Discipline of Family Medicine
Faculty of Medicine

Office of the Chair
Discipline of Family Medicine
The Health Sciences Centre
St. John's, NL Canada A1B 3V6
Tel: 709 864 6549 Fax: 709 777 8956
www.med.mun.ca/familymed/

2015 FAMILY MEDICINE COMMUNITY PRECEPTORS' MEETING

Teaching Tips

1. When a learner makes a mistake, give an example of when you have made a similar mistake. "Normalize: the fact that we are not perfect. Share your successes and failures – what worked, what didn't work for you. *Dr. Stephen Lee*

2. Make daily feedback a habit and surround it with a reflective discussion. *Dr. Tom Laughlin*

3. Head turning sign and the negative nod sign = dementia. "Head turning" occurs when the patient with dementia has learnt the primary caregiver has the answer. "Negative nod" sign is when you are talking to a person with dementia and ask a specific question and the patient is giving an incorrect answer and the caregiver nods to let you know. *Dr. Roger Butler*

4. Drysol (aluminum chloride deodorant) makes a great hemostatic agent to stop small bleeding sites (like Monsel's solution). *Dr. D.A. Coleman*

5. Take a learner out to lunch once a month and ask about their career plans. *Dr. Bill Eaton*

6. Early in a rotation, take the time to watch the learner perform physical exams. This is an opportunity to determine their skillset and provide feedback and guidance to improve skills. *Dr. Norah Duggan*

7. Before clinic starts, ask the learner what they would like feedback on. This allows them to direct their own learning and the preceptor to focus their attention as well. *Dr. Norah Duggan*

8. Set objectives/goals early. Ask the learner what "it" is they want to achieve from "the get go". Also, let them know what you as the preceptor want for and of them. Let them know that you are open to constrictive criticism and to discuss any concerns early so as to make the most of their experience. Check in regularly! *Dr. Susan Avery*

9. Encourage learners to ask: "is there something more I can do for you today?" repeatedly AT THE START OF EACH VISIT until you exhaust the list of reasons why a patient is in the office. *Dr. Cathy MacLean*

10. Do something for your learner early in a rotation (rather than at the end). It helps build a positive relationship early and fosters better learning over the rotation. *Dr. Cathy MacLean*

11. Be creative with your teaching. For example, use short stories as backgrounders on certain pathologies and illness experiences. *Dr. Madeleine Cole*

12. WAIT. Pause. Wait for the leaner to think about what you've asked. Be patient. Don't assume, instead clarify. Do not rob the educational experience for them. *Dr. Wendy Graham*

13. Ask your student to write a self-reflection: What surprised me today? What touched my heart today? What inspired me today? Watch YouTube "The Art of Living every minute of your life". *Dr. Karen Horwood*

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14. As a learner, I have gained the most from preceptors who have not criticized my mistakes, but rather encouraged me to get it wrong so I could learn without fear of judgement. *Kalen Thomson*

15. Interview doctors about their own, or their family's experience of illness, or the care they received. Use a "narrative" approach rather than a classic "history taking: method. *Janet Giddy*

16. Focus on learner interests! *Chris*

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2014 FAMILY MEDICINE COMMUNITY PRECEPTORS' MEETING

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1. "The Puzzle"

   Most of us have a puzzle. The puzzle may illustrate early un-differential illness, the evolution of clinical presentation, the limits of technology, the precision of clinical exam. So…

   Put the puzzle to the learner, give them a day to chew on it, use the discussion to explore their clinical knowledge and problem solving skills. *Dr. Paul Bonisteel*

2. Maximize your "Community of Practice's" strengths and highlight them in your teaching in a layered and inclusive manner i.e. Student-Clerk-Resident-Health Care Professional and Support Staff. Everyone has something to contribute (and appreciate being asked)! *Dr. Susan Avery*

3. Be creative and think outside of the box, especially teaching OBS skills with simple, ingenious, cheap, and practical homemade models with items from the Dollar Store – hands on at its best! *Dr. Susan Avery*

4. Stop gagging patients. Patients have to be breathing to gag. If patient holds breath for 10 seconds of exam there is no gagging. *Dr. Tom Laughlin*

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2013 FAMILY MEDICINE COMMUNITY PRECEPTORS' MEETING
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1. When teaching diabetes care, ask learners to check their own blood glucose with a glucometer. Most have never done this and it creates an awareness of the discomfort they are asking patients to undertake; especially if they see the patient as "noncompliant". *Dr. Norah Duggan*
   A good time as well to reinforce that self-monitoring in NIDDM is not recommended.

2. Use a generic return visit appointment card for residents who can then ensure that the patient follows up with them specifically. This helps with communication with the receptionist and the patient. *Dr. Cathy MacLean*

3. "Less is more." *Dr. Kath Stringer*
   A message that was reinforced in Dr. Roger Butler's session on polypharmacy.

4. Model using the step stool in the exam room as a place to sit so you are at eye level with children when you are talking and examining them. Sitting on this stool can help de-escalate angry patients because you are lower in the room and not towering over the patient. *Dr. Cathy MacLean*

5. Use "teachable moments" – (for crisis, dilemmas, unexpected or routine encounters) and immediately link to learning - "This illustrates ________________________" or coach the learner to make this link. *Dr. Greg Sherman*

6. Assemble a photo album of Normal Skin Conditions, which can be organized anatomically and each ranked as Ubiquitous, Very Common, Common, UN- common and Rare. *Dr. Paul Bonisteel* - has based these on 30 years of clinical experience. Example: Where would you put piezogenic papules? How frequent?

7. Present the resident with a page long list of dates and ask them to populate a Cumulative Patient Profile. *Dr. Paul Bonisteel*

8. Have the learner present the patient to you in the examining room (with the patient present) at times… The patients like it and don't mind being part of the discussion. *Dr. Scott Moffatt* (This is time saving and also illustrates to the patient and the preceptor how active the learner listened to the patient.)

9. Develop a collection of Flash Cards or Clinical Pearls/Tips. Example: A man presents with diplopia. If you had one lab test to do, what would it be? *Dr. Paul Bonisteel*

10. To focus on the difficulty of a Driver's Assessment, you can have the residents do: i) a trail making test A and B ii) have them identify 10 road signs (normal is 7 or more correct.) *Dr. Paul Bonisteel*

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11. Health Professionals commonly overlook deficiencies in their knowledge, skills and attitudes. In the initial contracting session, ask specifically "What problems have you had in your training thus far?" *Dr. Paul Bonisteel*

12. Always tell learners the day prior to any mini-CEX (Clinical Evaluation Exercise) or discussion topics, to prepare in advance. Avoid just springing these on the learner without giving time for preparation. *Dr. Carl Sparrow*

13. When appropriate, emphasize to learners that with our patients (regardless of ethnicity or SES, etc.) we are more the same than we are different. *Dr. Madeleine Cole*

14. When a patient is stressed or you are unsure what the patient's concerns or expectations are, it may be helpful to ask the question: "What bothers you the most about this? This often gets the real issue out in the open. *Dr. Susan King*

15. Review individual patient cases "in the moment" and give feedback "on the fly" to the benefit of other learners/colleagues present - ask them to share something they found interesting or learned so that the colleague also learns from a case they, themselves did not see. It also gives the learner a chance to re-iterate/teach what they have just learned. *Dr. Susan Avery*

16. Ask learners to figure out what prompted the visit – a symptom? Anxiety about a symptom? They were told to come in? Follow up or recall? Sick note? Knowing what triggered a visit can help you meet the primary need and likely quicker! *Dr. Jim Bowen*

17. Put a reminder in your exam rooms to prompt you and your learners to ask: Do you have some other concerns you would like to discuss today? *Dr. Cathy MacLean,* Heritage, J. et al. J General Internal Med. 2007; 22(10): 1429 - See the evidence on the usefulness of this one question when used in the history.