

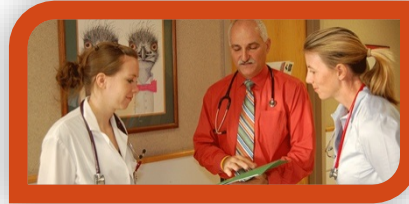
OPEX Preceptor Handbook 2019-2020



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Outpatient Experience Program

Web Address: med.emory.edu/opex/

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INTRODUCTION

The students receive pages 5 through 12 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.

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WELCOME

September 1, 2019

Welcome to OPEX

Dear Preceptors,

Welcome to the Outpatient Experience (OPEX)! Over the next year, students will have an exciting but sometimes anxiety-provoking experience. This will likely be the first of many clinical experiences that will prepare students to interact with patients, physicians, and other medical professionals on the health care team. Students are eager to and excited about interacting with patients, but may feel that their knowledge is limited. This will, no doubt, transform over the year!

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 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 preceptors.

We anticipate that you will enjoy the experience of working with bright minds and playing an important role in maintaining a professional and well-trained physician workforce.

We look forward to seeing you at the **Faculty Appreciation Dinner on Tuesday October 29, 2019 at 6:30pm** at the Miller-Ward Alumni House. The invitation to RSVP will be sent via email.

This year, we have added some useful online tools for physical exam skills.

<https://youtu.be/kcPVYqNfJhw>

I welcome and encourage your feedback during the experience wish you all the best.

Sincerely,

Pam Vohra-Khullar, MD
Director, OPEX Curriculum



GOALS AND OBJECTIVES

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 may be provided at the end of the second year of the course.

Goals:

- 1) The student will have 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:

- Demonstrate competence in history taking and physical exam skills as determined by evaluations from mentor, patients, preceptors, evaluators and standardized patients (OSCE; OSP).
- Demonstrate proficiency in the accurate and timely procurement and documentation of patient data. (SOAP notes; History and Physical)
- Demonstrate proficiency in concise oral presentation of patient data. (Preceptor eval; OSCE; Mentor)
- 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)
- Provide 'added value' to the practice in which he/she is learning (Preceptor).
- Become knowledgeable about medical economic issues including insurance, reimbursement, overhead, and liability. (Lecture; exam)
- Develop effective communication and interpersonal skills to foster a trusting, effective patient/provider relationship. (OSCE; OSP; mentor; preceptor)
- Identify and utilize patient education resources tailored to the patient's educational and literacy level, language and health issues. (Preceptor)
- 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)
- Demonstrate an understanding of issues affecting patient compliance and health outcomes. (Preceptor)
- Develop an awareness of community resources available for patient support and wellness. (Preceptor)
- Demonstrate professionalism in appearance and behavior at all times and in all aspects of this experience. (Preceptor)
- Apply the basic sciences/foundations of medicine to clinical medicine and patient care. (Preceptor; mentor)



STUDENT EXPECTATIONS OF OPEX

Please call or e-mail your physician's office 1-2 days before you are scheduled to go to them. Introduce yourself to them 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. Also, consider getting their cell phone number or preferred method of contact for future schedule modifications.

First and Second Visits – To be explored in Reflection Paper #1

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; wear your student ID badge (proof of training)
- Learn how the office functions, e.g., how medical records are maintained, how the electronic medical record works. 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.
- 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 credit cards or debit cards?

Future/Later OPEX Visits

You should begin to take histories from the patients and 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.

Resources

"The Emory Way" Video series

This textbook is suggested as a supplemental resource for the OPEX experience and EPC coursework.

Bates' Guide to Physical Examination and History Taking, Twelfth Edition Lynn S. Bickley, Lippincott Williams & Wilkins, Philadelphia

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.

- Weight management: <https://www.acponline.org/practice-resources/patient-education/online-resources/obesity>
- Preventative Care: <https://www.acponline.org/practice-resources/patient-education/online-resources/preventative-care>
- Smoking Cessation: <https://www.acponline.org/sites/default/files/documents/practice-resources/patient-resources/smoking-cessation.pdf>

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 or athletic wear.
- White coats- clean and ironed
- Body art, piercings and tattoos should not be visible or not worn during this experience
- No open-toed shoes
- For Females, skirts/dresses should be a professional length; midriffs should be covered
- Males should wear a collared shirt and tie with 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 this as your clinical 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. Vohra-Khullar and/or Laquanda Jackson, as well as your preceptor, as soon as possible.

Patient Log

The goals of the patient log are to:

- Help promote the relationship of the basic science to the clinical encounter
- Allow students to note progress in communication and performance of the physical exam
- Help the student 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

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 OASIS and can update this information throughout your time in OPEX. The above 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.***

Evaluation and Grades

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

Your completion of the OPEX reflection papers, patient log, and evaluations will be considered in your final EPC grade.

The components of the assessment are:

- Patient Log – Page 8
- Reflection papers – Page 10
- Evaluations – Page 12

Problems with OPEX assignments

We know that you realize that not everyone will be able to have a clinical site at one of the Emory clinics on main campus. We have tried to keep the travel distance to your sites to within a 25 mile radius of campus. We acknowledge that there is no good, easy or equitable way to make these assignments.

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 critical problem with an assignment, he/she is also encouraged to contact Dr. Pamela Vohra-Khullar directly, pvohrak@emory.edu or Ms. Laquanda Jackson, ljack08@emory.edu at 404-727-5032, to discuss the problem.



OPEX PATIENT LOG (AVAILABLE IN OASIS)

Student Name _____ Date _____ Preceptor _____

"A patient who requires a..."	Completed (√)	Student's Comments
Well Exam		
Healthy Patient		
Social determinants of health and wellness		
Took a 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, cholesterol, lead, etc)		
Immunizations – age appropriate		
Counseling (physical activity, tobacco cessation, nutrition)		
Skin/Muscles/Bones/Joints		
Took a ROS/ history relevant to a complaint in this system(s)		
Performed related exam		
Pulmonary evaluation		
Took a pulmonary history/ROS relevant to a patient's complaint		
Performed related exam		
Cardiovascular evaluation		
Took a cardiac history/ROS based on the patient's complaint		
Performed related exam		
Gastrointestinal evaluation		
Took a GI history/ROS based on patient's complaints		
Performed related exam		
Renal/Genitourinary evaluation		
Took a renal/GU history/ROS based on patient's complaint		
Performed related exam		
Endocrine/Reproductive Health evaluation		
Took an endocrine/repro history/ROS based on patient's complaint		
Performed related exam		
Hematology/Oncology evaluation		
Took a heme-onc history/ROS based on patient's complaint		
Performed related exam		
Neurology		
Took a neurologic 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		

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 OASIS and can update this information throughout your time in OPEX. The above 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.**

OPEX SCHEDULE

START DATE: Week of November 4, 2019

Alternating Wednesdays starting November 6 1 st student Schedule A – Wednesday	Alternating Wednesdays starting November 13 2 nd student Schedule B – Wednesday
November 6, 20, 2019	November 13, 2019
December 11, 2019	December 4, 2019
January 15, 29, 2020	January 8, 22, 2020
February 12, 26, 2020	February 5, 19, 2020
March 11, 25, 2020	March 4, 18, 2020
April 8, 29, 2020	April 1, 22, 2020
May 13, 27, 2020	May 6, 20, 2020
June 10, 2020	June 3, 17, 2020
July 15, 29, 2020	July 22, 2020
August 12, 26, 2020	August 5, 19, 2020
September 9, 23, 2020	September 2, 16, 30, 2020
October 7, 2020	October 14, 2020
Alternating Thursdays starting November 7 1 st student Schedule A – Thursday	Alternating Thursdays starting November 14 2 nd student Schedule B - Thursday
November 7, 21, 2019	November 14, 2019
December 12, 2019	December 5, 2019
January 16, 30, 2020	January 9, 23, 2020
February 13, 27, 2020	February 6, 20, 2020
March 12, 26, 2020	March 5, 19, 2020
April 9, 30, 2020	April 2, 23, 2020
May 14, 28, 2020	May 7, 21, 2020
June 11, 2020	June 4, 18, 2020
July 16, 30, 2020	July 23, 2020
August 13, 27, 2020	August 6, 20, 2020
September 10, 24, 2020	September 3, 17, 2020
October 8, 2020	October 1, 15, 2020

***Students Time Away (Tentative Schedule)**

- November 23 – Dec 1, 2019 **THANKSGIVING BREAK**
- Dec 18 - Dec 19, 2019 **Last Week of Prologue II**
- Dec 21, 2019 - Jan 5, 2020 **WINTER BREAK**
- April 11 - 19, 2020 **SPRING BREAK**
- June 20- July 12, 2020 **SUMMER BREAK**

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



EMORY SOM COMPETENCIES

The following 6 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 competencies were mapped to new Student Physician Activities in 2015 (see link below for details). <http://med.emory.edu/education/curriculum-governance/student-physician-activities/index.html>

You will be requested to evaluate your students periodically 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.

The six competencies with their applicable Student Physician Activities are:

<p>Patient Care</p> <ul style="list-style-type: none"> • Takes a patient-centered history (focused and complete) (1) • Performs a physical examination and recognizes normal and abnormal findings (2)
<p>Medical Knowledge</p> <ul style="list-style-type: none"> • Demonstrates understanding of relevant scientific principles of medicine (3)
<p>Practice-Based Learning and Improvement</p> <ul style="list-style-type: none"> • Uses feedback to improve one's own practices (20) • Identifies personal limitations and seeks assistance as needed (25)
<p>Interpersonal and Communication Skills</p> <ul style="list-style-type: none"> • Communicates with patients and their support system regarding their care (7) • Presents patient findings concisely (9)
<p>Professionalism</p> <ul style="list-style-type: none"> • Demonstrates trustworthiness to patients, colleagues, and healthcare personnel (21) • Treats patients while understanding own biases (22) • Manages time (18) • Serves the community (27)



STUDENT FORMATIVE EVALUATION

Student Name: _____

Physician/Preceptor Name: _____

Evaluation Date (circle one): June 2020 October 2020

Student Physician Activities - Evaluated at their current level of training	Comments about Student Strengths / Areas to Focus for Improvement
Patient Care <ul style="list-style-type: none"> • Takes a patient-centered history (focused and complete) (1) • Performs a physical examination (standard and “core and cluster”) and recognizes normal and abnormal findings (2) 	
Practice-Based Learning and Improvement <ul style="list-style-type: none"> • Uses feedback to improve one’s own practices (20) • Identifies personal limitations and seeks assistance as needed (25) 	
Interpersonal and Communication Skills <ul style="list-style-type: none"> • Communicates with patients and their support system regarding their care (7) • Presents patient findings concisely (oral presentation) (9) 	
Professionalism <ul style="list-style-type: none"> • Demonstrates trustworthiness to patients and healthcare personnel (21) • Recognizes own biases, personal and societal influences on Patient-Physician relationship (22) • Manages time (18) 	

I have observed the student: ___ counseling a patient ___ taking a history ___ performing physical exam

Additional comments about Student:



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 facilities at faculty rates, e.g., membership to the gym
- Some limited 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
- Georgia Preceptor Tax Incentive Program (PTIP). For more information visit www.gru.edu/ahec/ptip.
- Access to a Precepting Resource Subscription!
 - We have purchased a subscription to an innovative web resource, Teaching Physician (available at TeachingPhysician.org). The site offers videos, audio interviews, tips, answers to frequently asked questions, and links to in-depth information on outpatient precepting topics, such as:
 - Preparation
 - Orienting a learner
 - Precepting Principles
 - What to Teach
 - Teaching strategies
 - EHR and Health Informatics
 - Giving feedback
 - Evaluating learners
 - Learners in Difficulty
 - After the Rotation
 - You can earn up to 40 CME credits by reviewing the information on the site. If you have not received an email communication from Porsha Clayton with the username and password then please contact her directly at Porsha.clayton@emory.edu.
 - I encourage you to visit the site often, as new content is added on a regular basis.



EXPECTATIONS OF OPEX PRECEPTORS: THE PRECEPTOR ROLE

Support Learning 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).
- Supervise students performing areas of the physical exam on patients.
- 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 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.

Basic Practice Orientation for Student

- Show student where to park, where to put personal things, location of restroom, etc.
- Show student where they can read and find medical reference materials
- Describe student dress code for the practice: name tag, lab coat?
- Review hours/days patient care provided
- Review practice phone system and email communication (portal, etc.)
- Briefly describe patient flow and office system (e.g. records, triage, patient registration);
- Introduce student to other staff, describe each person's role and responsibilities as they relate to patient care
- Review student absentee policy and inform them how to notify office
- Provide student with a contact person for questions and/or problems

Introduction to community

- Briefly describe the history of the community you serve. If literature or a video is available, please inform student about it
- Ask Students to examine resources available in the community and bring this information back to the practice

Overview of Learner and rotation

- Relate experience to learner's career plans
- Areas the student would like to focus on

Preceptor Expectations

Daily routine

- Hours/ days learner in the office
- Learner's level of responsibility and autonomy in providing patient care
- Other learner responsibilities (call patients, etc)
- Amount of reading expected
- Directions for writing chart notes, dictating, writing prescriptions, referrals
- How patients selected for learner to see
- Length of time to spend with each patient
- Any relevant practice policies

Values

- Show respect to patients & staff
- Get to know patients
- Discuss your (faculty) background experiences, and career choices

Preceptor-learner interaction

- Format for case presentations
- Logistics for staffing or signing out patients (i.e. when and how should learner interrupt faculty?)
- Regular time & process for feedback



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 in your exam rooms.
- Ask for patient permission to be seen by a learner, emphasizing patients' roles as teachers.
- Thank patients for working with learner.

Schedule for the Learner

- Schedule 1-2 fewer patients per teaching day, OR schedule more acute urgent care patients, OR schedule two patients at the same time (one for student to start on and one for faculty) 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 or office staff.
- 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 running behind, give learners a focused reading task
- 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.



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 Emory 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:

- Have the student review the patient's record and reason for the visit beforehand.
- Provide a brief overview of the patient's medical and social background (if you know the patient).
- Tell student what you would like her to focus on – optimally this coincides with what the student is learning in their didactic session. (ex: patient issues, specific examination, counseling).
- If the student is seeing the patient, set time limits for her to conduct these activities.
- 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 the 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!



EMORY
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MEDICINE

Outpatient Experience Program



THE EFFECTIVE PRECEPTOR

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

COMMUNICATION

- Thinks out loud - 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 (see next pages for further info)

- 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

- Possesses and demonstrates broad knowledge
- Provides effective role modeling
- Demonstrates skillful interactions with patients
- Presents information with organization and clarity
- Shows enthusiasm for 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 TEACHING MODEL

Get a commitment from learner

- “What do you think is going on?” “Do you think they are ready to quit smoking?”
- 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

This is a great method to teach physical exam maneuvers:

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:

- Provide an overview of the need for the skill and how it is used in patient care.
- Demonstrate exactly how the skill is performed without commentary.
- Repeat the procedure, but describe each step.
- Have student “talk through the skill” by detailing each step.
- 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 specific 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

- Identify the educational purpose
- Find someplace private
- Focus on an *observed* behavior
- Speak in the first person
- Encourage self-assessment
- Utilize the positive-negative-positive approach
- Be specific and timely
- Keep it simple and slow
- Negotiate and action plan
- 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** – **M**ake a feedback-friendly environment
- P** – assess **P**erformance; **P**rioritize the feedback you give
- R** – **R**espond to the learner's self-assessment
- O** – Be **O**bjective: report specific behaviors observed; describe potential
- V** – **V**alidate what the learner has done well or suggest other strategies
- E** – **E**stablish a plan to implement changes (if needed); have learner summarize feedback and plan

