

Teaching Well Without Falling Behind

10 Potential Barriers with Solutions to Overcome!

1. Not enough time to teach:

- While teaching and feedback are great for students, you do not need to do this with every patient encounter. If things get hectic, it is ok to just take the student along for the ride. You need not educate your student about every aspect of a patient or a disease. Use the context of that patient encounter to offer your student one or two pearls on the fly.
- Utilize your student's talents to save you time. The student can...
 - Provide Patient Education
 - Find the appropriate handout online and go through the handout with your patient
 - Provide verbal patient education on a variety of subjects (nutrition, asthma, etc.)
 - Research the latest evidence
 - Write down a list of the patient medications and/or instructions
 - Write prescriptions for your patients and prepare them for you to sign
 - Call patients about lab results, their questions, or to check in on them
 - Bring patients back to exam rooms/take vitals
 - Train your staff in a variety of areas
 - Assist in office QA projects/chart reviews

2. Student Presentations take too long and I fall behind with my patients:

- Have your student present the patient to you in the exam room with the patient present.
- Academic research has repeatedly shown that this benefits all three parties
 - Doctor: You spend time with the patient during the time you would have spent in your office alone with the student. You also can be very efficient by educating your student and patient simultaneously.
 - Patient: The patient confirms that their entire story has been relayed properly and is delighted to hear the thought process used to arrive at the diagnosis and plan.
 - Student: The student gets to practice communicating without using medical jargon.

3. My student takes too long with many of my patients

- Many of your patients appreciate the extra time and attention (especially elderly patients)
- Have the student utilize non-exam room space so you can maintain your patient flow
- Anticipatory Precepting: tell student exactly what you want them to do and how much time you want them to spend (neuro exam, MMSE, nutrition counseling, 5 minute history only related to hypertension, etc.)

4. I do not know the answers to a lot of my students' questions

- Not only can your student research the answers to their own questions, they can teach you how to find these answers in the most efficient way, in the future.

5. *Sensitive Subjects (student brings up the possibility of a serious illness to the patient when it is extremely unlikely):*

- While there are times you may need to do a little damage control, chances are, if the student was thinking it, the patient probably was too. This gives you an opportunity to reassure the patient about their fears/concerns.

6. *Patient Acceptance (My patients do not want to see students):*

- Studies show patients perceive their doctor as higher quality if they teach students.
- Create a culture that is accepting of students in your office by training both your patients and your staff.
- Address patient barriers (talking to a student will take too long, I will not get to see the doctor) by training your clinical assistant to say to the patient, “Is it ok if a student doctor starts with you while Dr. X finishes up with a patient?”
- You can also invite your patient to be the medical student’s “Professor” for the next 15 minutes.

7. *Documentation (completing my note and providing my student feedback on their note):*

- Your student can document, on average, 2 notes per half day for you. Medicare accepts student documentation with the appropriate attestation, such as:

“I was present with the medical student who participated in the service and in the documentation of this note. I have verified the history and personally performed the physical exam and medical decision making, and have verified the content of the note, which accurately reflects my assessment of the patient and the plan of care.”
- You may need to check with your own health system whether they have a preferred attestation statement they want you to use.
- Review the student documentation, make any necessary edits, sign it, and give the student feedback about their work!

8. *Space (student slows down patient flow by staying in the exam room too long with patients):*

- Utilize space creatively: if student is counseling, educating, or eliciting history, let them sit in your office, the lunch room, the billing person’s office, etc. as long as privacy can be assured.

9. *The over-eager student who asks so many questions:*

- These student needs to be re-directed to research the answers to their own questions without squelching their well-intended curiosity and zeal for learning.
- Harness their energy and zeal to learn so that is working for you and not against you.

10. *I need to get home to my family:*

- It is nice to stay and answer student questions at the end of the day. If you are able to do this a few times a week, that is nice. There are some times at the end of

the day though that YOU need to get home. In which case, go home! Role model for your student the art of balancing career and home life.

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