OPEX (Outpatient Experience)
Emory University School of Medicine
Preceptor Handbook
November 2013 – October 2014

PRECEPTOR HANDBOOK
med.emory.edu/opex/
CONTACT INFORMATION

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Introduction

The students receive the pages 4 through 8 that follow. The Goals and Objectives for OPEX are included in these pages. Please review this information so that the students’ expectations will match the preceptors’ expectations.

Pages 12 to the end of the booklet are especially for the preceptor. The contents are listed below.

Contents

- Goals and objectives
- Student expectations
- Patient log
- Important dates to remember
- OPEX schedule
- Emory School of Medicine competencies
- Preceptor benefits
- Preceptor expectations
- Orienting learners to your practice
- Integrating learner in your practice
- Introducing learners to your patients
- Preparing student for encounter
- Waiting area sign introducing students
- The effective preceptor
- One minute preceptor/ 5-step teaching
- Performing a student observation
- Giving feedback
Emory University School of Medicine  
Outpatient Experience

The mission of Outpatient Experience (OPEX) is to provide an understanding of the role of the physician in the clinical setting and in the community through longitudinal clinical and didactic experiences during the first two years of medical school. The course focuses on understanding the relationship between the patient, the doctor, the health care team, and the community. OPEX relies on a large network of academic and community-based faculty, in primary care disciplines. This is a required course which uses over one hundred faculty as facilitators and preceptors. A subspecialty component will be provided at the end of the second year of the course.

Goals:
1. The student will have regular, consistent exposure to clinical medicine and mentorship in a primary care setting emphasizing continuity of care and evidence-based medicine.
2. The student will learn and practice communication styles which are culturally sensitive and effective with patients, and professional, with colleagues.
3. The student will have multiple experiences to learn and improve history taking and physical exam skills.
4. The student will have multiple experiences to learn and deliver effective techniques in health promotion.
5. The student will have opportunities for reflection on professionalism and process improvement.
6. The student will describe the various roles and responsibilities of members of the healthcare team and the office support staff necessary to manage an efficient, effective medical practice, and to provide adequate and appropriate patient care.
7. The student will have opportunities to observe and discuss the impact of culture, socioeconomic status, spirituality, health beliefs and practices, and lifestyle and behavior(s) on the provider/patient relationship and healthcare outcomes.

Objectives:
By the end of the scheduled outpatient experiences, the student will be able to:
1. Demonstrate competence in history taking and physical exam skills as determined by evaluations from mentor, patients, preceptors, evaluators and standardized patients (OSCE; OSP).
2. Demonstrate proficiency in the accurate and timely procurement and documentation of patient data. (SOAP notes; History and Physical)
3. Demonstrate proficiency in concise oral presentation of patient data. (Preceptor eval; OSCE; Mentor)
4. Demonstrate competency in health promotion/preventive medicine. (Preceptor eval; Mentor)
5. Learn to provide patient follow-up via telephone in order to emphasize self management goals and to learn acceptable telephone medicine implementation. (Preceptor eval; Module)
6. Provide ‘added value’ to the practice in which he/she is learning (Preceptor).
7. Become knowledgeable about medical economic issues including insurance, reimbursement, overhead, and liability. (Lecture; exam)
8. Develop effective communication and interpersonal skills to foster a trusting, effective patient/provider relationship. (OSCE; OSP; mentor; preceptor)
9. Identify and utilize patient education resources tailored to the patient’s educational and literacy level, language and health issues. (Preceptor)
10. Demonstrate an understanding of the impact of a patient’s culture, including beliefs, perceptions, socioeconomic status, culture, gender, and ethnicity, on the patient’s health. (Preceptor; mentor; paper)
11. Demonstrate an understanding of issues affecting patient compliance and health outcomes. (Preceptor)
12. Develop an awareness of community resources available for patient support and wellness. (Preceptor)
13. Demonstrate professionalism in appearance and behavior at all times and in all aspects of this experience. (Preceptor)
14. Identify appropriate possible process improvement project(s) for one’s clinical site, and where applicable, participate in this project. (QI Paper)
15. Apply the basic sciences/foundations of medicine to clinical medicine and patient care. (Preceptor; mentor)
What to Expect on your Outpatient Experience

Please call your physician’s office a day or so before you are scheduled to go to them. Introduce yourself to them on the phone and remind them that you have been assigned to them and the day / time you should be there. Make sure there are no last minute changes from the preceptor.

First and Second Visits – To be discussed/presented in your small groups

Orientation to the Community
- Analyze your clinical site with respect to safety, lighting, traffic, schools, commerce, health, public transportation, and other resources.
- Are there sidewalks? Are people walking? Are they biking? Is it safe to cross the street?
- What resources do you see for the people living in the area? Are there stores? What kind? Are there restaurants? Do you see schools?
- How would you describe the assets and liabilities of the neighborhood or community?
- Find out the demographics of the community and neighborhood. How do they compare with the patients who utilize your preceptor’s practice? Are they the same?

Orientation to the Office
- You should be introduced to the office staff upon your arrival.
- Learn how the office operates – where should you park; which door you should use; what are the hours of operation on the days you come?
- Dress Code – check with your preceptor regarding any additional or special stipulations in addition to the Emory Medical Student dress code?
- Review Confidentiality and HIPPA information with your preceptor-physician; carry your card (proof of training) to your preceptor
- Learn how the office functions, e.g., where the charts are kept, how medical records are maintained. What is each staff members’ role in record keeping? How are the charts maintained? You can discuss your role in record keeping in the coming weeks.

Orientation to the Student- Physician Relationship
- Learn something about your preceptor – hobbies, family, education, and hometown
- Share information about yourself with your preceptor – hobbies, family, education, and hometown
- Ask the physician if he/she has ideas about how you might contribute to the office functioning. You should also observe and come up with your own ideas.

How does your office/clinical site function?
- Watch and observe how things are done at your office site.
- Listen to learn how phone calls are handled, how telephone and office advice are given and how appointments are made.
- What happens at check-in and check-out? Describe patient flow.
- How do patients pay? Which insurances are accepted at your office? What is the average co-pay? Do they pay cash or use charge cards or debit cards?

Future/Later OPEX Visits
You should begin to take histories from the patients and to practice examining the patients as your skills and confidence allow, and at the wisdom, discretion and readiness of the preceptor. Depending on your preceptor, you may even start on the first visit!
Much of the success of the Outpatient Experience comes from how the student applies classroom instruction in the Foundations phase to his/her examination of the patients. When you are learning about the healthy human, please use that opportunity to emphasize and perform patient education on appropriate topics such as diet, exercise, tobacco cessation, and healthy lifestyle issues with your patient. Similarly, during each of your blocks, pay particular attention to the subject matter of that block, in addition to the history and physical exam with your patients. Remember that your learning is cumulative; similar to building blocks. When you have completed a particular block, you must continue to emphasize and include that information in your patient’s visit and examination. You will get out of the Outpatient Experience what you invest in it. Significant learning for OPEX occurs when your experiences are processed in the small groups. You should be sharing information about your patients (HIPPA appropriate info, of course), your clinics and your preceptors with your small groups each week. The small group leaders will be including this information

**Resources**
The textbooks that are suggested as supplemental resources for the OPEX experience. Any specific reading assignments will come from one of these sources.

_Bates’ Guide to Physical Examination and History Taking, Ninth Edition_ Lynn S. Bickley, Lippincott Williams & Wilkins, Philadelphia


You may receive reading assignments from these textbooks which should correlate with your classroom topics. There may occasionally be questions from those readings assignments on your weekly quizzes. You will be informed ahead of time when there will be questions on your test from these sources. The Family Medicine textbook is available in the electronic version.

**Patient Education Literature**

You should be able to provide patient education and training for your patients on the topics included in these sites. Please peruse these sites. You will be given more detailed information on this in the classroom setting.

**Dress Code**
(See your student handbook for additional information and guidelines)
- Your student ID should be worn and be visible at all times.
- Your dress should be professional, business casual. No jeans
- White coats- clean and pressed
- Body art, piercings and tattoos should not be visible or not worn during this experience
- For Ladies, skirts should be a professional length; midriffs should be covered; stockings should be worn with any open toe shoes; i.e., no sandals.
- Males should wear an appropriate shirt and tie with dress casual slacks.

**Attendance**
- Attendance is mandatory. Students should be at their sites on the dates and at the times as assigned. Contact your office or preceptor if you are running late or if there is an unexpected absence. You should consider that this is your private practice. For example, your responsibility to your patients does not stop because there is an upcoming test. Clinic
requirements are not canceled the week before an exam. Please manage your study time accordingly.

- Only the Dean’s office can grant an “excused” absence. There is a list in the handbook of what kinds of situations constitute valid reasons for an excused absence. The preceptors are not allowed to give students permission to be absent.
- In the event you are ill (and therefore absent) or late, or there is some other irregularity in your attendance or timeliness, please inform Dr. Bussey-Jones and/or LaQuanda Jackson, as well as your preceptor, as soon as possible.

**Evaluation and Grades**

- Preceptors will NOT be grading students. They will be evaluating you by providing you with on-going feedback. The preceptors will complete three evaluations during the year noting your progress. A copy of this evaluation is included at the end of this syllabus.
- Students will be required to do evaluations of their site/preceptors and of OPEX. These are to be completed on One 45.

*Your performance on the written exam, the reflection paper, your discussion in small group, and your evaluation (Pass-Fail), will all be included in your final Becoming a Doctor grade. Additionally, this year, we may be participating in the National Board of Medical Examiners (NBME) Professionalism assessment of each student.*

The actual percentage breakdown of the grade will be given to the students later. The components of the grade are:

- Written examination
- Small group participation
- Home visit report
- Reflection paper(s)
- Evaluations – PASS required

Monthly didactic sessions are being scheduled on Tuesday afternoon to teach and reinforce the clinical aspects of caring for the primary care patient. These will correlate with the materials being presented in the corresponding block. This information will be included in the written examination.

**Problems with OPEX assignments**

We have tried to keep the travel distance to your sites to within a 20 mile radius of campus. We acknowledge that there is no good, easy or equitable way to make these assignments. We know that you realize that not everyone will be able to have a clinical site at one of the Emory clinics in Decatur.

In the past, students have discussed their preceptor concerns with their small group mentors. That is fine. If the student perceives that there is a “real” problem with an assignment, he/she is also encouraged to please contact Dr. Jada Bussey-Jones directly, jcbusse@emory.edu or Ms. Laquanda Jackson, ljjack08@emory.edu at 404-727-5032, to discuss the problem.
**OPEX Patient Log AVAILABLE IN One45**

<table>
<thead>
<tr>
<th>Student Name ______________________</th>
<th>Preceptor ______________________</th>
<th>Date ____________</th>
</tr>
</thead>
</table>

“A patient who requires a…” | Completed (√) | Student’s Comments |

**Well Exam**
- Healthy Patient

**Social determinants of health and wellness**
- Took relevant history to explore patients social context
- FLAMES – Food/ Family, Living, Abuse, Marital Status, Environment, Social Structure & relationships

**Health Promotion/Disease Prevention**
- Screening (cancer, BP, chol, lead, etc)
- Immunizations – age appropriate
- Counseling (physical activity, tobacco cessation, nutrition)

**Endocrine evaluation**
- Took an endocrine history/ROS based on patient’s complaint
- Performed related exam

**Mental Health/Psychiatry**
- Took a psychiatric history/ROS based on patient’s complaint
- Performed related exam

**Skin/Muscles/Bones/Joints**
- Took ROS/ history relevant to a complaint in this system(s)
- Performed related exam

**Pulmonary evaluation**
- Took pulmonary history/ROS relevant to a patient’s complaint
- Performed related exam

**Cardiology evaluation**
- Took cardiac history/ROS based on the patient’s complaints
- Performed related exam

**GI evaluation**
- Took GI ROS/ history based on patient’s complaints
- Performed related exam

**Hematology/Oncology evaluation**
- Took heme-onc history/ROS based on patient’s complaint
- Performed related exam

**Directions to the Student for Completing the Patient Log**
You have until the end of your OPEX assignment to see a patient in each of the systems listed above, and to do the counseling as noted. YOU are responsible for completing your patient log in ONE45 and can update this information throughout your time in OPEX. The patients can be seen and noted, and the tasks can be completed in any order. While you are encouraged to review your patient log with your preceptor, the completion of the online form is YOUR RESPONSIBILITY.

The goals of the patient log are to:
- Help promote the relationship of the basic science to the clinical encounter
- Allow students and preceptors to note progress in communication and performance of the physical exam
- Help the student and preceptor note progress toward accomplishing desired goals and objectives for OPEX
- Encourage conversation and constructive feedback about the student’s progress and/or delineates areas needing improvement
START DATE: Week of November 4, 2013

<table>
<thead>
<tr>
<th>Schedule A – Wednesday</th>
<th>Schedule B – Wednesday</th>
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<tbody>
<tr>
<td>November 6, 2013</td>
<td>November 13, 2013</td>
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<td>December 11, 2013</td>
<td>December 4, 18, 2013</td>
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<tr>
<td>January 8, 22, 2014</td>
<td>January 15, 29, 2013</td>
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<tr>
<td>February 5, 19, 2014</td>
<td>February 12, 26, 2014</td>
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<tr>
<td>March 5, 19, 2014</td>
<td>March 12, 26, 2014</td>
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<tr>
<td>April 2, 23, 2014</td>
<td>April 9, 30, 2014</td>
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<tr>
<td>May 7, 21, 2014</td>
<td>May 14, 28, 2014</td>
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<tr>
<td>June 4, 18, 2014</td>
<td>June 11, 2014</td>
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<tr>
<td>July 23, 2014</td>
<td>July 16, 30, 2014</td>
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<tr>
<td>August 6, 20, 2014</td>
<td>August 13, 27, 2014</td>
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<tr>
<td>September 3, 17, 2014</td>
<td>September 10, 24, 2014</td>
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<tr>
<td>October 1, 15, 2014</td>
<td>October 8, 22, 2014</td>
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<thead>
<tr>
<th>Schedule A – Thursday</th>
<th>Schedule B - Thursday</th>
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<tr>
<td>November 7, 21, 2013</td>
<td>November 14, 2013</td>
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<tr>
<td>December 12, 2013</td>
<td>December 5, 19, 2013</td>
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<td>October 9, 23, 2014</td>
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</table>

*Students Time Away *(Tentative Schedule)*

- November 24 - 30, 2013  
  THANKSGIVING BREAK
- December 22, 2013 - Jan 6, 2014  
  WINTER BREAK
- April 13 - 20, 2014  
  SPRING BREAK
- June 21- July 13, 2014  
  SUMMER BREAK

Please be flexible; some of these dates may be changed by the OMESA office.
Emory School of Medicine

Competencies Expected of EUSOM Graduates

The following competencies include the knowledge, skills, attitudes and behaviors that are necessary for the humane and effective care of individual patients and patient populations. The teaching and assessment of these competencies should be incorporated into all parts of the medical school curriculum. These were accepted by the Office of Medical Education in March, 2007.

The nine competencies are:
1. Communicating Effectively
2. Personal Awareness, Growth and Care
3. Application of Medical Knowledge
4. Inquiry and critical Analysis
5. Lifelong Learning
6. Patient Centered Care
7. Clinical Practice
8. Moral Reasoning and Clinical Ethics
9. Professionalism

You will be requested to evaluate your students periodically, ideally on a quarterly basis, to let us know if you have any concerns about your student’s progress in any of these competency areas. The expectations for the students will increase as they progress with their studies.

Preceptor Benefits

- The ability to instruct, influence and mentor future clinicians
- Increased ability to keep current via interactions with learners and use of Emory University resources
- Adjunct faculty appointment (if not already clinical faculty)
- Access to Emory Library resources and support (full text articles available, etc)
- CME credits for teaching
- Faculty development and preceptor support
  - Communication and updates about the course and course curriculum;
  - Answer questions or concerns that the preceptor or office team may have;
  - Teaching tools and tips;
- Faculty appreciation dinner
- Access to Emory facilities at faculty rates, e.g., membership to the gym; access to library services
Expectations of OPEX Preceptors: The Preceptor Role

Course Environment

- Teach by example.
- Create supportive learning environment.
- Encourage students to ask questions.
- Give informative balanced feedback.
- Heighten student’s understanding and practice of cultural and linguistic competency.
- Demonstrate the development of physician-patient relationship and communication.
- Invite students to join community activities outside the clinic.

Orientation

- Oversee student orientation.
- Review informational packet to assigned student (includes welcome letter, invitation to set up first day meeting, and background information on clinic site).
- Review student background information and clinical skills inventory list before first meeting.
- Inform office staff of OPEX preceptor program and assigned student.
- Make any necessary patient scheduling adjustments to facilitate orientation and supervision.
- Identify scheduled patients for students to see with preceptor or clinical staff.
- Post notices in office notifying patients of student in training.

Clinical Training

- Oversee and coordinate clinical training in preceptor’s office setting (See goals and objectives).
- Establish and review learning objectives with student.
- Coordinate student’s educational activities (student schedules), patient assignment, and patient presentation.
- Lead discussion of clinical cases.
- Help refine student presentation skills.
- Conduct midpoint review.
- Submit final student evaluation to site coordinator.
ORIENTING LEARNERS TO PRACTICE SETTING

Below, we have listed basic information that learners appreciate knowing during their first day in a practice. The preceptor or other member of the practice team can meet with the learner on the first day and provide a brief orientation prior to the start of their clinical work.

<table>
<thead>
<tr>
<th>Basic Practice Orientation for Student</th>
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<tbody>
<tr>
<td>☐ Show student where to hang coat, put personal things, refrigerator for lunch (if you have one), and where to park;</td>
</tr>
<tr>
<td>☐ Show student where they can read and find medical reference materials;</td>
</tr>
<tr>
<td>☐ Describe student dress code for the practice: name tag, lab coat?</td>
</tr>
<tr>
<td>☐ Review hours/days patient care provided;</td>
</tr>
<tr>
<td>☐ Review practice phone system and mail;</td>
</tr>
<tr>
<td>☐ Briefly describe patient flow and office system (e.g. records, triage, patient registration);</td>
</tr>
<tr>
<td>☐ Introduce student to other staff, describe each person’s role and responsibilities as they relate to patient care;</td>
</tr>
<tr>
<td>☐ Review student absentee policy and inform them about how to notify office;</td>
</tr>
<tr>
<td>☐ Provide student with a contact person for questions or problems;</td>
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</tbody>
</table>

Introduction to community

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<tr>
<th>Introduction to community</th>
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<tbody>
<tr>
<td>☐ Briefly describe the history of the community you serve. If literature or a video is available, please inform student about it;</td>
</tr>
<tr>
<td>☐ Ask Students to future examine resources available in the community and bring this information back to the practice</td>
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Overview of Learner and rotation

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<th>Overview of Learner and rotation</th>
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<tbody>
<tr>
<td>☐ Relate rotation to learner’s career plans (learner background form)</td>
</tr>
<tr>
<td>☐ Rotations completed</td>
</tr>
<tr>
<td>☐ Areas needing work</td>
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</table>

Preceptor Expectations

**Daily routine**

<table>
<thead>
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<th>Daily routine</th>
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<tr>
<td>☐ Hours/ days learner in the office</td>
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<tr>
<td>☐ Learner’s level of responsibility and autonomy in providing patient care</td>
</tr>
<tr>
<td>☐ Other learner responsibilities (call patients, etc)</td>
</tr>
<tr>
<td>☐ Amount of reading expected</td>
</tr>
<tr>
<td>☐ Directions for writing chart notes, dictating, writing prescriptions, referrals</td>
</tr>
<tr>
<td>☐ How pts selected for learner to see</td>
</tr>
<tr>
<td>☐ Length of time to spend with each pt</td>
</tr>
<tr>
<td>☐ Any relevant practice policies</td>
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**Values**

<table>
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<tr>
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<tbody>
<tr>
<td>☐ Show respect to pts &amp; staff; how?</td>
</tr>
<tr>
<td>☐ Get to know pts?</td>
</tr>
<tr>
<td>☐ Discuss your (faculty) background experiences, and career choices</td>
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**Preceptor/learner interaction**

<table>
<thead>
<tr>
<th>Preceptor/learner interaction</th>
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<tbody>
<tr>
<td>☐ Format for case presentations</td>
</tr>
<tr>
<td>☐ Logistics for staffing or signing out patients (i.e. when and how should learner interrupt faculty?)</td>
</tr>
<tr>
<td>☐ Regular time &amp; process for feedback</td>
</tr>
</tbody>
</table>
Integrating the Learner in the Busy Practice

Your office or clinic is a busy place and becoming even busier. At the same time, your office is an increasingly valuable site for training health professionals. How can you integrate these learners into your practice while maintaining your sanity and your bottom line? The following suggestions have been supplied by experienced community-based preceptors.

Orient the Learner
- Solicit staff help in orienting the learner to your practice.
- Develop a checklist of orientation topics; if you teach a lot, write out policies & expectations.
- Go over expectations with learner at lunch on the first day or night before the rotation starts.

Seek Patient Acceptance of the Learner
- Tell patients that you teach: put a sign in your waiting room or an article in the newspaper.
- Ask for patient permission to be seen by learner, emphasizing patients' role as teacher.
- Thank patients for working with learner.

Schedule for the Learner
- Schedule 1-2 fewer patients per teaching day, OR schedule more acute “work-in” patients, OR expect your workday to be 45 minutes longer when teaching.
- Schedule some breaks: have learners spend a half-day at a time with your partner, office staff, or community agencies such as Hospice.
- Assign independent projects such as reading, a literature search, a chart audit, or development of patient education materials.

Keep Things Moving
- Have learner see every third patient: learner sees first patient as you see second; learner presents to you and you see patient together; learner writes chart while you see third patient.
- Use focused teaching techniques such as the One Minute Preceptor.
- When behind, tell learners to do some reading (warn in advance this sometimes happens).
- For learners that take a long time with patients, set time limits for each encounter.

Find Time to Teach
- Focus on brief teaching points during the day.
- Keep notes; address larger teaching topics at specific times (end of the day or start of the next day) or “down” times (as you drive to the hospital for rounds, on call, at lunch).
**TIPS ON INTRODUCING LEARNERS TO PATIENTS**

One of the most important aspects of training is to expose students to as many different patients and clinical conditions as possible. More than anyone, students depend on you to help them see patients.

The more positive you are with the patient, the more positive the experience will be for both the patient and students. We suggest using standard instructions with each of your patients, such as the following:

- “Dr. _____ has a doctor in training, (student name), working with him/her as part of his/her team today. She/he has asked the student to see you first, and will join you shortly afterwards.

- “Dr. _____ has requested the student doctor, (student name), meet with you first and then he/she will join you.”

- [The following can be used if the student’s photo is placed in the waiting area]

  “Did you see the photo of our student doctor, (student name), in the waiting room? She/he is going to see you first, but Dr. _____ will join you afterwards.”

*The document on the next page can be placed in your waiting area to introduce patients to the students.*

**PREPARING THE STUDENT FOR THE CLINICAL ENCOUNTER**

Briefly preparing students for patient encounters (whether with you or on their own) helps them to focus on relevant information and specific skills for each experience. Students can then set and achieve one or two specific learning goals with each patient. Following are a few suggestions for priming a student for patient encounters:

1. Have the student review the patient’s record and reason for the visit beforehand.
2. Provide a brief overview of the patient’s medical and social background (if you know the patient).
3. Tell student what you would like her to focus on (patient issues, specific examination).
4. If the student is seeing the patient, set time limits for her to conduct these activities.
5. Ensure that the student is comfortable performing the activities and offer to work with her on tasks that she is not yet familiar performing.
This practice serves as a teaching site for students at Emory University School of Medicine.

As a patient of this practice, you are helping educate future doctors in skills necessary to be competent and caring physicians.

__________________

Practice Medical Director

Thank You!
The Effective Preceptor

A review of selected literature has revealed that the following are characteristics of effective clinical teachers:

- **COMMUNICATION**
  - Possesses and demonstrates broad knowledge
  - Explains the basis for actions and decisions
  - Answers learner questions clearly and precisely
  - Open to conflicting ideas and opinions
  - Connects information to broader concepts
  - Communicates clear goals and expectation
  - Captures learners attention
  - Makes learning fun

- **CAREFUL ANALYSIS OF THE LEARNER**
  - Accurately assesses learner’s knowledge attitudes and skills
  - Uses direct observation of the learner
  - Provides effective feedback
  - Performs fair and thoughtful evaluations

- **SKILL IN PRACTICE AND TEACHING**
  - Provides effective role modeling
  - Demonstrates skillful interactions with patients
  - Presents information with organization and clarity
  - Generates interest in the subject matter
  - Organizes and controls the learning experience
  - Balances clinical and teaching responsibilities
  - Gives appropriate responsibility to the learner

- **MOTIVATES THE LEARNER**
  - Emphasizes problem solving
  - Translates specific cases into general principles
  - Promotes active involvement of the learner
  - Demonstrates enjoyment and enthusiasm for patient care and teaching
  - Develops a supportive relationship with the learner.
ONE-MINUTE PRECEPTOR

Get a commitment
- “What do you think is going on?”
- Provide assessment of learner’s knowledge/skill
- Teach interpretation of data

Probe for supporting evidence
- “What led you to this conclusion?”
- Reveals learner’s thought process and identifies knowledge gaps

Teach general rules
- “When you see this, always consider…”
- Offer “pearls” which can be easily remembered

Reinforce what was done well
- Offer positive reinforcement
- “You did a nice job with…”

Correct errors
- “Next time, try or consider…”
- Comment on omissions and misunderstandings to correct errors in judgment or action

FIVE-STEP METHOD FOR TEACHING CLINICAL SKILLS

From A Simple Five-Step Method for Teaching Clinical Skills (Family Medicine 2001, 33:577-8), John H. George, PhD and Frank X. Doto, MS, suggest taking the following steps:

1. Provide an overview of the need for the skill and how it is used in patient care.
2. Demonstrate exactly how the skill is performed without commentary.
3. Repeat the procedure, but describe each step.
4. Have student “talk through the skill” by detailing each step.
5. Observe and provide feedback to the student as he performs the skill.
PERFORMING A STUDENT OBSERVATION AND EVALUATION

Evaluation: The G.R.A.D.E. Strategy

* G… Get Ready
  - Review course expectation
  - Review Evaluation Form
  - Consider unique Opportunities/Challenge of your site
  - What are your Expectations for the learner?

* R… Review Expectations with Learner
  - Meet very early in experience.
  - Determine knowledge/skill level.
  - Review: Program Goals, Your Goals, Learner’s Goals
  - Describe the Evaluation Process

* A… Assess
  - Observe
  - Record
  - Provide Feedback Regularly
  - Have Learner Self-Assess

* D… Discuss Assessment at Mid-Point
  - Formal Meeting
  - Learner and evaluator fill out form in advance
  - Compare evaluations together.
  - Discuss differences and how expectations are being met.

* E…End with a “Grade”
  - Complete evaluation in advance
  - Schedule sufficient time
  - Support your evaluation with examples
PERFORMING A STUDENT OBSERVATION
Observation is a powerful technique to understand what a student knows and what he/she could do to improve. Finding time to observe a student may seem difficult, but just two minutes of observation can yield sufficient information to provide valuable, constructive feedback.

Richard Sarkin, MD (University at Buffalo School of Medicine and Biomedical Sciences) and LuAnn Wilkerson, Ed.D. (UCLA School of Medicine), suggest the following for conducting two-minute observations.

1. Explain the purpose of the observation to the student.
2. Tell the student how the observation will take place.
3. Let patient know that a brief observation may take place (student or preceptor explains).
4. Conduct observation at the beginning or in the middle of a student’s time with the patient for two minutes without interrupting.
5. Try to leave room without disrupting the student/patient encounter.
6. Quickly jot notes about what you observed.
7. Provide specific feedback to the student as close to the observed encounter as possible.
8. Set an agenda with the student for future learning.

Formative Feedback
Formative feedback helps both the student and the teacher. It is a way of assessing student learning so the instructor knows whether more teaching, or more review is necessary. It lets all concerned know when the learner is ready for assessment or evaluation. It actually lets the teacher know how well they have taught. Assessment results inform the teacher of what has been taught well and not so well. They inform students of what they have learned well and not learned so well.

Formative feedback is used to help the student learn and is not counted toward the grade. Our students do not receive a grade, per se, for OPEX anyway. This type of feedback actually helps students get the best learning experience possible. Formative assessments are a way of adapting to student needs.

As opposed to a summative assessments designed to make judgments about student performance and produce grades, the role of a formative assessment is to improve learning. As opposed to benchmark tests that are used to predict student performance on other tests (most often state assessments), formative assessments are intimately connected to instruction.

Formative assessments are:
For Learning – The purpose of formative assessment is to enhance learning not to allocate grades. Summative assessments are designed to allocate grades. The goal of formative assessment is to improve; summative assessment to prove.

Embedded in Instruction - Formative assessments are considered a part of instruction and the instructional sequence. What students are taught is reflected in what they are assessed. For example, we want to know that the students can take a thorough and appropriate history and perform an appropriate physical exam.

Formative assessments produce:
Non-threatening Results - Formative assessments are scored but not graded. Students mark their own work and are encouraged to raise questions about the assessment and the material covered by the assessment, all for the purposes of self-improvement.

Direct and Immediate Feedback - Results of formative assessments are produced “on the spot;” teachers and students get them immediately. Teachers get a view of both individual and class performances while students learn how well they have done.

Structured Information - Teachers can judge success and plan improvements based on the formative results. Students can see their progress and experience success. Both teachers and students learn from the assessment results. In our situation, the physician will be seeing the results of skills taught by himself and others.

Ways to Improve - Summarized formative results provide a basis for the teacher to re-visit topics in the unit if necessary. Individual student responses provide a basis for giving students additional experiences in areas where they performed less well.

Writing Comments
Your “comments” do not have to be an eloquent recommendation letter; we just need some of your observations. If a student does a good job and you think highly of him or her or of their work, tell us why. If you have concerns, we need to know that also. Your comments should be based on behavior.

You may find it helpful to keep a sheet about each of your students in a secure but accessible location, and when someone does something really good, make a note about it and date it. For example, if the student heard a murmur or made a good pick-up from the history or on a patient’s physical exam, jot it down. You can send us a copy of your notes at the end of the quarter or year.

You may also use your dated notes to write down concerns that you have. That way it will be easier to allow the student to see their inevitable progress.

Feedback
Reminder: the students continue to say that they desire more feedback. They do not think that they are getting any/enough feedback from their preceptors. So, preceptors, please try the following:

- Announce to the students that you are about to give them some feedback.
- Use the sandwich approach – give positive comments, note areas needing improvement, end on positive note
- Follow with the comment that you have just given them feedback.
RECOMMENDATIONS FOR GIVING CONSTRUCTIVE FEEDBACK

1. Identify the educational purpose
2. Find someplace private
3. Focus on an observed behavior
4. Speak in the first person
5. Encourage self-assessment
6. Utilize the positive-negative-positive approach
7. Be specific and timely
8. Keep it simple and slow
9. Negotiate and action plan
10. Plan for follow-up feedback

Aim to provide feedback on a routine basis. The more often you provide feedback, the easier it becomes.

Give Feedback to Help Learners IMPROVE

I – Identify and discuss objectives with learner
M – Make a feedback-friendly environment
P – assess Performance;
   -- Prioritize the feedback you give
R – Respond to the learner’s self-assessment
O – Be Objective: report specific behaviors observed; describe potential
V – Validate what the learner has done well or suggest other strategies
E – Establish a plan to implement changes (if needed); have learner summarize feedback and plan
STUDENT EVALUATION

Student Name: ______________________
Physician/Preceptor Name: ______________________

Evaluation Date: May 2014 October 2014

<table>
<thead>
<tr>
<th>Pre-clerkship Competencies</th>
<th>Performed well</th>
<th>Satisfactory</th>
<th>Needs improvement</th>
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<tbody>
<tr>
<td>Professionalism (NBME assessment)</td>
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<tr>
<td>Application of Scientific Knowledge/Correlates Physical and Clinical Info to Basic Science</td>
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<td>Patient Engagement and Communication</td>
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<td>• Basic Interviewing Skills and History-taking</td>
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<td>• Mental and Physical Examination</td>
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<td>• Recognition of Personal and Societal Influences (housing, etc) on Patient-Physician Relationship</td>
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<tr>
<td>• Relevance of Clinical Testing</td>
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<td>• Indications for Clinical Procedures</td>
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<td>• Information Management</td>
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<td>• Differential Diagnosis</td>
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<tr>
<td>• Natural History of Disease, Prognosis and Basic Treatment</td>
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<td>• Prevention and Palliation</td>
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<td>Self-Awareness and Interest in Improvement</td>
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<td>Accepts Feedback and Changes Behavior Appropriately</td>
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<td>Participates as a Member of the Healthcare Team</td>
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<tr>
<td>Time Management/Efficiency</td>
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I have observed the student ___ doing patient counseling, ___ taking a history, ___ doing a physical exam.

Comments about Student: ___________________________________________________________