

SUMMARY OF "HOW TO BE AN EFFICIENT AND EFFECTIVE PRECEPTOR"

1. Establish a teaching environment.

Begin with the attitude that students are value-added and can offer a lot to patients and the practice. This attitude is likely to spread to partners and practice staff.

Clinical and office staff can help make the student comfortable in the new environment:

- Have a staff member orient the student to the practice on the first day. Answer questions like "Where should I park?" "Where's the bathroom?" and "Who are the staff?"
- Determine what the student's administrative needs will be (computer training, identification badge, etc.). Make sure someone is assigned to take care of these things before the student arrives.
- Pay special attention to providing students with access to patient records and other information critical to their education. Make sure students have necessary computer passwords as well.
- Consider the practice environment in regard to student needs. Having a desk and a place for students to work and leave their personal things helps welcome them. Also consider these things: Are there enough computers for the student to have a workstation? Laptops and wireless Internet access may be needed. Are there enough exam rooms to accommodate the student? If there are limited exam rooms, the student can take patient histories in a private, non-exam area of the clinic before the patient is roomed.

Adjust your patient schedule to improve efficiency and the quality of the student's education:

- Have the student come in early to see a patient and "prep" him or her for the preceptor.
- Block 15 minutes in the morning and/or afternoon schedule for student review and teaching.
- Double-book your first appointment, and block your last appointment. This allows you and your student to start seeing patients at the same time, and it provides catch-up time at the end of the day.
- Book urgent care visits and complex visits simultaneously. You can conduct one or more brief visits while the students sees a patient with more complex problems.
- Be flexible. Occasionally you may need to ask the student to do other work while you see several patients in a row, either because of the nature of the visits or because you need to catch up.

At the beginning of each day the student is in the office, review the schedule and consider which patients you'd like to include in the student's schedule. Selections should be based on patient and visit type and the student's educational needs. Have the staff member rooming the patient ask whether it is OK if a student conducts the visit. When possible, plan any follow-up appointments with these patients for a day when the student is in the office. This continuity gives students the opportunity to discover whether treatment plans they helped develop are working.

2. Communicate with everyone involved.

With the student, go over the student's expectations and goals, as well as those of the educational program, the preceptor and the practice.

Provide the student's educational program with timely feedback on the student. Preceptors should immediately convey any concerns about a student to the educational program.

Ask for timely feedback from the educational program. Make sure you understand the expectations of the educational program for the student's experience, and adjust your teaching according to student feedback.

Feedback is necessary for evaluation, and it can prevent repetitive, time-wasting mistakes. Be sure to provide students with continuous feedback, and ask them about their experience with questions such as, "Is there a different way that I could teach to help your education?"

Students and preceptors should communicate early and frequently regarding expectations, goals, and learning and teaching styles. This saves time and prevents frustration. Soon after their rotations begin, start talking with students about their progress and the extent to which they are meeting their educational goals.

Have students keep track of what types of patients they have seen and which procedures and clinical activities they have seen and done. Ask, "Is there any type of patient we need to have you work with today?" This helps students focus on their goals and helps you focus on meeting their needs.

Ask students questions that elicit reflection, such as, "What did you learn today?" These discussions could direct future sessions or independent research topics.

Supportive colleagues can also enhance the student's educational experience. Be sure to let your colleagues know if the student needs experience with certain procedures or diseases. You could say something like, "The student needs more work with diabetic patients. Could you let us know if you see any opportunities for that today?"

3. Tailor your teaching to the student's needs.

Adapt your teaching to each student's educational needs, goals and learning style. Doing this boosts the quality of the student's education and helps you to remain efficient.

Here are some suggestions for ways the two of you might share patient visits and structure learning opportunities:

- Observe the student for an entire patient visit. Create your note while the student takes the history, and ask additional questions or assist with the exam only as necessary.
- See the patient after the student presents the history to you but before the exam is completed. Medicare's billing and coding rules permit students to document the review of systems and past, family and social history. For more on student documentation rules, see the full version of the article at <http://www.aafp.org/fpm/2010/0500/p18>.
- Take the history while the student listens, and have the student perform the exam while you observe. Then repeat the exam and redocument it as required by the Medicare guidelines.
- Have the student observe an entire encounter between you and a patient. This is especially beneficial if you have the opportunity to demonstrate specific interviewing or exam techniques.
- Use the classic teaching method if time allows. Have the student see the patient, leave the exam room and present to you, then return with you to see the patient. This method can be time-consuming, but it allows the student autonomy that other styles may not achieve. If there are enough exam rooms, you can see other patients while the student is conducting the visit and formulating a plan.

Don't have students see every patient you see. Having students see two or three patients where they are involved in the whole encounter reinforces learning better than merely observing multiple brief interactions.

Give students time to process information before they present. While they gather their thoughts or formulate a plan, see another patient, write a note or answer a call.

4. Share teaching responsibilities.

Students don't need to spend every minute of the day with you to advance their education. Preceptors, partners, staff, patients and students themselves can all be part of the teaching team. Here are some ways to get other members of the teaching team more involved:

- Ask other physicians for help. If they are receptive, consider rotating preceptors each month or each day.
- Ask nurses and medical assistants to teach students to administer injections, perform lab tests, obtain ECGs, complete blood draws, etc.
- Ask office staff to orient students to the business side of family medicine.

Here are some ways to encourage the student to be more involved:

- Have the students teach you more about a subject you'd like to study. You could say, "I don't know much about this disease. Would you read up on it and teach me before our next clinic? Be sure to include your resources."
- Have students create or update patient information resources (e.g., one-pagers on common issues). Preceptors can share these student-made resources with patients and future students.

Know when to answer a student's question and when to have the student find the answer on his or her own. Encourage self-directed learning. Give students examples of what to do when they aren't with you, such as start the next visit, review a chart or look up a question.

5. Keep observation and teaching encounters brief.

Dividing observation and teaching into short, focused time segments helps you fit precepting into a busy schedule. Observing student history-taking or exam skills in two- or three-minute segments enables you to assess ability and progress without getting behind on patient care. Teaching can be broken into short, focused interactions as well. Try these tips:

- Don't lecture on every patient visit. In fact, you may not need to lecture on any of them. When you do teach concepts, emphasize key teaching points and avoid lengthy discussions.
- Give feedback on individual exam skills. For example, focus only on the student's ear, nose and throat exam for one week.
- Teach portions of a procedure over time. For example, have students provide a patient's digital block/lidocaine injection one day and remove another patient's toenail on a different day.

Focus on one aspect of a patient encounter. For example, for a patient who complains of shortness of breath, ask the student to focus on the HPI only; for a patient who has asthma, focus on patient education; for a patient with a new rash, focus on the physical exam.

6. Broaden student responsibilities.

When you think the students are ready to maximize their education and fully utilize their skills in patient care, try these ideas:

- Have students document their reflections after seeing a patient and summarize learning points.
- Ask students to look up answers to patient questions. For example, during a patient visit you might say, "Mrs. Smith, I don't know the answer, so our student will look that up, and we will get back to you this week." After the student has found the answer and discussed it with you, have the student call the patient or send the answer via e-mail.
- Review patient test results and treatment plans with students, and then have the student call the patient to give test results and follow-up instructions. Chart or complete other paperwork next to the student during the call so that you can verify the accuracy of the message and give feedback as needed.
- Have students facilitate ancillary services (make necessary phone calls to the lab, communicate with therapists, etc.).
- Have students provide patient education and direct patients through the rest of their office visit while you move on to the next patient.
- Have students help improve chart details. Students can sit with patients to review and update medication lists, preventive screening schedules, histories and problem lists. When you see the patient, you should quickly review the student's notes with the patient.
- Give students clinical tasks such as administering questionnaires or helping with blood draws.
- Have students assist with patient flow by rooming patients and taking vital signs.

As you expand the student's responsibilities, be sure not to repeat tasks you've entrusted him or her to do, unless billing and coding guidelines require it. In such cases, you can confirm and clarify: "Mrs. Smith, my student tells me that your headaches began about one week ago. Is this correct?"

The more responsibility a student can take on, the more he or she can contribute to patient care. This makes the student more valuable to you and the clinic, and makes the experience more valuable to the student.