Precepting Medical Students in Clinic
Overview

- Community Preceptors
- Preparation
- Precepting techniques
- Ways to be efficient
Community Preceptors

- One-on-one teaching in an office setting
- Role modeling
- Majority of care provided in a clinic setting
1,000 persons
800 report symptoms
327 consider seeking medical care
217 visit a physician’s office (113 visit a primary care physician’s office)
65 visit a complementary or alternative medical care provider
21 visit a hospital outpatient clinic
14 receive home health care
13 visit emergency department
8 are hospitalized
<1 is hospitalized in an academic medical center

Note: All numbers refer to discrete individual persons and whether or not they received care in each setting in a typical month

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Community Preceptors

- One-on-one teaching in an office setting
- Role modeling
- Majority of care provided in a clinic setting
- Offers more “real world” experience
- > 95% of medical schools use community preceptors
Community Preceptors

- Students scores are the same on clerkship tests, USMLE exams
- More opportunities for continuity, communication skills, interpreting test results
- Students rate their experience higher in a community experience
Preparation

- Before the learner arrives
- When the learner arrives
- Scheduling
- Organizing the office visit
Before the learner arrives

- Clerkship curriculum – goals and objectives
- Prepare staff – learner’s role
- Prepare patients – information about learner
- Know person to contact at School for any issues or questions
- Know what you are required to do
When the learner arrives

- Orientation to clinic
  - Introductions to staff
  - Tour
  - Clinic flow
- Get to know the learner
- Review the schedule
- Review clinic policies and procedures
Scheduling

- Adjust clinic schedule to allow for teaching
- Wave scheduling
- Double scheduling
<table>
<thead>
<tr>
<th>Time</th>
<th>Original Schedule</th>
<th>Learner’s Schedule</th>
<th>Preceptors Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:20</td>
<td>Patient A</td>
<td>Patient A</td>
<td>Patient B</td>
</tr>
<tr>
<td>8:20-8:40</td>
<td>Patient B</td>
<td>Patient A</td>
<td>Patient A</td>
</tr>
<tr>
<td>8:40-9:00</td>
<td>Patient C</td>
<td>Writes note</td>
<td>Patient C</td>
</tr>
<tr>
<td>9:00-9:20</td>
<td>Patient D</td>
<td>Patient D</td>
<td>Patient E</td>
</tr>
<tr>
<td>9:20-9:40</td>
<td>Patient E</td>
<td>Patient D</td>
<td>Patient D</td>
</tr>
<tr>
<td>9:40-10:00</td>
<td>Patient F</td>
<td>Writes note</td>
<td>Patient F</td>
</tr>
<tr>
<td>10:00-10:20</td>
<td>Patient G</td>
<td>Patient G</td>
<td>Patient H</td>
</tr>
<tr>
<td>10:20-10:40</td>
<td>Patient H</td>
<td>Patient G</td>
<td>Patient G</td>
</tr>
<tr>
<td>10:40-11:00</td>
<td>Patient I</td>
<td>Writes note</td>
<td>Patient I</td>
</tr>
<tr>
<td>11:00-11:20</td>
<td>Patient J</td>
<td>Patient J</td>
<td>Patient K</td>
</tr>
<tr>
<td>11:20-11:40</td>
<td>Patient K</td>
<td>Patient J</td>
<td>Patient J</td>
</tr>
<tr>
<td>11:40-noon</td>
<td>Patient L</td>
<td>Writes note</td>
<td>Patient L</td>
</tr>
</tbody>
</table>
Organizing the office visit

- Select appropriate patients
- Review with learner and staff
- Plan in advance with learner expectations for visit
- Let patient know learner is working with you
- Allow student to see patient
Precepting techniques

- One Minute Preceptor
- One Minute Observation
- Modeling Problem Solving
- Presenting in the Room
One Minute Preceptor

- Diagnose the patient
- Diagnose the learner
- Teach
Five Microskills

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Reinforce what was right
- Correct mistakes
Commitment

- “Why do you think the patient has been non-compliant?”
- “What would you like to accomplish in this visit?”
- “What do you think is going on with this patient?”
Commitment

- It is not offering your own opinion.
- It is not asking for more data nor is it leading the learner to the right answer.
Supporting Evidence

- “What were the major findings that led you to this conclusion?”
- “What else did you consider? What kept you from that choice?”
- “What other questions are arising in your mind?”
- “What are the key features of this case?”
Supporting Evidence

- It is not list making nor an oral grilling.
- It is not a judgment on the student thinking.
- It is not your own opinion on the case.
- It is not asking for more data about the case than what was presented.
If the patient only has cellulitis, incision and drainage is not possible. There must fluctuance to be able to drain it.
Teach General Rules

- It is not the answer to a problem.
- It is not an unsupported, idiosyncratic approach.
What was Right

- You are absolutely right.
What was Right

- Obviously you considered the patient’s finances in your selection of a drug. This will certainly help the patient’s compliance.
Correct Mistakes

- You did what?!
Correct Mistakes

- You can’t be sure the child has otitis media unless you have examined the ears.
One Minute Observation

- Decide on one clinical skill to observe
- Let patient know what will occur
- Observe the learner
- Leave the room and allow learner to finish with patient
- Provide immediate feedback to learner
- Review patient/treatment with learner
Modeling Problem Solving

- Learner sees patient
- Learner presents patient
- Preceptor “thinks out loud”
  - Diagnosis
  - Treatment options
- Helpful with complicated patients
Precepting in the Room

- Learner sees patient
- Preceptor and learner return to room together
- Learner presents in front of the patient
- Preceptor asks clarifying questions and does physical exam
- Treatment plan reviewed
Ways to be efficient

- Precepting in the Room
- Collaborative Examinations
- Active Observation
- Service Based Education
Collaborative Examinations

- Learner and preceptor go in the room together
- Learner obtains the history while preceptor documents the history
- Physical exam is accomplished together
- Treatment plan developed and explained
Active Observations

- Prepare the learner for what to observe
- Learner observes clinical visit
- Specific area observed discussed after patient leaves
- Learner practices what was learned in future patient encounter
Service Based Education

- Educating the patient
- Follow up phone calls to patients
- Researching information for a patient
- Quality improvement projects
Conclusions

- Community Preceptors
- Preparation
- Precepting techniques
- Ways to be efficient
Questions?