

# Innovative Methods



The following is a list compiled from the results of the March 26, 2004 EOQ survey on innovative methods for educating students in the busy clinic. This is by no means exhaustive and after the discussion today, the clerkship team will put together a short list of 4 or 5 innovative teaching and time saving methods to be used as a reference tool.

## Innovative Methods for Teaching

- Having med student work with geriatrician faculty in comprehensive geriatric assessment clinic – one entire afternoon looking at multiple geriatric syndromes, how to fill gaps and coordinate care
- Try to vary my critique and suggestions on their patient presentation and findings to specific portions of the presentation (e.g. just their exam findings or just their conclusion and plan) rather than critique of the entire presentation of each patient
- Time spent off-site seems to invigorate students to think outside the box. We have students go to the Indian Health office and Secret Harbor, a juvenile rehab school. After those visits, a recent student commented on how parental teaching and upbringing really influences a child. He was more empathetic toward those difficult to reach, troubled children. This was a priceless lesson that could not have been taught in a classroom.
- Nothing special – try to spend a lot of time getting students to see the patient as a person, the importance of people-social issues in the treatment of patients. I try to limit medical treatment to one issue for discussion to save time.
- Group visits – adolescent OB, diabetes group visits
- Try to have a student follow a patient through care. We use videotaping of clinical interview to help with organization of time – review tape with Larry Mauksch. Use multiple providers to experience different practices and styles of care as well as expertise.
- Exam findings at Long Term Care
- Have student observe me
- Have student write consult letters

## Innovative Methods for Managing Time

- Have student look up items for me and information for patients.
- Wave schedule – student sees a longer visit patient during workup I may see 1-2 acute/short visits to maintain flow or number of visits.
- Assign students 3 patients per half day that they can spend plenty of time with. Then I see other patients without falling behind.
- Following me to see certain patients by observing only, then involving them in developing assessment plans.
- Do callbacks to patients that the student has seen
- Call back specialists to whom the patient has been referred, but from whom they have not yet heard back
- Write the patient's letter of referral to a specialist or actually call the specialist to make an oral referral of the patient to another health care provider such as a consulting physician or visiting nurse
- Ask them to research a recent patient problem online. Suggest working up a noon didactic session to present.
- See patients together.

- Save time: divide up patients between the two of us
- Get them to research something for me.
- Read an article
- I actually steer them toward a more complicated or more needy patient. Then I can see a few while they are in with one that then takes less of my personal time.
- Have them look up a patient case.
- Handout on Healthnet or look up a topic on “Up to date” we have just discussed while I see 1-2 patients to catch up.
- 3rd year – work on dictation
- 4th year – research an issue they saw in a patient today
- Mostly we just stay behind