

## Annotated Bibliography

### Teaching in the Ambulatory Setting

Sara Fazio, MD

Susan Frankl, MD

Alguire PC, DeWitt DE, Pinsky LE, Ferenchick GS. Teaching in Your Office. A Guide to Instructing Medical Students and Residents. Philadelphia, PA: ACP, 2001.

*This book is a comprehensive resource for physicians interested in improving their techniques in office-based teaching while maintaining the efficiency of their practice. It covers teaching skills in a succinct format that allow busy clinicians to easily identify chapters that address their specific needs.*

Lesky LG, Hershman WY. Practical approaches to a major educational challenge. Training students in the ambulatory setting. *Arch Intern Med.* 1995 May;155(9):897-904.

*This article explores the obstacles program planners and preceptors confront in their effort to train students in ambulatory medicine. The authors discuss the unique learning requirements of third-year students, the elements of a quality training environment, and the necessary precepting skills. They propose a model for ambulatory education that focuses on strengthening the ties between academia and community training sites.*

McGee SR, Irby DM. Teaching in the outpatient clinic. *JGIM.*1997 Suppl 2: S34-40.

*Based upon cited literature and years of experience teaching and observing trainees in a variety of ambulatory settings, the authors offer several principles that can make outpatient teaching effective, gratifying, and fun. They address the practical aspects of teaching in the clinic related to preparing the learner for the patient's visit, teaching during the visit and teaching after the patient has left the clinic.*

Regan-Smith M, Young WW, Weller AM. An efficient and effective teaching model for ambulatory education. *Acad Med.* 2002 Jul;77(7):593-9.

*Based upon their experience in 3 different settings, the authors provide suggestions on practice redesign including parallel scheduling of patients, pre-rotation learning and learner competence certification enabling learners to become active members of the patient care team by involving them in such tasks as patient intake, histories and physicals, patient education, and monitoring of patient progress between visits. They report improved preceptor productivity and on-time efficiency as well as direct observation of learners by preceptors.*

Skeff KM. Enhancing teaching effectiveness and vitality in the ambulatory setting. *J Gen Intern Med.* 1988 Mar-Apr;3(2 Suppl):S26-33.

*Considered a classic in the medical education literature, the article describes a seven-component framework for analyzing the clinical teaching process and improving teaching effectiveness in the ambulatory setting.*

Wolpaw TM, Wolpaw DR, Papp KK. *SNAPPS: A learner-centered model for outpatient education. Acad Med.* 2003 Sep;78(9):893-8.

*The authors of this article have developed a collaborative, six-step model for case presentations in the outpatient setting that links learner initiation and preceptor facilitation in an active learning conversation.*

Whitcomb, ME. Ambulatory-based clinical education: Flexner revisited. *Acad Med.* 2006 Feb;81(2):105-106.

*The author describes the importance of a balanced model of education, with increased emphasis on a strong and well developed ambulatory model, providing supporting evidence from the words of Flexner at the turn of the century.*

Ferenchick G, Simpson D et al. Strategies for efficient and effective teaching in the ambulatory care setting. *Acad Med.* 1997 Apr;72(4):277-80.

*The authors highlight successful techniques for improving outpatient teaching and describe five strategies to improve the efficiency and process of education in the time limited high volume ambulatory setting.*