

Take 3 – Practical Practice Pointers[©] July 1, 2019 Edition
The Summer 2019 Teaching Edition: Preparing for New Learners

From Teaching Physician

1) Orienting a Learner on Their First Day

First impressions are important -- the first day of a new learner's rotation with you sets the foundation for their entire experience. When the learner arrives, you should meet with them to outline proper expectations and introduce them to the environment, including all members of your office team. Beyond getting to know one another, good agenda topics for this first meeting are outlining one another's expectations, setting avenues for feedback, and reviewing "I'M SMARTER" goals (see Pointer #2):

Outlining expectations:

- Together, skim through the evaluation forms you need to fill out at the end of the rotation for their school/program. This way, you both are aware of any specific educational needs or requirements. This will also help you both understand how the learner will be evaluated.
- Review any office policies that are relevant to the learner.
- Define the level of involvement that is expected with patients, the anticipated patient load, and when the learner should involve the preceptor.
- Let the learner know the characteristics of the patient population your office sees.
- Discuss guidelines for documentation and presentations.

Setting avenues for feedback:

- How often will feedback be given? Will you be open to feedback as well? If so, how will that occur?
- In what settings will it be offered? Real-time, one-on-one, mid-point meetings?
- What is your feedback style? This is a great time to disclose your supervisory style to the learner.
- Are there any times where it is inappropriate for the learner to ask questions?

Reviewing "I'M SMARTER" goals (see Pointer #2):

- Talk with the learner through each goal to ensure they know what they will and will not have the opportunity to do and to be certain their goals are reasonable for the rotation.
- Ask if they are comfortable sharing these goals with the other clinicians and staff they may be working with and share accordingly.
- If you have goals as an educator, share those with your learner and ask for feedback.

My Comment:

Other thoughtful tips to make your learner feel at home:

- A few days before the learner arrives, send out an email to your colleagues and clinic staff announcing their arrival with a few fun facts: what school or town they're from, what they do for fun, personal motto, picture if you have one, etc.
- Make sure they know where to park and how to enter/exit the building.

- Give the new learner a tour and introduce them to everyone they'll be working with (if possible).
- Remember, you're welcoming them into your practice culture and in many cases, providing them a "first impression" of Family Medicine/Primary Care. For someone new, even knowing about places to get lunch/food are important.
- Having a learner also provides a wonderful opportunity to explicitly assess your practice culture. We'll be looking at this again in future editions of Take 3.

Reference:

Modified from Teaching Physician. Orienting a Learner. Society of Teachers of Family Medicine. Retrieved from: <https://www.teachingphysician.org/content/orienting-a-learner>

From the University of California & Mark Greenawald

2) Teaching Learners How to Set "I'M SMARTER" Goals

"SMART" is a widely-used acronym to aid in goal-setting. Its purpose is to clarify exactly what is expected and the measures needed to determine whether or not the goal has been achieved. As an expansion on the "SMART" goal framework, Dr. Greenawald created "I'M SMARTER" goals to help us take our aspirations to the next level, recognizing that the SMART acronym did not provide an explicit way to examine the "motivators" for a particular goal. Goals that have "emotional buy-in" are much more likely to be achieved, whether health or educational goals.

I	Inspiring	How is this goal uplifting and emotionally compelling?
M	Motivating	How will this goal help overcome the present entropy and daily compel you and/or others to want to "move" to a new place?
S	Specific	What will be accomplished? What actions will you take?
M	Measurable	What data will measure the goal? How much?
A	Achievable	Is the goal doable? Do you have the necessary skills and resources?
R	Relevant	How does the goal align with broader goals? Why is the result important?
T	Time-Bound	What is the time frame for accomplishing the goal? "By when?"
E	Energizing	How will working toward this goal energize you and/or others?
R	Rewarding	How will achieving this goal be rewarding for you and/or others?

Examples:

NOT an "I'M SMARTER" goal:

"I will continue working on agenda-setting with patients."

A detailed "I'M SMARTER" goal:

“I will set an agenda with at least 10 patients during this rotation. I will ask the patient at the beginning of the visit about the main concerns and their specific requests for the visit, and then share what I hope to achieve. From there, I will negotiate with the patient and/or schedule additional appointments if necessary. It is important to me to improve this skill because patients deserve my undivided attention. If I am focused on the most important concerns for the patient during each visit, I will be able to manage my time in the room better. I will feel better about my care if I know I’m addressing all concerns with the amount of time each issue warrants, and patients will be more satisfied with the depth of care they are receiving.”

Tips:

- Use action verbs and clear, specific language
- Ask yourself how you will reach your objectives and how you will know when you got there. If you can’t answer these questions, then your objectives are probably not specific enough.
- Focus on using positive language -- rather than focusing on what you haven’t been successful in thus far, focus on how achieving this goal will benefit you and others in the future!

My Comment:

Strong goals usually begin with a learner’s self-assessment. The learner should consider what areas they need the most improvement, and then should give thought to how the experience gained in your office will interplay with those areas. From there, they should prioritize what they would like to achieve, and begin crafting those “I’M SMARTER” goals. The **attached** worksheet can serve as a great template you can send to learners prior to their coming so you can review together in that first meeting. This way, you know area(s) the learner is aiming to improve upon and some experiences they are hoping to gain from the rotation. This will allow you to create appropriate expectations at the start, ultimately setting both you and the learner up for success. As a bonus, create “I’M SMARTER” goals for yourself as a teacher -- sharing with the learner how you want to improve and seeking feedback from them throughout the rotation creates quite the atmosphere of respect.

References:

- University of California. SMART Goals: A How-To Guide. Performance Appraisals Planning 2016-2017. [Link](#)
- Greenawald, Mark. “I’M SMARTER Goal-Setting Worksheet.” Unpublished. First presented at the AAFP Chief Resident Leadership Development Program May 2014.

From the Literature

3) Creating and Optimizing Clinical Learning Environments

In the clinical setting, time is the most cited barrier to teaching. When a learner begins the rotation, it is important to have a process for managing clinical workflow in order to create adequate time for education. By enhancing efficiency, you will be able to teach and model the multi-faceted areas that are necessary for clinician success. For resident physicians, these include: patient care, medical knowledge, systems-based practice,

practice-based learning and improvement, professionalism, and interpersonal & communication skills. In trying to optimize that learning time, it is recommended to reflect on the learner's impact on the office flow prior to their arrival.

Consider the following as you manage the clinic workflow:

- Patient and staff perspectives of the learner/their abilities
- How to identify patients who may not want a learner present and how to manage that interaction appropriately
- The amount of time will you allot before going into the room to confirm the history
- How many patients the learner will see each session (ideally)
- Structure of the day (it's a good idea to meet with the learner and staff in the morning to review)
- Specific aspects of patient care that would provide opportune learning experiences

My Comment:

As you consider your workplace setting, it is important to keep in mind that the learner is consistently entering new learning environments. For many, this can be overwhelming and exhausting. A setting that is welcoming, well-organized, and has clear expectations relieves much of that anxiety and allows for more trust to be built between the learner and the preceptor. The clinical learning environment is powerful - it provides a unique and valuable set of opportunities for instruction that a classroom cannot. Don't let that thought slip as you consider your role in the learner's medical education.

References:

- Heidenreich C, Lye P, Simpson D, Lourich M. The search for effective and efficient ambulatory teaching methods through the literature. *Pediatrics*. 2000;105(Supplement 2):231-7.
- Westberg J, Jason H. Collaborative clinical education: the foundation of effective health care. Springer Publishing Company; 1992.

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

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