“I Don’t Have Time For Students”
Showing Preceptors How to Be more Efficient with Students

Oregon Health & Science University

Frances Biagioli, M.D., biagioli@ohsu.edu
Associate Professor, OHSU Family Medicine

Claire E. Hull, MHS, PA-C – Clinical Coordinator
OHSU Physician Assistant Program
Objectives

- Identify the most common causes of running behind with students.
- Identify concrete solutions to those causes.
- Create tools for clinical preceptors so they can become more efficient teachers.
- Create scripts and to use when recruiting clinical preceptors to respond to the comment: “I don’t have time for a student.”
Barriers to the Recruitment and Retention of Clinical Preceptors

Preceptor Perceptions
- Patient population not accepting of students
- Lack of teaching experience
- Decreased productivity
- Not enough time to teach

When a preceptor has a student, what are the barriers to running on time and thus maintaining productivity?
We are here to discuss solutions

- Remind Preceptors of the Benefits
- Show them how others succeed
- Provide preceptors with resources to help them succeed.
Benefits for Clinical Preceptors

- Increased enjoyment of clinical practice
- Sense of giving back to the profession
- Decreased sense of professional isolation
- Satisfaction in being a role model for students
- Adjunct or volunteer faculty appointments
- CME for teaching
- Teaching improves own skills
“I’m Too Busy to Take a Student”

Classic teaching method used is an inefficient and ineffective way of teaching an learning.

It is possible for preceptors to be effective educators while maintaining high clinical productivity.
OHSU Faculty Teaching Hours vs. Productivity RVU/clinic

Clinical Teaching Hours vs. Productivity RVU/clinic

RVU/clinic
Strategies Used*

- Orient students to the practice setting
- Clarify expectations to students
- Schedule patients in such a way that maximizes teaching and productivity
- Provide frequent and immediate constructive feedback to students
- Share students with other practice partners

Practice Tips from Productive OHSU Clinical Preceptors

- See one, Do One, Teach One
- Faculty is busy while student is – while student is in one room faculty is seeing one, two, or three other patients.
- Don’t repeat student questions – rather, summarize and clarify history.
- Student is Value Added Team Member: patient education, vitals, assist with getting patient ancillary services
SMALL GROUP
Discussion Questions

Do you have clinical preceptors that seem to have an endless capacity for students?
– What types of things do those preceptors do differently?

What educational materials or methods exist to help preceptors be more efficient?
Discussion Key Points

- **Good communication is critical!**
  - Orient student to the practice on first day
  - Set clear goals and expectations; refine and update goals as rotation progresses
  - Provide feedback that is immediate and constructive

- **Quality not Quantity**
  - The quality of the patient encounter (having the student follow one patient thoroughly, look something up, and order their labs) and the teaching point is more important than the number of patients the student is seeing. If the student is seeing nearly every patient with you – that is too much.
Discussion Key Points

Observation is important!

- Observe H&Ps and other skills over time with multiple patients – don’t observe an entire physical all the time.
- Don’t need to observe from start to finish all the time. Choose which components of the patient encounter to observe based on patient’s medical problem and student’s skill level.
- Have student keep track of what skills have been observed (HPI, P.E., procedures, patient education, etc). Communicate with student about what skills still need to be observed and plan accordingly.
Mix up the type of teaching you do.

- The classic teaching method of having the student see the pt, come out and present the case, then the two of you going back in can be very inefficient.
- Sometimes you can go in and observe the student “I am going to be a fly on the wall” (and write your notes while they do everything).
- Sometimes go in after they do the history.
- Sometimes you do the history and they do the physical (you repeat what is needed).
- Sometimes just have them observe you.
Time Management

- Begin clinic on time!
- Double book patients such that the student can see one patient and the preceptor sees the other patient; maintains productivity
- Set time deadlines for students: (“You have 10 minutes to see this patient”)
- Teamwork: As the student is obtaining the history or performing the exam, the preceptor can enter the information into the electronic medical record (or visa versa)
- Not necessary to repeat the entire HPI and PE obtained by the student, just summarize with the patient what you heard and add any clarifying statements.
Time Management

Plan ahead: Look at your schedule and pre-select the patients the student will see… some patients you know will take forever.

Utilize the student fully:
- Don’t repeat unnecessary items that you know student does well, just clarify.
- Have students look up questions that the patients have and after they discuss it with you call patients back.
- Have students call patients with results after you discuss them with the student.
- Have the student call specialists and help facilitate care with ancillary services.
Time Management

Share the teaching responsibilities:

- Share teaching with practice partners
- Utilize nurses, medical assistants, lab assistants to teach students in how to give injections, perform lab tests, obtain an EKG, practice blood draws, etc.
- The office manager, billing specialist, scheduler, can teach the student about the business side of clinical practice
- If you have more than one student they can teach each other
Time Management

Use a Step-Wise Approach to Teaching

– Have student focus on one aspect of a patient encounter rather than a comprehensive approach with each patient.

– Example: For patient “A” who complains of shortness of breath, the student should focus on the HPI only. For patient “B” with asthma, the student should focus on patient education. For patient “C” who developed a new rash, the student should focus on the physical exam.

– Example: Instead of allowing the student to perform an entire procedure have him/her perform the digital block/lidocaine injection the first time, and the next time remove the toenail.

– Emphasize key teaching points only; lengthy discussions usually not necessary.
Create the Right Environment

- Patients are more accepting of students if they are incorporated into the practice setting on a regular basis.
- The preceptor’s passion for teaching will have a positive effect on the students, staff, and patients.
- Do students need training to access the EMR system? How/when will this be done?
- Consider the physical aspect of the clinic:
  - Is there a place for the student to work?
  - Are there enough exam rooms?
A strategy for instruction in the health care setting that consists of the following steps:
- Get a commitment from the student
- Probe for supporting evidence
- Reinforce what was done well – be specific
- Give guidance about errors and omissions
- Teach a general principle
- Conclusion

Resources
Preceptor Education Project

References


References


[http://www.oucom.ohio.edu/fd/monographs](http://www.oucom.ohio.edu/fd/monographs)

[http://stfm.org](http://stfm.org)