Teaching When Time is Limited

1. Challenges & Barriers to Teaching
   • Teaching Medical Students Takes Extra Time:
   • Your Patient Does Not Want a Medical Student:
   • Learners Come at All Levels:
   • Lack of Reward or Reimbursement for Teachers:
   • Additional strategies for avoiding or minimizing barriers to teaching:

2. Learner Centered Teaching Models:
   • One Minute Preceptor
   • SNAPPS
   • Aunt Minnie
   • Activated Demonstration
One Minute Preceptor

Five Steps or Micro skills:

1. Get a commitment
   - What do you want to do?
   - What do you think is going on here?
   - If I were not here, what would you do next?

2. Probe for supporting evidence
   - What factors did you consider in making this decision?
   - Were there other options you considered and discarded?

3. Teach general rules
   - Mini lecture
   - Clinical pearls

4. Reinforce what was done right
   - Descriptive, case-specific and behavior-focused feedback

5. Correct mistakes, errors, or omissions
   - Descriptive, case-specific and behavior-focused feedback

6. Conclusion/Next learning steps
**One Minute Preceptor: Practice Case #1**

**Student:** This patient is a 67-year-old female coming in today with complaint of fever, cough and shortness of breath. She has a 30-pack year smoking history and diagnosis if mild COPD. She has been sick for 2 days with “a cold” but yesterday developed more chest congestion and a temp of 101. She is more winded than usual in her usual activities. Her cough had been producing whitish sputum, but this AM it had become yellow to tan with streaks of blood. She had chills this AM and a temp of 100.5. She has noted some increase in her wheezing but denies chest pain, except when she coughs. She is on Capoten for HTN and uses an albuterol inhaler and has been using this about every two hours since last evening. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago. On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is normal but her lung exam reveals diffuse inspiratory and expiratory wheezes throughout bilaterally with the exception of decreased breath sounds in the area of the right middle lobe.

**One Minute Preceptor: Practice Case #2**

**Student:** This is a 51 yr. old female who presents to the clinic with a chief complaint of chest discomfort. Of note, she has significant anxiety and takes Clonazepam daily. Her pain started 2 days ago. It is centrally located chest burning that would last about 10 minutes and then go away on its own. It has occurred 3-4 times daily for the past 2 days. She did get a little sweaty and nauseated with the pain but denied SOB or palpitations. She has never had this before and has no history of heart disease. Her brother did have a heart attack in his 40’s, which makes her very worried that what she is experiencing is her heart.

Past Med Hx: HTN on HCTZ 12.5 mg daily
Soc Hx: smokes 1 ppd x 25 years
PE: NAD, nl HEENT, no JVD, Lungs CTA bilat, Heart RRR w/out murmur, gallop, or rub; Ext warm, w/out clubbing, cyanosis or edema

My assessment is that this is likely just anxiety. I have seen her before, and she is a very anxious person. I believe that likelihood of this being cardiac is very low.
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Available Faculty Education Topics:

- Teaching When Time is Limited
- Building a Variety of Clinical Teaching Techniques
- Compassionate Communication
- Giving Feedback
- Working with the struggling learner
- Teaching Clinical Reasoning