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# Incorporating medical students into your practice

**BACKGROUND**

Teaching is fun and intrinsically rewarding. It helps doctors to refresh their knowledge base, improves morale, and adds variety to routine practice. However, it does take time.

**OBJECTIVE**

This article discusses tips to help busy doctors incorporate learners into their practice.

**DISCUSSION**

Many busy practitioners default to having the student 'sit in' on consultations. While this might be most efficient for the doctor, research on adult learning principles tell us that adults learn best when they are engaged and active in the learning process.

**Teaching takes time, but is intrinsically rewarding and helps keep doctors up-to-date. General practitioners who teach report increased morale and job satisfaction.<sup>1,2</sup> Teaching in general practice requires diagnosing the patient, diagnosing the learner, caring for the patient, 'teaching', giving feedback, and maintaining office productivity and patient satisfaction. While teaching does take time, there are strategies that can help incorporate students into your practice efficiently.**

**How can I organise the student most efficiently?**

Orienting the learner in a concentrated session when they arrive in the practice saves time later. You should spend a few minutes with them discussing their previous experience and broad learning goals – are they a first year student with no clinical experience, or a final year student who can be somewhat independent? Have your office staff show them where to find things in the consulting room (eg. otoscope ear tips, gloves, suturing materials). Show them specifically how you prefer documentation. Give them an example or a template.

Deliberate preparation, including scheduling specific

patients and making use of empty rooms, when available, can significantly improve the experience for the doctor and the student. If you are in a practice with several other people, find out when a consulting room is empty and schedule the learner specifically on that day. If you have two rooms, use a 'wave' schedule (*Table 1*). This principle is very important. You see two patients in your room while the learner reads the record and sees the first patient. Then you use a visit space to see the student's patient with them, clarify issues and finalise the plan. Then you begin your next patient while the learner does the rest of the documentation.

**Can I get a student to pick up the consultation from where I left it?**

Learning to do focused visits rather than complete 'long cases' is an important learning objective for students in the ambulatory setting. In the weeks before a student arrives, deliberately ask patients who need a targeted review (eg. patients with diabetes or hypertension starting a new medication) to see the student. Two techniques help orient the student to the patient and to the task. They also save you time.

The first, 'priming'<sup>3</sup> involves briefing the student about important issues. For example, with a patient returning after starting insulin, you can prime the student by asking them what information will be important to collect to determine whether the treatment is working. More importantly, for a review of a patient with multiple problems, ask the student how they will decide what to focus on during the visit. Second, it is important to 'frame' the consultation for the student. Give them a specific task and a time limit. For example, with the second patient you might say: 'Please focus on the patient's diabetes today and do a foot exam. I will come into the room in 15 minutes.' You may also address another issue as the consultant, but this technique prevents the student from querying the past history of every item on the problem list and allows them to achieve something with the patient during a brief period of time. Perhaps the most efficient way of doing this is to choose patients ahead of time (have the staff print out a separate schedule if possible) and briefly prime and frame the student for a few minutes at the start of each session. This minimises breaks during the session.

#### **How reliable is information collected by a student? Do my patients feel 'cheated' if they see a student and I just pop in?**

Most students will faithfully report what they have learned. The most common problem is that students collect and report extraneous information. Having the student present the patient's history and findings in the room in front of the patient has several advantages. There are few situations where this is inappropriate, patients prefer it, students learn more, it saves time, and it satisfies billing requirements.<sup>4</sup> It allows you to verify and clarify the history and examination. It also allows you to see how the patient responds to the student. You can make simple teaching points as you are doing this and educate both the student and the patient. Most importantly, it gives the patient additional time with you. When using this technique it is important to introduce the presentation: 'I hope it is all right if the student tells me what you have been talking about. It is my job not to interrupt. When she finishes, we will ask if there is anything she missed and we will talk about what to do.' A statement such as this asks permission, decreases interruptions, and tells the patient they will get a chance to clarify points. If patients interrupt, using body language such as facing away from the patient, even though doing this may feel uncomfortable, often prevents further interruptions.

**Table 1. Wave schedule (using 15 minute visits)<sup>8,9</sup>**

<b>Teacher schedule</b>		<b>Student schedule</b>	
9:00	See patient X	9:00	Review patient A record
9:15	See patient Y	9:15	See patient A
9:30	See patient A with student	9:30	Present patient A to teacher
9:45	See patient Z	9:45	Chart patient A
10:00	Repeat cycle	10:00	Repeat cycle with patient B

#### **How can I teach the student when I do not have time to prepare?**

One of the most common misperceptions among teachers in ambulatory settings is that they must impart knowledge. Encouraging the student to learn rather than 'teaching' is more efficient and fits with adult learning principles. For example, a patient who recently started on an antipsychotic medication comes in with palpitations. Have the student review the medication side effects and bring the information back to you. Both you and the student will learn something and the student will have the satisfaction of being truly helpful.

Deliberate role modelling can be a good teaching opportunity rather than a passive learning experience if introduced correctly. For example, identify a common counselling session you do (eg. smoking cessation) and have the student sit in to learn how to do this (be sure to tell them this is the point of having them observe you). Then schedule a few patients with this issue over the ensuing sessions and have the student practise this skill. Closing the loop, eg. having the student summarise the issue and return with information to discuss with you (give a time limit) is very important in the learning cycle.<sup>5</sup>

#### **What do I do if I have only one room?**

Activate the learner by giving them a job to do rather than simply observing the consultation. Suggestions include:

- Priming the learner to watch a particular part of the interaction such as consent for a procedure, giving bad news, or providing side effects information
- Have the learner look up medications or medication side effects while you are talking to the patient
- Have the learner sit at the computer and type the patient note while you talk to the patient
- Have the learner review information such as the patient's blood pressure (eg. over the past 3 visits) or blood sugar record and tell you what they think
- Ask the learner to measure vital signs or perform a specific examination not already undertaken (eg. foot examination in a patient with diabetes) while you write scripts or notes.

**Table 2. The 'teachable moment' – three models for teaching efficiently<sup>8,10</sup>****One minute preceptor**

Get a commitment – what do you think is going on?  
 Probe for evidence – what led you to that conclusion?  
 Teach general rules – in this situation...  
 Give specific positive feedback – I really liked it when you did...  
 Give specific comments for improvement – next time you might try...

**Learner centred teaching****What is your question about this case?**

Then ask for patient concerns, likely diagnosis and student's plan

**'Aunt Minnie'**

Tell me in 1–2 sentences what you think (diagnosis) and what you want to do

**What can other members of my practice staff teach?**

While students sometimes chafe at spending extended time with other professionals, there are many opportunities for students to learn from other staff. The key to a good experience is to specify the learning objective. For example, if you send the student to work with the practice nurse, you may specify a task such as learning to give flu injections or learning about insulin injections. Have the student report back on what they have learned to either the staff member or yourself. This could be done orally or in written form.

**There is so much to teach and I do not have time to answer all the questions**

There are several techniques that help doctors teach efficiently (Table 2). The '1 minute preceptor' is a framework for deliberate teaching during each encounter. The most important thing is to make only one teaching point regarding each patient during the session. Learner centred precepting is an important concept based on adult learning principles and research shows that learners' needs are addressed more appropriately if the teacher asks the learner what they want to know.<sup>6</sup> The 'Aunt Minnie' model is best used when a simple 'one-liner' about the case is appropriate. It asks for the bare minimum assuming that you know the student and patient relatively well.

**How do I give feedback when I barely have time to teach?**

One of the most effective techniques for giving feedback is to specify ahead of time the type and timing of feedback. For example, if you have a student for 4 weeks, you might specify that you will concentrate on communication the first week, on physical examination the second week, on diagnosis the third week, and so on. While you may choose to give feedback on other issues, this technique frees you to concentrate on only one issue

at a time. It also limits a brief session at the end of the week to one topic that then gives a sense of achievement to the learner. Specific examples of both good behaviours and things to improve are most helpful to the learner. The '1 minute preceptor' model incorporates a brief feedback point into each teaching encounter. However teachers should know that research shows that this technique tends to focus teaching on clinical issues rather than on generic skills, so teachers should be deliberate about giving feedback on generic skills as well.<sup>7</sup>

**Conclusion**

Trying to incorporate the teaching tips in this article may be challenging. Switching the focus from 'teaching' to 'encouraging learning' will improve the experience for both the teacher and the student and help you learn new things as well. Keys to efficiency include deliberate scheduling, priming the student for the encounter, framing the task, having the student present the case in front of the patient, and making only one teaching point per patient. Spending an hour with your staff to plan for efficiency may be time well spent as a mutual understanding of the process and goals will reduce questions and mix-ups. Finally, the long term rewards of teaching include the invaluable relationships with students and trainees and seeing students come back as trainees and eventually, perhaps, joining the practice.

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