

The Highly Effective LIC Preceptor: Best Practices as Described by Students and Preceptors

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Leadership. Curiosity. Commitment.

Learning Objectives

- Apply an evidence-based approach to adapt your precepting to the LIC model
- Develop impactful LIC feedback and goal setting strategies
- Support LIC student autonomy and growth in skills
- Integrate students into healthcare teams & empower interprofessional teachers

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Methods

- Multi-site qualitative study
- Focus groups
 - Denver Health & Colorado Springs Branch
 - 5 student groups: MS4s & MS3s
 - 8 faculty groups
 - *FM, IM, Pediatrics, Psychiatry, EM, Surgery, OB/GYN*

Theme	Sub-Themes
Goal setting and feedback	<ul style="list-style-type: none"> ▪ Collaborative ▪ Micro and macro goals ▪ Micro and macro feedback
Precepting cognizant of LIC learning trajectory	<ul style="list-style-type: none"> ▪ Building Blocks ▪ Intersectionality ▪ Creating an active role
Shared map of longitudinal markers	<ul style="list-style-type: none"> ▪ Anchored in LIC learning trajectory ▪ Supports collaborative goal setting and feedback
Intersession teaching	<ul style="list-style-type: none"> ▪ Identifying clinical gaps & encouraging self-directed learning ▪ Intersession feedback ▪ Supporting longitudinal care of patients
Integration into healthcare teams	<ul style="list-style-type: none"> ▪ Empowering student's role on team ▪ Empowering interprofessional teachers ▪ Empowering students to care for patients
Supporting longitudinal relationships with patients	<ul style="list-style-type: none"> ▪ Identifying panel patients ▪ Preceptors set expectations with students & patients ▪ Proactive scheduling for continuity ▪ Identifying opportunities for continuity

Goal setting and feedback



“I think the best relationships in the LIC are built collaboratively. So you set a foundation of . . .baseline expectations, and we can build on it from there, and we can customize things because that’s. . .the advantage of having that one on one relationship for a long period of time: you tailor to the specific circumstances and needs of that learning environment.”

– LIC Student

Collaboration with students in the LIC

- Goal-setting trajectory
 - Day 1 → midway check-in → summative feedback
- More frequent and dynamic interplay between goal setting and feedback
- Self-Directed Learning & Growth Mindset
- Tri-Annual meetings with LIC Directors to review assessments and set and reflect on goals
- Preceptors can help by asking about goals and adapting teaching to support students in reaching their goals

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Micro goals session to session

- Setting Daily Goals:
 - Start each clinical session by setting a goal for the day
 - Use this to guide your “micro” direct observation
 - Can help guide targeted feedback
 - Should not take more than a couple minutes each!

"I'll ask the students when they come in for their shifts, 'What's something that you want to focus on today.... just to kind of set an intention for that time.'"
– LIC Preceptor

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Macro goals across the arc of the year

- What does a student look like at the end of the year? What skills need to develop to get there?
- Set Different Types of Goals:
 - Clinical skills development: presenting a broad and appropriate differential diagnosis, setting agendas with patients, etc.
 - Specialty specific: What is unique to your specialty that students will not see with their other preceptors? Can include unique procedures, exams, diagnoses.
 - Skills based: EKG reading, procedures, targeted physical exam skills.
 - Knowledge based goals: help students identify knowledge gaps to focus self-directed learning.

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Micro and Macro Feedback

- Micro and macro goals should be in tandem with micro and macro feedback

MICRO FEEDBACK	MACRO FEEDBACK
<ul style="list-style-type: none">• Link to daily goals• Link to targeted direct observation	<ul style="list-style-type: none">• Reflect on progress made• Reflect on progress TO be made

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Micro and Macro Feedback

MICRO FEEDBACK	MACRO FEEDBACK
<p>“Good preceptors, at the end of the day, would summarize what I did well, what I need to work on, and what we're going to do next time, and ultimately where I should be by the last session.” – LIC Student</p> <p>“I think preceptors would be surprised how even just the commitment of a few minutes of conversation can make a huge difference. I'm talking about less than five minutes of feedback can just be huge. Those moments really add up.” – LIC Student</p>	<p>“I'd say, ‘I'm really struggling with making a specific plan, even this late in third year.’</p> <p>And they'd be like, ‘Actually, you know, this is what I've seen throughout the whole year. This is where you started. And this is how much you've grown.’</p> <p>For me that was super helpful because it kept me pushing forward and also helped me realize the progress I've made; and then it would help me zero in on where to go next and with what goals I needed to set next.” – LIC Student</p>

Precepting cognizant of LIC learning trajectory



"For this first quarter, let's work on history gathering and exam. And then in this second quarter, we'll start doing more and more and more differentials. And then we'll start doing more and more detailed plans. . . And so I try to remember to have an even flow as the year goes on, where I'm changing my expectations." – LIC Preceptor



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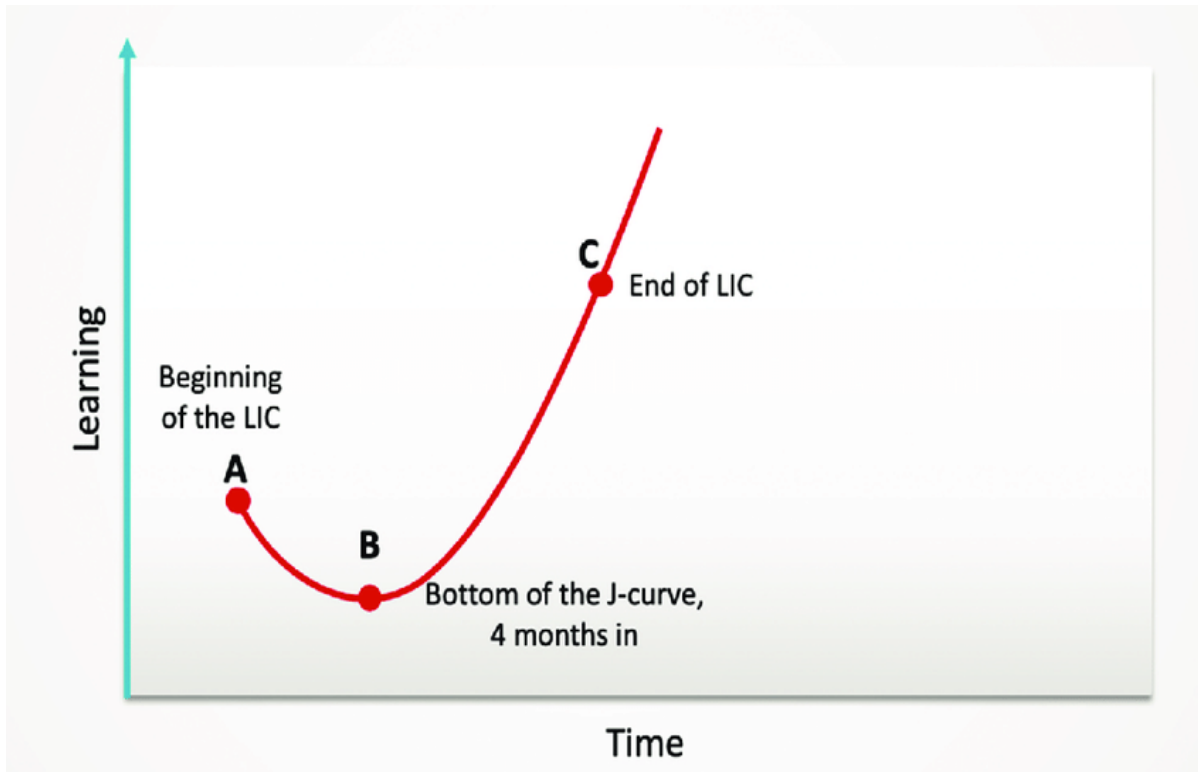
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Building Blocks

- Start with history, PE, and reporting skills.
- Move on to differential diagnoses and creation of plans throughout the year.
- Directly observe your student for brief periods early in the year.
- You do not need to observe the whole encounter, can observe a few minutes at a time.
- 3 points of feedback

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Interleaving



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- Expect some setbacks – it is normal for students to get worse before they get better.
- The J curve
- Not able to focus on your specialty alone
- If you are ever concerned something is not right, reach out to program leadership early so they can help.

LIC is a team effort

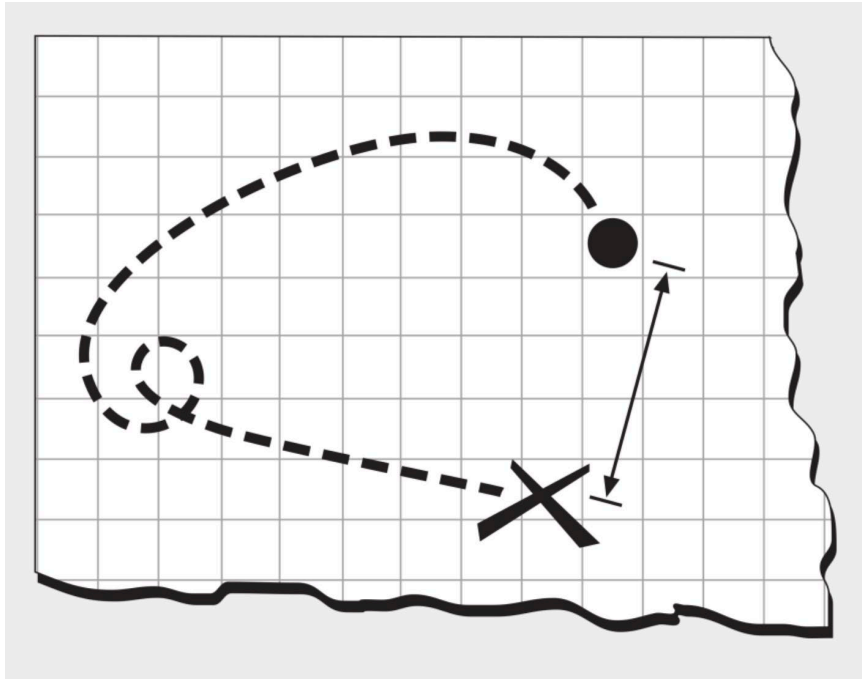
“I remember feeling a lot of pressure to be all things of my specialty to my LIC students and acknowledging that medicine happens in...a variety of different settings and that they will get a different perspective...on many conditions and you don't have to be their single point of understanding for every single condition.” –LIC Preceptor

“Even though students only see you once a week, or once every two weeks, they're growing in between.” –LIC Student



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Shared map of longitudinal markers



"I try to have that conversation ahead of time, so that we're both on the same page as we progress through it . . . I think that's helpful, just have that the dialogue early on: the plan for progression. So they don't feel like, when it's September and they're not getting the plan right, they don't feel defeated: they have an understanding that that's not actually quite yet expected of them. And we're progressing towards it."

—LIC Preceptor

Benchmarking for EPA Progression

- EPAs are activities that physicians should perform independently Day 1 of residency
- Our students will progress in roughly a stepwise manner; every student is unique
- Benchmarking aligns with the domains in which you will assess your student
- Use of the document:
 - Students – guide learning and goals
 - Preceptors – provide appropriate guidance, identify outliers and red flags, frame judgements for assessments of EPAs and level of supervision
 - LIC Directors – holistic view of student progress

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EPA domains

- Professionalism
- Compassion
- H&P
- Differential Diagnosis
- Diagnostic Tests
- Management Plan
- Preventive Care
- Documentation
- Oral Presentation
- Clinical Questions and Evidence-Based Medicine
- Member of Interdisciplinary Team
- Technical Skills
- Urgent/ Emergent Care
- Organization/ Prioritization
- Advocacy

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EPA progression example: Differential Diagnosis

Start of LIC

- Propose a reasonable differential diagnosis for a Plains chief concern that may neglect some important diagnostic information
- Create a summary statement and problem list for a Plains chief concern
- Begin to utilize comparing/contrasting elements to support differential diagnosis
- Begin to organize knowledge by illness scripts
- Begin to articulate a differential diagnosis for the patients they see.
- Demonstrate intellectual curiosity regarding differential diagnoses of patients

November

- Articulate a reasoned differential diagnosis, based on findings from the patient's epidemiological characteristics, history, physical exam and study results
- Discuss a logical approach to evaluating the common presenting complaints in the specialty practice, including "red flag" symptoms and signs.

April

- Begin to articulate reasoned differential diagnoses and a logical approach to less common presenting complaints in the specialty practice
- Being to develop concise and accurate summary statements
- Begin to prioritize problem lists appropriately

End of LIC

- Articulate an accurate and appropriate differential diagnosis based on findings from a patient's epidemiological characteristics, history, physical examination and study results.
- Develop a differential diagnosis for Foothills clinical condition that is appropriately broad and prioritized relative to complexity of patient presentation
- Prioritize problem lists on medically and psycho-socially complex patients
- Support differential diagnosis and working diagnosis with information gathered from patient record and outside resources
- Develop concise and accurate summary statement
- Organize knowledge of clinical and basic medical science using illness scripts
- Defend one's choice for the most likely diagnosis, providing evidence from a patient's history, physical examination and study results to support the choice.

Intersession teaching

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Medicine clinic	Family and Community Medicine clinic	Psychiatry clinic	Patient panel and self-directed learning*	Surgery (operating room)	Emergency Medicine day call
Lunch							
PM		Urgent Care	Patient panel and self-directed learning*	Pediatrics clinic	Surgery clinic	PISCES school	
Evening		Reflections group					
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Medicine clinic	Family and Community Medicine clinic	Psychiatry clinic	Gynecology clinic	Anesthesia (operating room)	
Lunch							
PM		Patient panel and self-directed learning*	PISCES school	Patient panel and self-directed learning*	Neurology clinic	Anesthesia (operating room)	



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Gaps guide self-directed learning

- Guide learners to identify their knowledge gaps
- Hone clinical questions
- Create accountability with “bring-backs” for next week

“Students should be coached to come to each session with stuff that they've read up on. . . like an illness script to review based on something they saw in clinic last week.

Building that habit of bringing [something back] to each preceptor each time is really going to open up so many more learning opportunities for you because then you start discussing things, you start to find gaps in your knowledge. They point out clinical pearls to you that you hadn't considered.” –LIC Student

Feedback

- Busy day? → EpicChat, text, or email for ongoing feedback

“I had a preceptor who would email me after each session about my notes. And they would like do a list of like, here's what you did great in your notes, here's what I would have changed or done differently. And that was really helpful for me to understand where I could improve with my note writing.” –LIC Student

- Link your learning week by week

“The preceptor would say, ‘Let's talk about these patients that we saw last week, and how we can apply what we learned to this week's patients.’” –LIC Student

Longitudinal care of patients

- The patient's story doesn't end at the end of the visit. . .the learning doesn't need to either
- Forward results, updates, patient messages
- Notify students of ER visits or hospitalizations
- Assign patient care tasks

“She would give me assignments: if she was getting a message from one of the patients that we had seen together, she would say, ‘Why don't you write back to this patient about their lab results and what it means and what our next steps are going to be?’” –LIC Student

Intersession teaching

“A good way to harness that [patient-student] relationship is with the follow-up phone calls . . . I put the ownership of following up on a lab test on my LIC students.” – LIC Preceptor

“I think that calling patients back about results and tests and next steps is a really good learning opportunity, and having Epic message conversations with your preceptor before you call the patient.” – LIC Student

Integration into healthcare teams



“If my preceptor was emailing for a consult, they would copy me on the EMR note to that consultant and say, ‘This is my LIC student, and she follows this patient and you might see her in the hospital or she might come to that appointment. And so I’m looping her in.’ And so right off the bat it was like, ‘You’re going to be part of this patient’s care, let’s go!’” – LIC Student

Empower students in the eyes of the team

- Collegiality with preceptors & teams is central to the creation of authentic roles in patient care for LIC students
- Introductions matter!
- Set expectations for team members about student's role

“I found it really helpful when my preceptor, on our first day, introduced me to everyone, and . . . you could tell that they had coached like their staff that like ‘They're not just a student, they're part of the team.’”
– LIC Student

“My preceptor communicated [to his team] that these are my patients. . . So they knew to come to me with a question instead of waiting for my preceptor. That really strengthened my sense of ownership, but then also really helped my relationship with those people on the team. They felt like I was a responsible member of the team. –LIC Student

Empower interprofessional teachers to invest in your student

- Who else can your LIC student work with to better understand your care team?
- Plan intentional time for students to see the work of nurses, MAs, social workers, pharmacists. . .
- Expand your mental model of “continuity”

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Expand your mental model of continuity

“Following a patient through their whole visit—if they needed to chat with a social worker who was available, or the behavioral health specialist—rather than stepping back, like my preceptor would have to do is valuable.

I think it helped with the patient continuity: I could go back and tell my preceptor ‘When we were sitting and chatting with the behavioral health specialists for 30 minutes, here's what else came up that we didn't get when we were in the room together.’

So I think it can help the preceptor. It can help with tying the team together, but then you also do get that feedback time with these other team members and get to know what it is that that they do or they talk about. And so then it's easier to feel comfortable suggesting adding them in your plans or going in and grabbing them and telling them about something, because you feel like you've kind of worked together with them before.”

—LIC Student

Supporting Longitudinal Patient Relationships



“The more that preceptors entrust you with responsibility, the more you're going to get out of it. I had preceptors who said ‘Let's get creative about the way that you can interact with your panel patients. Even if you can't see them in person, why don't you just give them a call? Why don't you send them a message in the chart?’ That way I could feel like I was an active, engaged member of their care team and contributing positively to their health.” – LIC Student



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Active Role

- Recognize the unique value of LIC students:
 - Provide support with phone calls to patients who are isolated or lack social support.
 - Advocate for patients in unique ways and spend extra time with them.
 - Provide extra outreach for patients who are falling through the cracks.
 - Link between primary care and specialty care, hospital and discharge.
 - Teach you about a rare condition or unusual case presentation.

“I always also emphasize that the student has a lot more time to spend hearing the story from the patient. And I have yet to have a patient who doesn't want to spend a lot of time on their own personal story.” –Preceptor

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Creating opportunities

- Remember: the patient panel is an expectation, not an option
- Direct observation helps identify candidates for LIC panels
- BE the activation energy
- Practice intentional scheduling
- Don't be bound by your "half day": use your intersession time!

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Discussion

- Dual identification of themes
 - Single code book
 - Concordant code frequency among faculty and students
- Intentional precepting practices adapting core clinician educator concepts to the **form and structure** of LIC model

Discussion: LIC Buy-In Matters

- The LIC model is new to most preceptors
- Culture shift
- LIC magic doesn't happen on its own

Your precepting and your LIC-attitude matter



LIC Buy-In Matters

“Instructors just continually throughout the year expressed their doubts about the foundation or the concept of the LIC; it made a negative and weird energy to start. And it's like they already don't buy into it. So it almost seems like they're prepared for it to not work very well.”

– LIC Student

“...the preceptors that really bought into the model -- they were able to utilize it to teach me more effectively.” – LIC Student

LIC Faculty Development Guidebook

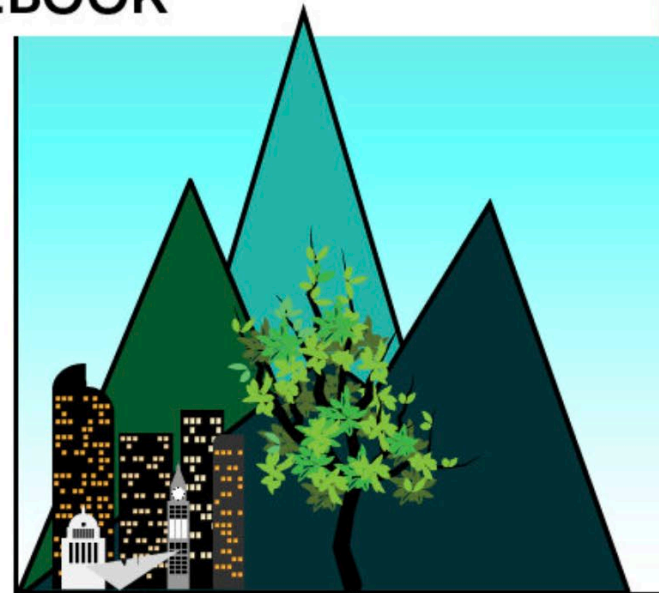
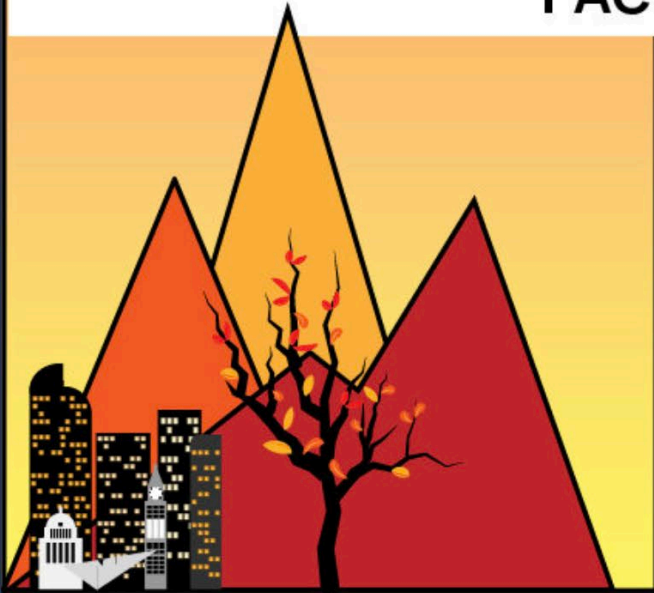
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LONGITUDINAL INTEGRATED CLERKSHIP FACULTY DEVELOPMENT GUIDEBOOK





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Longitudinal Integrated Clerkship

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Resources

[LIC Faculty Development Guidebook \(licguide.org\)](http://licguide.org)

6 minute LIC testimonial video

[CUSOM LIC – Teaching and Learning](#)

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