Why should you precept?

* Having students keeps you sharp. You hear yourself when you speak to the students, therefore, you think twice before you speak.
* You stay up to date on your reading because students ask you questions and you read to keep up.
* You are investing in the future of healthcare.
* Passing and giving back to the profession is rewarding*.*

How do students add value to your practice?

* Students have the newest/ most recent knowledge and treatment ideas.
* Improved patient care and increased patient satisfaction- students complete a thorough and elaborate history and physical exam.
* It is therapeutic for patient- patients get extra time, which most are receptive to.
* Students help with EMR.
* CME Credits help.

What do you do when a patient refuses a student doctor?

* Choose patients you’ve known for a long time- they’re usually receptive of students.
* Avoid patients with mental illness because these patients are often concerned about their privacy.
* When sending students into OBGYN practice, pair the student-preceptor in a way that one is female while the other is male.

What attributes can make you successful preceptor?

* Willingness to allow students to pitch in and do procedures.
* Using your down time to teach students.
* Good and open communication with the student.
* Understanding the student’s expectations from the rotation.
* Encourage students to present well because if they are presenting well, they’re thinking well.
* Giving elaborate and honest evaluations, multiple times during the rotation.
* Encourage constructive criticism

How to create a positive teaching-learning atmosphere at the hospital/ clinic?

* Involve the student in your world! Include them in everything- everyday conversations, decision making etc.
* Support them during their entire rotation, and help them study for their shelf exam.
* Tell them your expectations, work hours and ask them theirs.
* Create a friendly atmosphere where they’re not afraid to ask questions.
* Encouraging them on the path they’re on.
* Be curious about what residencies they anticipate entering, try to tailor their experience in that line when possible.

What should the students be doing during down time when no clinic or surgeries are planned?

* Give them reading to do, or catch up on things that need to get done.
* Setting up expectations is important- always encourage students to pick a patient every day to read about at home, discuss this patient over down time to use that time wisely.
* Ask them to get a set of flash cards to study during down time, because they have shelf exams at the end of every rotation.

Tools/ methods that have resulted in effective precepting?

* Organization
* Having clearly defined goals: Perhaps a pre-rotation meeting with the student where mutually agreed upon goals, objectives and interests are discussed,
* Limitations- recognizing limitations in a non-academic setting
* Try to balance and not overwork
* Teaching millennials- Textbook reading vs visual learning- sim labs.

Suggestions to incorporate students into busy practice while maintaining productivity?

* Students can assess one patient, while preceptor is with another one.
* Students can take patient history and do a thorough physical before the preceptor comes in.
* Students learn the most, when they can see the most patients. Look at the patient list before the day starts, and decide which ones the student should see.
* On busy days, make them go with nurses to learn to draw blood. All those things are helpful!
* When someone is not actively teaching them, ask the students to be productive and keep themselves busy by either reading, being in the lab or with the nurses learning various skills.
* Not all things the student learns needs to be clinical. One of the things to teach them is time management. For example, have the student see the patient who has been waiting the least.

What are some useful strategies for preceptors who teach third year students during their first few rotations?

* It is a little bit more challenging- start by teaching them how to take good histories, present cases.
* ‘Modelled behavior’- demonstrate to them what your expectations are from them, including skills with patients, how to interact, what questions to ask- make them observe the first few days, show them a couple of examples.
* A highly popular resource is the ‘*Resident 360*’ which a huge compilation of almost every common disease process, landmark review articles, commonly find scenarios etc.
* Make them shadow the first few days, then add on every week. First week make them do histories, then next week ask them for a full presentation.
* Typical flow of 15-20 patients/ day. An appropriate load for students will be half that number, 8-10 patients

Thoughts on taking multiple students together?

* Students are their own resource when they collaborate on things and work together. It, therefore, helps to have several students learn from each other.
* When discussing a case/ patient with multiple students together, there is a much more engaged discussion even across students with multiple disciplines. More ideas and potential outcomes are discussed!
* It depends on the volume of patients- when the volume is high, precepting 2 students is great.
* It also depends on the individual. May steer away from having students in summer time when volume is low.

Suggested teaching methods for new preceptors who do not have extensive experience teaching?

* Pick the most common diseases you see in your practice, and if there is some standard literature around managing those type of disease, try to teach by discussions based around those things.
* When taking a 4th year student, you have to dig a little deeper and challenge them a little more.
* Look at your schedule ahead of time to identify patients which will provide good learning opportunities for the students, identifying those patients and helping students focus on seeing those type of patient is a good educational experience for them.
* When you feel comfortable in the student’s ability to take good histories, and do physical exams- start directly diving into potential differential diagnosis and management strategies.
* Focus on encouraging the third year students to be diagnosticians.
* Ask fourth years to focus more on management strategies.
* Avoid bogging down the day by avoiding conversation that don’t really need to happen.
* There are two major skills you need with students:
* Communicate effectively
* Demonstrate Clinical Skills accurately

What are some methods we can suggest to our physicians to be preceptors?

* If you’re in a group with several partners, splitting up the month is helpful/ working different weeks with the student.
* Medical students keep you sharp- If you don’t know an answer, you secretly go and look that up. They keep you up to date.
* Students are especially helpful dealing with technology.
* The only reason that would keep someone from doing it is the time commitment!
* Students make our days much more interesting. We get to know them on a personal level. Based off their interest, we can tailor the teaching process.

Thoughts on involving students with the documentation process?

* A lot of times, the students do a better job documenting because they spend more time doing it, are more thoughtful about it.
* Letting them document is a learning experience for them.
* Training the students to be a part of your documentation process helps get work done and creates that extra time that doctors can spend with the student.

What is the reason for preceptor burnout, and how can that be prevented?

* If everybody did a little bit, then ‘preceptor burnout’, wouldn’t happen! Everyone should try it at least once.
* The reason preceptor burnout happens is because 20% of the people, do 80% of the job! Small amount of people doing all the work.
* Having to see patients, teach the student, and worry about documentation. Letting the students document will get some weight off the preceptor’s shoulders.
* Take a vacation!

Address medical school curricula/expectations. Discuss best practices in evaluating student performance?

* Learner needs to be told what their expectations are.
* Let them be involved- supervise them directly.
* Give them feedback- tell them their weaknesses so they can improve! Start early and work on those areas.
* Fill out an evaluation form at the end of 2 weeks.
* Talk to your students and tell them about their weaknesses and strengths and decide on what you’ll work on for the next 2 weeks. Give them expectations for the next 2 weeks!

How do you ensure quality for all clinical students- regardless of their school? For example, how do you connect students to didactic lectures, extra learning opportunities, etc.?

* Presenting accurately- preceptor does presentation so student has a framework- preceptor then gives feedback while the student presents.
* Student’s level of training- 3rd vs. 4th year abilities: Note writing ability not as strict in third year. Fourth year competency is harder as the year progresses.
* Decreasing workload- avoid extra hours in the evening- Utilize extra time during lunch for teaching. Use student for every other patient or every 3 patients. Ensure it benefits your daily workflow.
* Procedure Experience- Ask: How much do they need? What is their prior experience? Get students involved with nurses so they can help integrate into team. See the skillsets. Some will do bone marrow. Gauge based on level of interest.
* Obstacles-What does the student know- Teaching is big for new providers. Time can be an issue.