


An Orientation to Best Practices in Clinical Teaching

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Learning Objectives

At the end of the presentation the participant will be able to:

1. Use efficient techniques in mentoring third and fourth year medical students.
 2. Develop and execute a specific learning contract for each student.
 3. Utilize time management skills while teaching in the office and hospital.
 4. Provide regular, timely feedback to students.
 5. Evaluate problems that arise, and work out resolutions.
 6. Identify challenges or barriers to effective clinical teaching.
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WHAT IS A PRECEPTOR???

WHAT DO THEY DO?

CAN I DO THIS ?

AM I TOO BUSY?



Definition of Preceptor

The American Heritage Dictionary defines “preceptor” as;

- a teacher, instructor and/or a specialist such as a physician, who gives practical experience and training to a student.

The word preceptor is derived from the Latin word, *praecipere*, meaning “to teach”.

THE PRECEPTOR IN HISTORY

The concept of a preceptor has been a part of history since the 5th century, B.C.. In Greek society, preceptorship was the primary method for obtaining medical training. During this time, students actually paid the preceptors for their time, and worked beside their trainers to care for patients.

Soon after, schools were established to give a scholarly “twist” to the practical training.




THE PRECEPTOR IN HISTORY

The combination method of teaching did not last long, as spoken evaluations took the place of clinical skills.

Teaching using patients did not occur again until the early 1600's.


Bedside teaching was further emphasized in the 1900's by William Osler, where clinical teaching was balanced with classroom didactics.



PRECEPTOR IMPORTANCE

As a result of advancing technology, patients are kept in the hospitals a very short time, so patient-centered learning now is occurring in the physician's office.

As you navigate through the complex medical issues of the 21st century, you are teaching students ways to deal with the same issues.




PRECEPTOR EDUCATION

You may feel uncomfortable that you don't have all the knowledge to teach future physicians everything.

The goal today, is to help you learn methods that allow you to share what you have learned with the future physicians.

This is the role of a 21st century preceptor.





TIME MANAGEMENT AND OFFICE INTERACTION WITH STUDENTS



STRATEGIES FOR TEACHING IN A BUSY PRACTICE

If you've taken on this "teaching" job, you probably have already wondered how badly it will impact your office. Sometimes, you don't have lunch NOW...what if there is a student to slow you down?


No one strategy will work for every office. The key to successful teaching is involving the student in patient care, and being the "coach".

Training medical students can make your office more efficient.



STRATEGIES FOR TEACHING IN A BUSY PRACTICE


Most daily precepting uses a combination of the skills listed here:

- observation of student
 - “mini lectures”
 - learning with students
 - being observed by the student
 - mentoring student projects
 - use microskills of clinical teaching previously presented
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STRATEGIES FOR TEACHING IN A BUSY PRACTICE

If your office has problems with patient flow, student presence can worsen this. It is wise to meet with your office staff before agreeing to take students, and get everyone's input long before the first student arrives.

The medical student's experience will be maximized if the office has a team approach. Meeting with your staff to educate and answer questions, will help with the "buy in" from your employees.



WHAT IF THE STAFF IS NEGATIVE?

It is important to identify current staff attitudes about medical students. Make sure each staffer gets to speak about both advantages and disadvantages of having medical students in the office.

Explain your own past learning process, and make the staffers aware that this will help them stay up to date, too.


Most office personnel are excited to help train a future doctor.



INTRODUCTIONS

Explain the job responsibilities of each office staffer to the student the day they arrive. At some point in the rotation, having the student shadow each office worker is invaluable for the student in learning office management.

When students know the responsibilities of each office worker, the staff is more accepting, and willing to teach the student.



PATIENT ACCEPTANCE

The office nurse and the receptionist are the big players in the way students are accepted by your patients. How the student is introduced to the patient, will determine positive patient-student interaction.

You will need to observe key people in the office as they introduce and interact with the student, and give them feedback about verbal and non-verbal signals.

Be sure and emphasize to the office staff your commitment to the student's education



PLANNING THE DAY

The students don't have to see EVERY patient...as the preceptor, you may select the patients the student sees, as a method of assuring a broad experience.

If this is the student's VERY FIRST rotation, be aware that some are hesitant to begin. You may have them see patients who have specific uncomplicated problems in the beginning, or have the student shadow you for a short time.

When the student appears comfortable, and sees the patient flow, students will become more independent.




PLANNING THE DAY

You will also know which of your patients will be good “first patients” for a new third year medical student to see. You can look at the patient list first, and decide who the student will see. Later in the rotation, when the student is more confident, they can see patients randomly with you.

Confidence building means slow going at first.


Remember, some students will jump right in, and others may never take the initiative.



PLANNING THE DAY

Use the time wisely while the student is taking a history, to go see an uncomplicated patient, return phone calls, or do charting. This part of time management will make you a more efficient physician, and a better teacher.

It's always helpful to look ahead at least one week to see if there are any "surprises" in the schedule, like conferences or meetings. You may wish to take the student if the event is appropriate and useful to the student's education.




FEEDBACK FROM OTHERS

Feedback should come from several other office staffers, not just from the physician. Nurses and other assistants sometimes see behavior that you won't see.

If the student does not treat the office staff respectfully, then the student may have problems with other staff in the future. Lack of respect of office personnel can also hinder having more students later.

Providing the student with meaningful feedback is critical for medical student improvement.



MAKING IT FUN

Here are some tips on how to have a successful rotation in a busy office:

- begin with the end in mind
- be a mentor
- tell the student the rules, up front
- encourage participation
- be available

NEVER FORGET – the student learns as much by watching you, as they do in lecture!!!

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