Using Microteaching to Enhance Learning in Practicum, Internship, and Field Work

Jodi Polaha, PhD, Professor, Director of the ETSU Institute for Integrated Behavioral Health
Matthew Tolliver, PhD, Associate Professor, Assistant Director of the ETSU IIBH

1/8/24

Learning Objectives

1. Describe an innovative way to deliver brief targeted teachings

2. List 5 microteaching skills

3. Discuss ways of using microteaching in various educational contexts.

Let us know

Type into the chat ...

- One internship or field work site that you oversee/supervise.

- Who does the onsite supervision/teaching (you or someone else)?

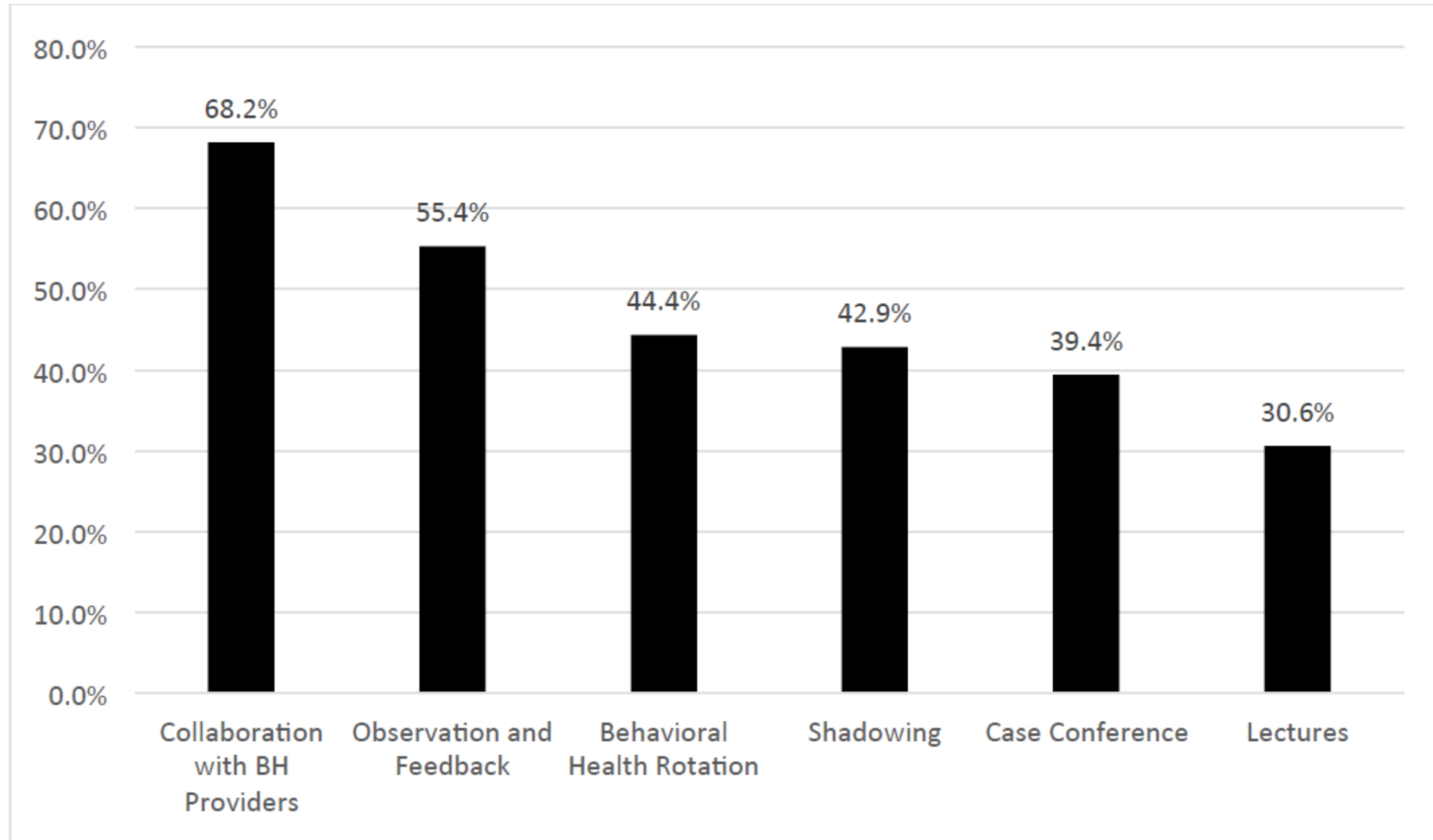- Tell us one or two key competencies that you hope the student learns at the site.

Discuss:

- How are students taught these competencies while they are at their placement?

IIBH Clinical Teaching

Figure 2: Residents' Perceptions of Different Learning Modes for Providing Behavioral Health Care*

* Residents rated each learning mode for behavioral health on a 10-point numeric scale: 0 (not valuable) to 10 (most valuable activity). The y axis is the percentage of residents ranking mode as 8 or higher on 10-point scale. Statistical significance of proportional differences assessed using One-way ANOVA with an F statistic 4.25 and P value of <.001.

Adult Learning Theory

- "Adults attach more meaning to learning gained from experience than from passive learning." -Malcolm Knowles

Knowles 4 Principles of Andragogy

- Adults need to be involved in the planning and evaluation of their instruction.
- Experience (including mistakes) provides the basis for the learning activities.
- Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
- Adult learning is problem-centered rather than content-oriented. (Kearsley, 2010)

Residency Program Challenges

- Teaching: When to do it?

- Learning: Will it stick?

- Patient Care: Caring for our patients while integrating teaching and not getting behind!

- Real time teaching and learning works!

Microskills of Teaching
"The One Minute Preceptor"

Inclusion of Microskills

1. Get a **commitment**

2. **Probe** for supporting evidence

3. Teach **general** rules

4. **Reinforce** what was done right

5. **Correct** mistakes

How would you apply to your setting?

Five-step Microskills Model of Clinical Teaching

- Step One: Get a Commitment
  - "What is your assessment and plan?"
  - "What do you think is going on with this patient?"

Five-step Microskills Model of Clinical Teaching

- ## Step Two: Probe for Supporting Evidence

  - "What led you to that diagnosis?"

  - "Why did you choose that course of treatment?"

  - "What led you to make that decision?"

Five-step Microskills Model of Clinical Teaching

- ## Step Three: Teach General Rules

  - "An ADHD diagnosis requires symptoms and impairment in multiple settings. The Vanderbilt is a screening tool that can help assess for ADHD, but it is only valid for ages 6 and up"

  - "If the patient is under age 6 and has ADHD, behavioral interventions are recommended as the first line treatment."

Rule of thumb

Five-step Microskills Model of Clinical Teaching

- ## Step Four: Reinforce What Was Done Right

  - Take the first chance you find to comment on: 1) the specific good work and 2) the effect it had.

  - "You did a great job of building rapport with the child and mom. They seemed really comfortable talking with you and sharing their story."

Five-step Microskills Model of Clinical Teaching

- ## Step Five: Correct Mistakes

  - "You forgot to ask about how much sleep the child was getting. It turns out he was only getting about 6 hours per night, which could explain some of his behavioral symptoms. Be sure to always ask about this when considering ADHD."

Summary

- Teaching encounters do not need to be long to be helpful

- The best teaching involves listening and diagnosing your learner before offering your wisdom/insight
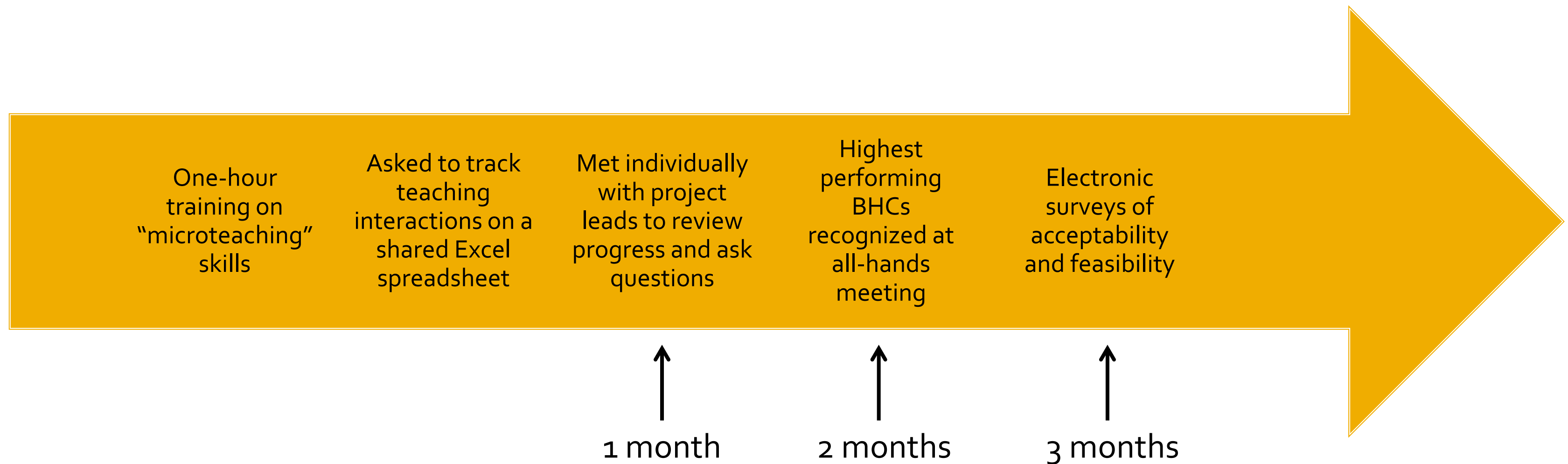
Pilot Project:

Interprofessional microteaching: An innovation to strengthen the behavioral health competencies of the primary care workforce

Matthew Tolliver [1], Aubrey R Dueweke [2], Jodi Polaha [3]

Method

- Participants: BHCs (n = 12) from five resident training clinics
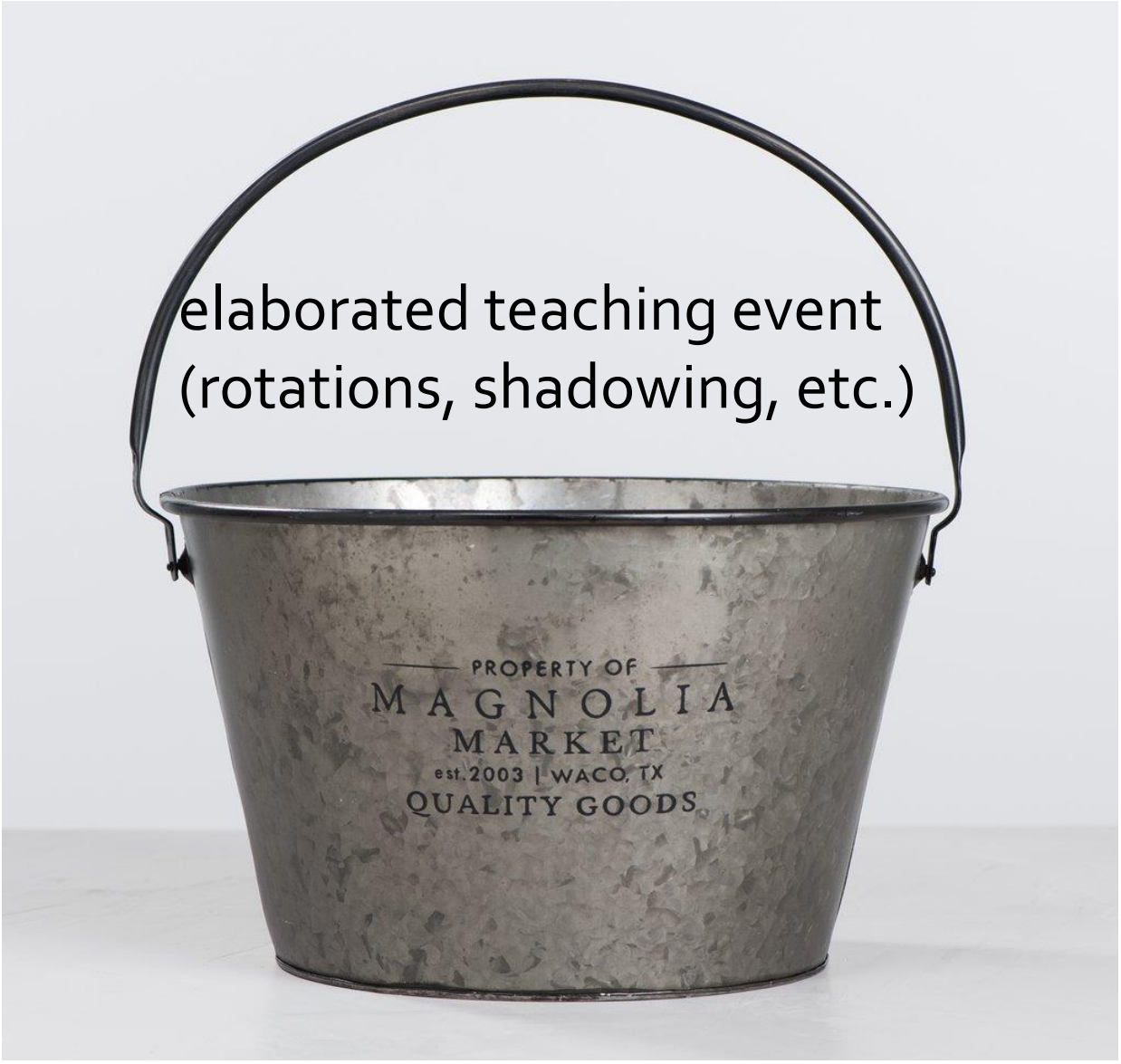
One-hour training on "microteaching" skills

Asked to track teaching interactions on a shared Excel spreadsheet

Met individually with project leads to review progress and ask questions

Highest performing BHCs recognized at all-hands meeting

Electronic surveys of acceptability and feasibility

1 month   2 months   3 months

Types of Clinical Teaching

micro teaching event

microskills precepting

elaborated teaching event (rotations, shadowing, etc.)

Reach and Settings for Clinical Teachings

In nine months, BHCs provided **649** teaching interactions with 87 out of 99 residents (87.9%)

n = 39 (6.0%)

n = 98 (15.1%)

n = 142 (21.9%)

n = 357 (55.0%)

Warm Handoffs
Curbside Consultations
Debriefs
Team huddles
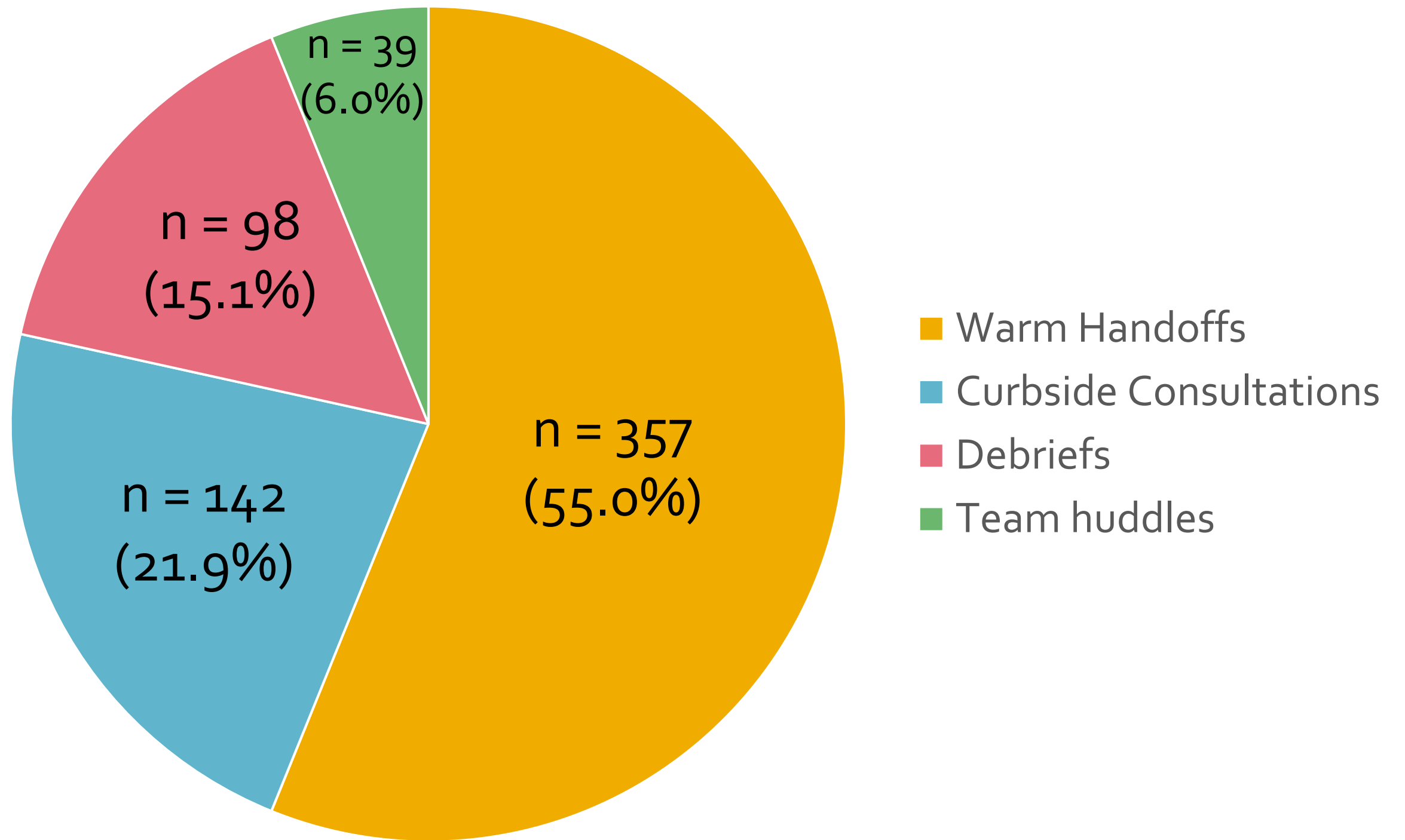
Types of Clinical Teachings
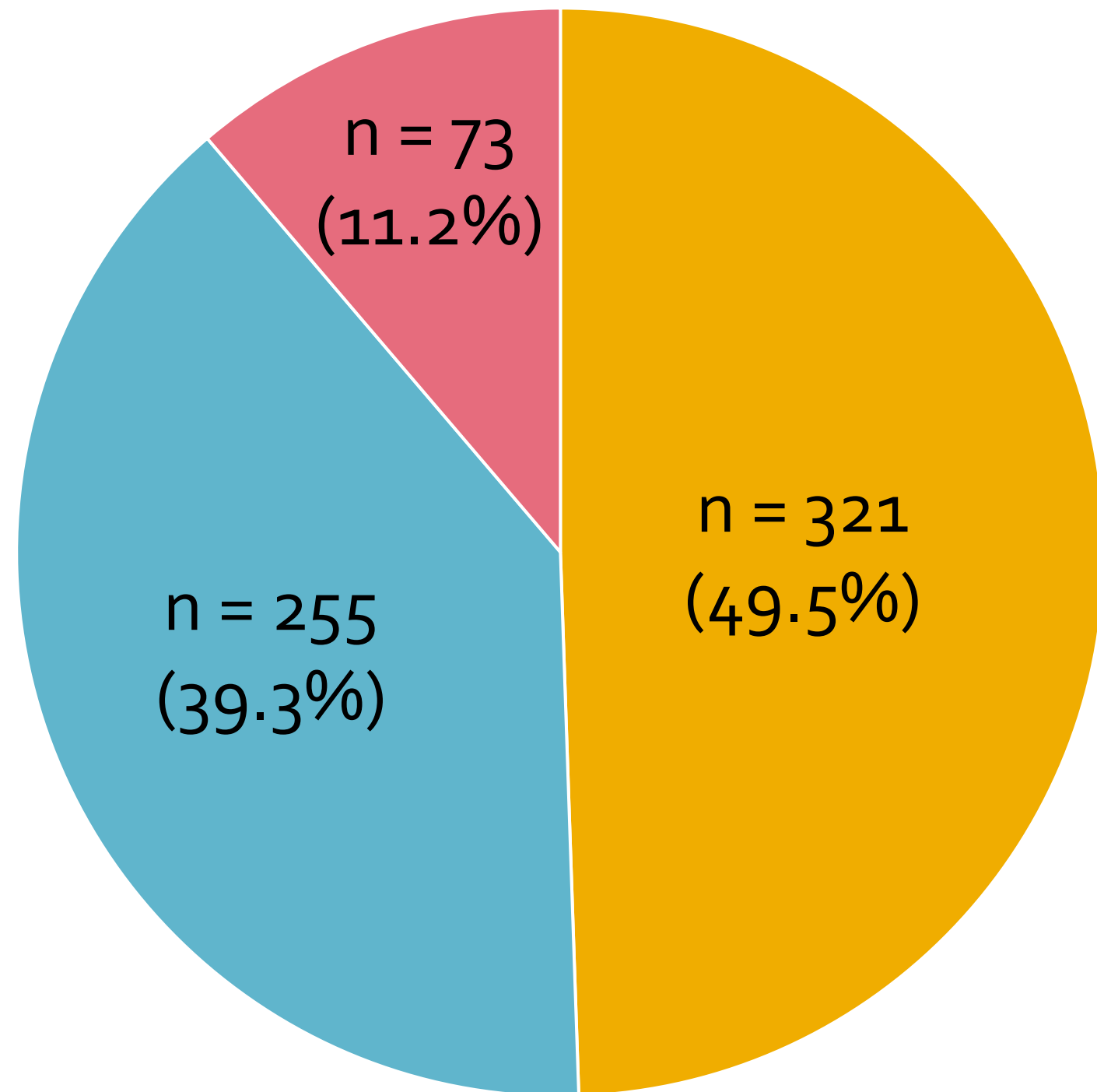
- Level 1 = lasting 2 minutes or less
- Level 2 = lasting 3-10 minutes
- Level 3 = elaborated teaching w/ observation

Acceptability to Residents (n = 49)

Question	Number of respondents by Likert scale score					% giving ratings of 4 or 5
	Completely Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Completely Agree (5)	
The current process of learning from BHCs while I am in clinic meets my approval	0	0	3	18	28	93.9%
The specific topics I learn about from the BHCs are appealing to me	0	2	6	22	19	83.7%
I like the length of the BHCs' clinical teaching interactions with me	0	2	5	23	19	85.7%
I welcome learning through collaborating with a BHC on a patient's care	0	0	2	16	31	95.9%

Acceptability of Intervention Measure (AIM; Weiner et al., 2017). Cronbach's alpha = 0.84

Acceptability to Residents

- *"Invaluable interactions which streamline and optimize patient care and enhance learning."*

- *"[I] much prefer clinical teaching through patient interaction with the BHC over formal didactics/lectures."*

- *"[The BHC] does a great job in our clinic! I've learned a lot from him, and I'm very thankful that we have him and the others on our BH team!"*

Acceptability to BHCs (n = 11)

Question	Number of respondents by Likert scale score					% giving ratings of 4 or 5
	Completely Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Completely Agree (5)	
Using microteachings to provide training in behavioral health to residents in clinic meets my approval	0	0	1	4	6	90.9%
Having a teaching role in addition to being a BHC is appealing to me	0	1	0	3	7	90.9%
I like the length of the microteaching interaction	0	0	2	5	4	81.8%
I welcome teaching through collaborating with a resident on a patient's care	0	0	1	4	6	90.9%

Acceptability of Intervention Measure (AIM; Weiner et al., 2017). Cronbach's alpha = 0.84

Clinical vs non-clinical applications

Group work

Clinical Teaching

Huddle

Hi I'm Dr. Polaha, your Behavioral Health Consultant this afternoon. Looks like we have a few patients with diabetes coming in this afternoon. You'll probably find yourself wanting to talk about lifestyle change around regimen. Remember, depression is comorbid with diabetes in about 2/3 of patients; so it's hard for these patients to make changes. Let me know if you want some coaching or a warm handoff around motivational interviewing.

Clinical Teaching

Brief Curbside Consultation

So the patient is still smoking and seems depressed but overall seems pretty functional. How willing are they to discuss their smoking? What are some key MI questions you could ask to get that conversation going?   (handout)

Clinical Teaching

Warm Handoff

Patient seems pretty motivated to quit but you have other patients waiting. No problem. Let me talk them through a smoking cessation program. What should I do first? That's right, talk about some of the "pros" you identified in your conversation as "values" and get them excited to move in a positive direction. Then what? Well, actually, a great first step in habit reversal is awareness training. We will do that by having them take some data. I'll circle back after I see them and we can talk more.

Clinical Teaching

Debrief

I just saw your patient to discuss smoking cessation and she was able to identify her energy levels and being there for her children as two big motivators for change. She was willing to take data on her smoking. She will return next week for visit with labs per your instruction – wondering if you can ask – "were you able to keep some data on your smoking last week?" Focus on values for health and family as key motivators for doing hard things! Remind her I will see her in one month for follow-up when she is back in with you. We may be able to focus on the next step of habit reversal training – teaching a competing response.

Practice and Adapt to Your Setting

Questions?