FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

## *Teaching Notes for Physicians:*

# Teaching in Ambulatory Settings

This teaching note supplements information on clinical teaching presented in *Five Steps to Effective Teaching at the Bedside.*

**Background**

*Teaching should follow the patient(1)*

The main arena in which medical care is delivered has, over time, moved away from the hospitals and into ambulatory[a] and community settings.(2;3) Clinical teaching and learning must inevitably follow if we wish learners to experience the true spectrum of disease encountered in routine medical practice(1;4)and to develop the range of competencies now required by outcomes-based medical education(5).

**Advantages specific to ambulatory settings** (1;2;5-9)

**The learner experiences:**

- A broad range of presentations
- Many patients, undifferentiated symptoms
- Chronic illness; continuity of care
- Multidisciplinary, integrated care
- Epidemiology; health education, psychosocial aspects, advocacy; resource allocation
- High preceptor-learner contact
- Supervised independence

**The patient perceives:**

- A sense of altruism
- Increased knowledge about their complaints
- Increased physician 'face time'

[a] Any medical care setting where the patient is not admitted to hospital.

**Benefits and challenges for ambulatory preceptors**

Many preceptors report non-monetary gains such as increased proficiency, renewed enthusiasm, enjoyment of teaching, and enhanced status with patients.(4;10-13) Studies indicate that finding time to teach during heavy schedules of time-limited patient encounters can pose the biggest challenge,(11;13) but this need not be the case;(10) senior students may even improve practice productivity while gaining maximum educational benefit from the experience.(4)

*Teaching during consultations has been much criticised for not actively involving learners (14)*

**Preparing for students**

Preparing in advance will minimize disruption to schedules and patient care, and increase educational value.

*Preparing at the workplace(3;15)*

Consider physical resources: a spare examination room can be useful for advanced learners to see patients alone, and learners also need space in which to study, access a computer, and research the literature. Alert your colleagues and others in the team, including related services (social workers, patient educators); share the teaching load with them and broaden the learner's experiences in your setting. Careful patient scheduling by staff can prevent lengthier working days. (see *wave scheduling(16))* Alert your patients: consider putting a learner monograph in the waiting area, priming staff to request patient consent in advance, or even asking the learner to write an introductory article for the local press.

*Preparing the learner*

Ambulatory practice can feel like a culture shock to students who are fresh from tertiary care settings due to less formal structure, greater personal responsibilities, briefer patient encounters, undifferentiated health problems, greater exposure to patients' psychosocial issues, and closer relations with preceptors.(17) Help learners get off to a flying start by having your staff give an orientation to your site, schedules, clinical services, local hospital and community services, resources, and behavioural expectations (e.g., dress code, conduct, attendance(3;15;18;19) Much of this information need only be prepared once and then can be saved in handout, CD, video or website format for use by future learners; don't forget to update as necessary.

*Preparing yourself*

Consider the experiences your practice can offer. Consider chart review, pre-reading and follow-up assignments; protected time for case conferences, case review, and reflection;(14) and regular opportunities to give and receive feedback.(15) Will the learner spend time with your colleagues or with other health care services? Determine the learner's background; their knowledge and clinical skills will help you set realistic expectations.(5) What responsibilities are you able to delegate to your learner and what learning activities would fit your setting and the learner's level? Find out the learning objectives for the rotation and plan to focus learning time on those objectives you can help with.(1) Understand your assessment responsibilities and build in a process for this up-front. (17;20)

**Negotiate a plan**

Discuss learning objectives and agree on a plan when your learner arrives; writing this into a learning contract with a formalised process for review, and having the learner log clinical experiences, enables you both to track achievements and select further encounters that address the gaps.(1;19)

**Teaching with patients** (5;6;20;21)

**Pre-select patients that:**

- Fit the learning objectives
- Are receptive & good communicators
- Are classic presentations of common illnesses
- Remember: normal findings also have learning value

**Review in advance with the learner**

- Highlights of the history
- Set selected goals: time limits, focused Px, chart notes, case presentation

**Organizing the clinical encounter**

Learners should be genuine members of the team with defined roles appropriate to their level. Provide opportunities for them to assume increasing levels of responsibility, including seeing patients alone, but allow direct observation so that you can give first-hand feedback. (3;21) Supervised independence followed with feedback will help learners to assess their own abilities more accurately and know when to ask for help. Various models can be used ranging from the learner as observer, through joint consultation, to the learner seeing patients alone followed by joint review when the learner presents and discusses the management plan, either to you or in front of the patient.(14;22) Patients can not only give their histories and exhibit physical signs but should also be encouraged to give valuable feedback to learners about examination and procedural skills, communications, and professionalism.(14)

**Encouraging reflection**

Learning by experience requires us to think about what just happened, formulate a concept or generalization from it, and then plan how to test this under new circumstances. Help learners to reflect on their clinical encounters by debriefing. Use questions (see *Questioning as a Teaching Tool*) and structured discussion techniques, such as the One-Minute-Preceptor, to guide learning (see *Bedside Teaching*).

**Encouraging learners to reflect on their experiences** (3;5;14;15)

**Debriefing the learner**

- One-Minute Preceptor or SNAPPS models (see *Bedside Teaching*)
- Case presentations
- Discussion, sharing ideas
- "How would you approach a similar patient next time?"
- "What do you want to learn about now?"
- Jointly review and revise learning objectives
- Look at learner's log together
- Ask learner to identify areas for independent study; return to these
- Have learner research and present a priority topic to the practice

**Feedback and assessment** (5;6) Feedback is valuable information intended to guide learners on how to improve and is well-accepted when it is regular and expected, timely, based on direct observation, and focussed. Discuss with the learner when and how he or she prefers to receive feedback, and reciprocate by inviting feedback on your teaching (see *Giving Feedback that Enhances Learning*). Consider giving feedback in front of the patient when you agree with the learner's findings, diagnosis, or plan; it's possible to give diplomatic feedback even when you don't agree, if the teaching point is best made at the time. Save extensive discussion for outside the room though, to avoid undermining the learner's fragile doctor-patient relationship. Give informal feedback to learners as soon as possible after your observations, but also set aside time for more comprehensive discussions that can be used to revise learning objectives and adjust expectations.

Discover how the learner's performance is to be assessed and reported back to the program; discuss this with the learner at the beginning of their time with you so that everyone is aware of the criteria; there should be no surprises. Regular observation and feedback make this an easy task. Remember to be constructive with problem learners; do not be tempted to 'leave it to the next person.' With advanced learners who are seeing patients alone, minimize interruptions and learner discomfort by making short, focussed observations after explaining to the patient why you are there. Spread your observations out over several patients, making sure you have observed the learner conducting history-taking, physical examination, clinical procedures, and counselling. By the end of the rotation you will have a fair sample of the learner's abilities upon which to comment.

**Enjoy your teaching!**

For further information or confidential no-charge teaching consultations, contact us:

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