

Time Efficient Precepting

Brandy Deffenbacher, MD

Vishnu Kulasekaran, MD

Elena Lebduska, MD

Jennifer Adams, MD

What are the first thoughts that come to mind on time-efficient precepting?

Learning Objectives

- Organize the ambulatory setting to optimize the teaching environment for LIC students
- Identify toolbox for successful precepting during busy sessions
- Create strategies to prepare students to be successful
 - Work in small groups and share strategies!

"Costs" of Teaching

- Time
- Same number of patients
- No extra \$\$\$

The Benefits of Teaching in LICs

- Enhance patient care
- Long term relationships
- Mentorship opportunity
- Meaningful evaluations
- Promotes lifelong learning
- Impact on future of medicine

Faculty Survey

- 42 faculty at the DH-LIC completed the survey in 2019
- ½ done by Family Medicine, Internal Medicine, and Pediatrics
- 25% faculty in first year of precepting
- 30% faculty in LIC for 5 years

What's the Norm?

- Early in year: 2 patients per session
- Later in year: 3-4 patients per session
- On average write 1-2 notes per session
- Lab follow-up is variable and difficult

Set yourself up for success with precepting

- Describe and explain clinic structure and workflow
- Clear expectations for student
- Make the student responsible for the clock
- Create options for "tagging out"
- Adjust to space limitations
- Ways student can make clinic easier

Explain clinic structure & workflow

- Space you have available to see patients
 - Number of rooms, other space, other learners, etc
- Patient flow through clinic
 - Patient's arrival at clinic vs when they see provider
 - Check-in & rooming process
 - Amount of time allotted per patient
 - Do patients see other people during allotted time?
- Transitions between clinic sessions or end of day
 - What does this mean for MAs, nurses, etc?
- Responsibilities during clinic that's not just seeing patients
 - Follow up test results
 - Answer patient messages/phone calls
 - Refills
 - Triage?
- Contrast between inpatient and outpatient care
- If a student understands how the clinic works, then they can be more cognizant of limitations

Expectations for student

- Students' priority is taking time with the patient
 - So, time constraints may be new for them
- Set realistic expectations on student workflow:
 - 1-3 patients today
 - Interview, evaluate, and complete notes
- Allow students to agenda set but set expectation to prioritize
- Ambulatory medicine is a team effort.
 - Respect my nurses and MAs time (make sure they get to lunch or home on time)

Adjusting to space limitations

- Find non-patient room space for your student to have clinical interactions
 - Procedure room
 - Calling the patient prior to them coming into clinic
 - Have the student coordinate with family by phone after the visit
- Extra computers (bring laptop in)
 - All students have laptops
 - Can they get EMR access on personal device?
 - If not, is it possible to get clinic laptop or mobile device (computer on wheels) that can be used elsewhere in clinic?

Adjusting to space limitations

- You be the scribe for the student
 - Be with the student in the room during the entire encounter
 - Instruct student to conduct encounter
 - Defer patient questions to student (when possible)
 - Also accomplishes direct observations

Small group discussion question (10 minutes)

- How do you structure the session with the students?
- Share with your group what you do or plan to do with your student when precepting.
- - Provide feedback/suggestions to your colleague

Small group question

- How do you utilize the patient care team for other teaching opportunities (someone other than you)?

Small group question

- What do you do when things are just too busy?

Teaching Tips from LIC Students

- Directly observe student delivering plan
 - Don't forget to continue to watch them do physical exams
- Ask student to verbalize plan if a test comes back in a certain way
- Allow student to deliver plan in EPIC to preceptor and then call patient
- Prefer to have time to write a note rather than seeing multiple patients –quality over quantity!

Make a Commitment

- What are three things you are going to start doing today?

Precepting/Teaching Tip #1 Preparation

- Introduce student to your team in clinic on the first day
- Huddle before clinic starts for couple minutes with MA
- Select patients ahead of time to see
- Ask for specific learning goals for the day
- Focus teaching based on specific goals

Precepting/Teaching Tip # 2 Outsource

- Consider all the learning opportunities in your clinic
- Teach outside of the session – intersession teaching
- When you introduce your student to colleagues and staff, ask for willingness to teach/have an observer
- Identify opportunities for your student to learn from others
 - Behavioral health
 - Pharmacy
 - MA (vaccines/testing)
 - Other providers (may grab your student for an interesting exam finding/case/procedure)
 - Health Educator
 - Patient navigator
 - Social work/case manager
 - Dental
 - Radiology

Precepting/Teaching Tip #3 – Debrief and Communicate

- Short debrief end of session
 - What went well? What can your student improve? What can preceptor improve?
 - This can be done over phone/email prn
- Students identify question to present at next session
- Communicate results over EPIC, admission notifications, consultant notes

References

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- Thank you Dr Shmerling!
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Thank you!

- Thank you for lending your expertise to educate medical students.
We are lucky to have you!
- What are your questions?

Make the student responsible for the clock

- Preceptor gives student responsibility for making sure you stay on time
- Initially very set times for specific tasks: interview, physical, wrap up, presenting
- Let the student know “I may knock on the door”
- Provide feedback on what visits you can “make up time” and which ones “will go over”
- Allow student’s an “escape”

What to do with the student during the crap days...options for tagging out

- Hard days happen (personal/prof) where you just *can't* work with the student...and that is ok
- Be open & honest with student, normalize/role model that we all have hard days and ways to handle it
- Create a contingency plan for when these days happen
 - Who else can your student work with that day?
 - Colleague, nurse, MA, pharmacist, PAR, social worker/case manager, patient navigator/educator, behavioral health
 - Set this up in advance

What to do with the student during the crap days...options for tagging out

- What other clinical work can the student do during this time that's not seeing patients with you?
 - Med reconciliation
 - Article review
 - Phone calls
 - Patient Follow ups:
 - What happened to the patient we saw three weeks ago?
 - Diabetes and hypertension inter visit care
 - Chart “deep dives”
 - Find three things I have missed in this patient’s care