl 2):S34-S40, 1997.