Techniques for Time Effective Teaching in General Practice

Priming and focusing history taking for General Practice

- Learners can be over inclusive in their history taking
- General Practice offers an opportunity for learners to develop skills in taking a focused history
- Learners will need guidance from GPs on what aspects to focus on
- Learners benefit from being “primed” before undertaking the history
- Learners benefit from tasks being “framed”.

Priming

This involves briefing learners prior to their involvement in a consult/task. This is often done by asking questions about how the planned consult/task will be conducted and what the main focus of the consult/task might be.

*Example: “Mr X has come for his diabetes review, just concentrate on the diabetes, you don’t need to look through PMH.”*

Framing

It is often useful to give learners a specific task and time-frame. For example, please focus on the patient’s diabetes today and do a foot exam. I will come into the room in 15 mins”. This allows the learner to achieve something with the patient in a short period of time, rather than perhaps obtaining a lengthy history that may not be of value at that point. If patients are chosen ahead of time and learners are appropriately primed and tasks framed then this minimises time-wastage.

*Example: “focus on the patient’s diabetes today and do the foot exam, I will come back in 15 mins”.*

Wave Consulting

Wave consulting describes the scheduling of learner appointments so that GP and learner can consult independently and then meet every 30 minutes to see the student and patient together. It requires the availability of a room for the learner.

<table>
<thead>
<tr>
<th>Wave Schedule (using 15 minute visits)</th>
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<tbody>
<tr>
<td><strong>Teacher schedule</strong></td>
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<tr>
<td>9:00</td>
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<td>9:15</td>
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<td>9:30</td>
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<td>9:45</td>
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Adapted from Ryan G, Lake F *Teaching on the Run* Ch 4 MJA 2007

What to do if you only have one room
• Refer to “Developing consultation skills in General Practice” handout
• Swap roles wherever possible e.g. one at the computer and one consulting and vice versa
• Get the learner to look up medications and results
• Identify aspects of the consultation that the learner can do e.g. BP, Pf, urinalysis

Identify “teaching patients”

• Studies show that many patients feel very positive about working with learners
• Identify patients with interesting histories or conditions and ask them to be available on the Tuesday when the learner is present
• Encourage patient follow-up for the Tuesday so the learner sees continuity of care

Wright H.J. Patients’ attitudes to medical students in General Practice BMJ 1974 march 2: 1 372-376

Using repeat scripts or certificates to teach pharmacology

• This can be an opportunity for learners to take histories and find out about practical pharmacology
• Learners can see “repeat scripts” before or after and focus on the reasons for taking medications, side effects, and what routine monitoring should be done.
• Learners can check the notes to see if there are outstanding actions.
• Learners can provide lifestyle coaching if relevant

Dealing with conditions that are new to the student (and or to you)

Example: Patient is on a new drug that you are not familiar with, the learner might look it up and present the information to you

Resist the mini tutorial
Ask questions instead: What do you think is going on? Why? Where could we find this out?

Saving time in the consult: lifestyle coaching and patient education

• Lifestyle coaching and patient education are time consuming in GP
• Learners are taught about this and need to practice these skills
• “Scaffold” the learning by: demonstrating how this is done observing the learner doing one allowing the learner to do work independently

Chronic disease management

✓ Learners can develop CDM plans
✓ Learners can write the outlines prior to the consultation in line with the Practice’s policy
✓ Learners can discuss the plan with the patient prior to joining the GP for the consult where the GPMP is agreed